CHIS 2015
Adult Questionnaire
Version 2.71-Chinese
June 14, 2017

Adult Respondents Age 18 and Older

Collaborating Agencies:
- □ UCLA Center for Health Policy Research
- □ California Department of Health Care Services
- □ California Department of Public Health

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2015 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

PROGRAMMING NOTE QA15_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA15_A1　　What is your date of birth?
您的出生日期是什麼？

AA1MON

MONTH _____ [RANGE: 1-12]

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

AA1DAY

DAY _____ [RANGE: 1-31]

AA1YR

YEAR _____ [RANGE: 1904-1997]

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

PROGRAMMING NOTE QA15_A2:
IF QA15_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA15_A2;
ELSE GO TO QA15_A5

QA15_A2　　What month and year were you born?
您在哪年哪月出生?

AA1AMON

MONTH _____ [RANGE: 1-12]

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

AA1AYR

YEAR _____ [RANGE: 1904-1997]

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

PROGRAMMING NOTE QA15_A3:
IF QA15_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A3;
ELSE GO TO QA15_A5

QA15_A3   What is your age, please?
請告訴我您的年齡?

AA2

_____YEARS OF AGE [RANGE: 0-120]   **[GO TO QA15_A5]**

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

PROGRAMMING NOTE QA15_A4:
IF QA15_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A4;
ELSE GO TO QA15_A5

QA15_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 4 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

POST NOTE QA15_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA15_A1, QA15_A2, OR QA15_A3 TO USE IN ALL AGE-
RELATED QUESTIONS;
IF QA15_A1, QA15_A2, OR QA15_A3 = -7 OR -8 (REF/DK), THEN USE QA15_A4;
ELSE USE ENUM.AGE

QA15_A5   Are you male or female?
您是男性還是女性？

AA3

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

QA15_A6   Are you Latino or Hispanic?
您是拉丁裔或西裔嗎?

AA4

YES...1
NO...2   **[GO TO PN QA15_A8]**
REFUSED .... -7   **[GO TO PN QA15_A8]**
DON'T KNOW .... -8   **[GO TO PN QA15_A8]**

QA15_A7   And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.
您的拉丁裔或西裔祖籍或原國籍是哪里？例如墨西哥人,薩爾瓦多人,古巴人,洪都拉斯人 — 如果有一個以上原國籍,請將所有的原國籍告訴我。

> **AA5**

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

```
MEXICAN/MEXICAN AMERICAN/CHICANO ..........1
SALVADORAN........................................................4
GUATEMALAN .....................................................5
COSTA RICAN .....................................................6
HONDURAN .........................................................7
NICARAGUAN ......................................................8
PANAMANIAN ......................................................9
PUERTO RICAN................................................. 10
CUBAN.............................................................. 11
SPANISH-AMERICAN (FROM SPAIN) ................. 12
OTHER LATINO (SPECIFY: _____) ....... 91
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
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PROGRAMMING NOTE QA15_A8:
IF QA15_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA15_A8, CONTINUE WITH PROGRAMMING NOTE QA15_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA15_A8   {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
另外,請告訴我您會使用以下哪一項或幾項來描述您自己。您認為您是夏威夷土著人、其他太群島人、美國印地安人、阿拉斯加土著人、亞洲人、黑人、非裔美國人還是白人?

> **AA5A**

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

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

[CODE ALL THAT APPLY]

```
WHITE.....................................................1     [GO TO PN QA15_A14]
BLACK OR AFRICAN AMERICAN ..........................2     [GO TO PN QA15_A14]
ASIAN ...................................................3     [GO TO PN QA15_A12]
AMERICAN INDIAN OR ALASKA NATIVE .............4     [GO TO PN QA15_A9]
OTHER PACIFIC ISLANDER ................................5     [GO TO PN QA15_A13]
NATIVE HAWAIIAN ................................................6     [GO TO PN QA15_A16]
OTHER (SPECIFY: _____) .................. 91
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA15_A9:
IF QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_A9;
ELSE GO TO PROGRAMMING NOTE QA15_A12

QA15_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 (SPECIFY: _____)........ 91
          REFUSED .... -7
          DON'T KNOW .... -8

QA15_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   **[GO TO PN QA15_A12]**
          REFUSED .... -7   **[GO TO PN QA15_A12]**
          DON'T KNOW .... -8   **[GO TO PN QA15_A12]**

QA15_A11　　Which tribe are you enrolled in?
您在哪一個部落註冊?

AA5D

APACHE
MESCALERO APACHE, NM 1
APACHE (NOT SPECIFIED)...........................2
OTHER APACHE (SPECIFY: _____) 3
BLACKFEET
BLACKFOOT/BLACKFEET...............................4
CHEROKEE
WESTERN CHEROKEE 5
CHEROKEE (NOT SPECIFIED) 6
OTHER CHEROKEE (SPECIFY: _____).7
CHOCTAW
CHOCTAW OKLAHOMA...................................8
CHOCTAW (NOT SPECIFIED)........................9
OTHER CHOCTAW (SPECIFY: _____) 10
NAVAJO
NAVAJO (NOT SPECIFIED) 11
POMO
HOPLAND BAND, HOPLAND RANCHERIA .. 12
SHERWOOD VALLEY RANCHERIA 13
POMO (NOT SPECIFIED)............................. 14
OTHER POMO (SPECIFY: _____) 15
PUEBLO
HOPI.. 16
YSLETA DEL SUR PUEBLO OF TEXAS........ 17
PUEBLO (NOT SPECIFIED)........................... 18
OTHER PUEBLO (SPECIFY: _____) ... 19
SIOUX
OGLALA/PINE RIDGE SIOUX 20
SIOUX (NOT SPECIFIED) 21
OTHER SIOUX (SPECIFY: _____)....... 22
YAQUI
PASCUA YAQUI TRIBE OF ARIZONA........... 23
YAQUI (NOT SPECIFIED) 24
OTHER YAQUI (SPECIFY: _____)....... 25
OTHER
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW... -8

PROGRAMMING NOTE QA15_A12:
IF QA15_A8 = 3 (ASIAN) CONTINUE WITH QA15_A12;
ELSE GO TO PROGRAMMING NOTE QA15_A13

QA15_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}？

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A13:
IF QA15_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA15_A13;
ELSE GO TO PROGRAMMING NOTE QA15_A14

QA15_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．

AA5E1

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN.............................1
GUAMANIAN 2
TONGAN..3
FIJIAN 4
OTHER PACIFIC ISLANDER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA15_A14:**
> **IF QA15_A6 = 1 (LATINO) AND [QA15_A8 = 6 (NATIVE HAWAIIAN) OR QA15_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA15_A8 = 3 (ASIAN) OR QA15_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA15_A8 = 1 (WHITE) OR QA15_A8 = 91 (OTHER)], CONTINUE WITH QA15_A14;**
> **ELSE IF THERE WERE MULTIPLE RESPONSES TO QA15_A8, QA15_A12, OR QA15_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA15_A14;**
> **ELSE SKIP TO QA15_A16**

QA15_A14   You said that you are: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}您曾經說您是：{INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

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

AA5G

YES	1	
NO	2	**[GO TO QA15_A16]**
REFUSED	-7	**[GO TO QA15_A16]**
DON'T KNOW	-8	**[GO TO QA15_A16]**

> **PROGRAMMING NOTE FOR QA15_A15:**
> **IF QA15_A6 = 1 (YES, LATINO) AND QA15_A7 ≠ -7 OR -8, DO NOT DISPLAY QA15_A15 = 14 (LATINO);**
> **IF QA15_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA15_A13 = 1 TO 4 OR 91, DO NOT DISPLAY QA15_A15 = 17 (OTHER PACIFIC ISLANDER);**
> **IF QA15_A8 = 3 AND QA15_A12 = 1 TO 17 OR 91, DO NOT DISPLAY QA15_A15 = 19 (ASIAN)**

QA15_A15   Which do you <u>most</u> identify with?
您最認同的是哪一個族裔？

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN	4
GUATEMALAN	5
COSTA RICAN	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN	11
SPANISH-AMERICAN (FROM SPAIN)	12
LATINO, OTHER SPECIFY	13
LATINO	14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	18
ASIAN	19
BLACK OR AFRICAN AMERICAN	20
WHITE	21
RACE, OTHER SPECIFY	22
BANGLADESHI	30
BURMESE	31

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          CAMBODIAN ...................................................... 32
          CHINESE ......................................................... 33
          FILIPINO ......................................................... 34
          HMONG .......................................................... 35
          INDIAN (INDIA) ................................................ 36
          INDONESIAN.................................................... 37
          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
```

QA15_A16   Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?
您現在是已婚、與伴侶像婚姻關係一樣同居、喪偶、離婚、分居還是從未結婚？

AH43

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

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

QA15_B1　　These next questions are about your health.
接下來這些問題與您的健康有關。
Would you say that in general your health is excellent, very good, good, fair, or poor?
總體而言，您認為您的健康狀況是極好、很好、好、一般還是很差？

AB1

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

QA15_B2　　Has a doctor <u>ever</u> told you that you have asthma?
有沒有醫生告訴過您患有哮喘病？

AB17

YES..1
NO..2　　**[GO TO PN QA15_B18]**
REFUSED .... -7　　**[GO TO PN QA15_B18]**
DON'T KNOW .... -8　　**[GO TO PN QA15_B18]**

QA15_B3　　Do you still have asthma?
您是否依然患有哮喘病？

AB40

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

QA15_B4　　During the <u>past 12 months</u>, 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？

AB41

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

PROGRAMMING NOTE QA15_B5:
IF [QA15_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] <u>AND</u> [QA15_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA15_B9;
ELSE CONTINUE WITH QA15_B5

QA15_B5   During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…
在過去十二個月中，您每隔多久會出現哮喘症狀，例如咳嗽、氣喘、氣短、胸悶或粘痰?
您認為是......

AB19

Not at all, ...1
從未，...1
Less than every month, ...2
每月不到一次，...2
Every month, ...3
每月，...3
Every week, or 4
每週，還是 4
Every day? 5
每天? 5
REFUSED .... -7
DON'T KNOW .... -8

QA15_B6   During the <u>past 12 months</u>**,** have you had to visit a hospital emergency room because of <u>your</u> asthma?
在<u>過去十二個月</u>中，您是否曾經因您的哮喘病發作前往醫院急診室就診?

AH13A

YES 1
NO..2   **[GO TO QA15_B8]**
REFUSED .... -7   **[GO TO QA15_B8]**
DON'T KNOW .... -8   **[GO TO QA15_B8]**

QA15_B7   Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
您是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室就診?

AB106

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

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

QA15_B8   During the <u>past 12 months</u>**,** were you admitted to the hospital overnight or longer for your asthma?
在<u>過去十二個月</u>中，您是否因哮喘病曾經住院一天或更長時間?

AH15A

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

QA15_B9   Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor?
您目前是否<u>每天</u>服用醫生開給您的或是醫生提供給您的控制哮喘的藥物？

AB18

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

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

PROGRAMMING NOTE QA15_B10:
IF QA15_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA15_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA15_B14;
ELSE CONTINUE WITH QA15_B10

QA15_B10   During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…
在<u>過去 12 個月</u>中，您出現哮喘症狀的頻率有多高？哮喘症狀包括咳嗽、喘鳴、呼吸急促、胸悶或黏痰。您認為是......

AB66

> Not at all, ...1
> 從未，..1
> Less than every month,..2
> 每月不到一次，..2
> Every month, ...3
> 每月，..3
> Every week, or 4
> 每週，還是 4
> Every day? 5
> 每天？..5
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_B11   During the <u>past 12 months</u>, have you had to visit a hospital emergency room because of <u>your</u> asthma?
您是否曾經因哮喘病發作而必須前往醫院急診室就診？

AB67

> YES..1
> NO..2   **[GO TO QA15_B13]**
> REFUSED .... -7   **[GO TO QA15_B13]**
> DON'T KNOW .... -8   **[GO TO QA15_B13]**

QA15_B12   Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
您是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室就診？

AB107

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

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

QA15_B13   During the <u>past 12 months</u>, were you admitted to the hospital overnight or longer for your asthma?
在<u>過去十二個月</u>中，您是否曾經因哮喘病住院一天或更長時間?

AB80

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

PROGRAMMING NOTE QA15_B14:
IF AAGE > 69 GO TO QA15_B15;
ELSE CONTINUE WITH QA15_B14

QA15_B14   During the past 12 months, how many days of work did you miss due to asthma?
在過去十二個月中，您因為哮喘病有多少天沒有工作?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

      _____ DAYS (0 - 365)

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

QA15_B15   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?
是否曾經有醫生或其他醫療服務提供者與您一起制定一項計劃，以便您瞭解如何控制自己的哮喘?

AB43

      YES..1
      NO..2   **[GO TO QA15_B17]**
      REFUSED .... -7   **[GO TO QA15_B17]**
      DON'T KNOW .... -8   **[GO TO QA15_B17]**

QA15_B16   Do you have a written or printed copy of this plan?
                  您是否有該項計劃的書面或列印副本？

AB98

                  [IF NEEDED, SAY: "This can be an electronic or hard copy."]
                  [IF NEEDED, SAY: "可以是電子版本或打印件。"]

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

QA15_B17   How confident are you that you can control and manage your asthma? Would you say you are…
                  您對控制與管理自己的哮喘信心有多高？您認為是......

AB108

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

PROGRAMMING NOTE QA15_B18:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B18   {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have diabetes or sugar diabetes?
                  {除了懷孕期間，} 是否有醫生曾經告訴您患有糖尿病?

AB22

                       YES 1
                       NO 2
                       BORDERLINE OR PRE-DIABETES.......................3   **[GO TO PN QA15_B34]**
                       REFUSED .... -7
                       DON'T KNOW .... -8

PROGRAMMING NOTE QA15_B19:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B19   {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have pre-diabetes or borderline diabetes?
                  {除了懷孕期間，}, 是否<u>曾經</u>有醫生告訴您患有前驅糖尿病或臨界糖尿病？

AB99

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

17

> **PROGRAMMING NOTE QA15_B20:**
> **IF QA15_B18 = 1 THEN CONINTUE WITH QA15_B20;**
> **ELSE SKIP TO PROGRAMMING NOTE QA15_B34**

QA15_B20   How old were you when a doctor first told you that you have diabetes?
當醫生第一次告訴您患有糖尿病時，您的年齡多大？

AB23

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

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

QA15_B21   Were you told that you had Type 1 or Type 2 diabetes?
您是否曾經被告知患有一類或二類糖尿病？

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]
[IF NEEDED, SAY:「一類糖尿病是由於身體無法產生胰島素而引起，常見於兒童及年輕人。二類糖尿病是由於抗胰島素作用而引起，是最常見的糖尿病類型。」**]**

TYPE 1 1
TYPE 2 2
ANOTHER TYPE (SPECIFY: _____) 91
DOUBLE DIABETES (TYPE 1 AND TYPE 2) 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_B22   Are you now taking insulin?
您目前在使用胰島素嗎？

AB24

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

QA15_B23   Do you now take diabetic pills to lower your blood sugar?
您目前在服用降血糖的糖尿病藥物嗎？

AB25

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

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

QA15_B24   About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
您本人、您的家庭成員或朋友每天、每週或每月大約幾次檢查您的血糖？

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

_____ PER DAY [HR: 0-24; SR: 0-10]

_____ PER WEEK [HR: 0-70; SR: 0-34]

_____ PER MONTH [HR: 0-300; SR: 0-149]

_____ PER YEAR [HR: 0-3650; SR: 0-599]

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

QA15_B25   About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?
在過去十二個月中，醫生或健康專業人員大約檢查過幾次您的血紅蛋白「A one C」？

AB27

[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

QA15_B26   About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
在過去 12 個月中，醫生約檢查過幾次您的腳部是否有任何瘡或發炎？

AB28

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

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

QA15_B27   When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
您最近一次接受瞳孔放大眼科檢查是什麼時候？瞳孔放大會使您的眼睛在短時間內對亮光敏感。

AB63

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

QA15_B28   During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
在過去 12 個月\中，你是否曾經因糖尿病發作前往醫院急診室就診？

AB109

YES 1
NO 2   **[GO TO QA15_B30]**
REFUSED .... -7   **[GO TO QA15_B30]**
DON'T KNOW .... -8   **[GO TO QA15_B30]**

QA15_B29   Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
你是否曾經因糖尿病發作無法約見自己的醫生而前往醫院急診室就診？

AB110

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

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

QA15_B30   During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
在過去 12 個月中，您是否曾經因糖尿病而住院一整天或更長時間？

AB111

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

QA15_B31   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?
您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便讓您瞭解如何護理自己的糖尿病？

AB112

YES 1
NO 2   **[GO TO QA15_B33]**
REFUSED .... -7   **[GO TO QA15_B33]**
DON'T KNOW .... -8   **[GO TO QA15_B33]**

QA15_B32   Do you have a written or printed copy of this plan?
您是否有該項計劃的書面或列印副本？

AB113

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

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

QA15_B33   How confident are you that you can control and manage your diabetes? Would you say you are…

您對控制與管理自己的糖尿病信心有多高？您認為是......

AB114

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

PROGRAMMING NOTE QA15_B34:
IF QA15_A5 = 2 (FEMALE) CONTINUE WITH QA15_B34;
ELSE GO TO QA15_B35

QA15_B34   Has a doctor ever told you that you had diabetes <u>only</u> during pregnancy?
是否有醫生曾經說過您<u>僅</u>在懷孕期間患過糖尿病？

AB81

[IF NEEDED, SAY: "This is also known as gestational diabetes."]
[IF NEEDED, SAY:「這也稱為妊娠糖尿病。」]

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

QA15_B35   Has a doctor <u>ever</u> told you that you have high blood pressure?
是否有醫生曾經告訴過您患有高血壓？

AB29

YES...1
NO..2   **[GO TO QA15_B37]**
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION 3   **[GO TO QA15_B37]**
REFUSED .... -7   **[GO TO QA15_B37]**
DON'T KNOW .... -8   **[GO TO QA15_B37]**

QA15_B36   Are you now taking any medications to control your high blood pressure?
您目前是否在服用任何控制高血壓的藥物？

AB30

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

QA15_B37   Has a doctor ever told you that you have any kind of heart disease?
有沒有醫生告訴過您患有任何一種心臟病？

AB34

```
                    YES......................................................................1
                    NO........................................................................2      [GO TO QA15_B45]
                    REFUSED ............................................................. -7      [GO TO QA15_B45]
                    DON'T KNOW ....................................................... -8      [GO TO QA15_B45]
```

QA15_B38   Has a doctor <u>ever</u> told you that you have heart failure or congestive heart failure?
是否有醫生<u>曾經</u>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
```

QA15_B39   During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?
在過去 12 個月中，您是否曾經因心臟病<u>而必須</u>前往醫院急診室就診？

AB115

```
                    YES......................................................................1
                    NO........................................................................2      [GO TO QA15_B41]
                    REFUSED ............................................................. -7      [GO TO QA15_B41]
                    DON'T KNOW ....................................................... -8      [GO TO QA15_B41]
```

QA15_B40   Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?
您是否曾經因心臟病發作無法約見自己的醫生而前往醫院急診室就診？

AB116

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

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

QA15_B41   During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?
在過去 12 個月中，您是否因心臟病而住院一整天或更長時間？

AB117

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

QA15_B42   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?
您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便您瞭解如何護理自己的心臟病？

AB118

YES...1
NO...2   **[GO TO QA15_B45]**
REFUSED .... -7   **[GO TO QA15_B45]**
DON'T KNOW .... -8   **[GO TO QA15_B45]**

QA15_B43   Do you have a written or printed copy of this plan?
您是否有該項計劃的書面或列印副本？

AB119

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "可以是電子版本或打印件。"]

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

QA15_B44   How confident are you that you can control and manage your heart disease? Would you say you are…
您對控制與管理您的心臟病的信心有多高？您認為是......

AB120

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

QA15_B45   During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?
在過去 12 個月中，您是否打過流感防疫針或使用過流感疫苗鼻噴劑 Flumist？

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]
[IF NEEDED, SAY: "流感防疫針通常是在秋季注射，以便為流感季節預防流感提供保護。"]

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

Section C – Health Behaviors

QA15_C1   The next questions are about walking for transportation. I will ask you separately about walking
for relaxation or exercise.
以下是有關以步代車的問題。我會另外向您提出因休閒或運動目的步行問題。

During the past 7 days, did you walk **to get some place** that took you at least 10 minutes?
在過去七天內，您是否曾經步行至少 10 分鐘去某個地方？

AD37W

YES...1
NO...2   **[GO TO QA15_C4]**
UNABLE TO WALK 3   **[GO TO QA15_C7]**
REFUSED .... -7   **[GO TO QA15_C4]**
DON'T KNOW .... -8   **[GO TO QA15_C4]**

QA15_C2   In the past 7 days, how many times did you do that?
在過去七天內，您曾經幾次這樣做？

AD38W

[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place."]
[IF NEEDED, SAY: "至少步行 10 分鐘去某個地方。"]

_____ TIMES PER WEEK   **[IF 0, GO TO QA15_C4]**

REFUSED .... -7   **[GO TO QA15_C4]**
DON'T KNOW .... -8   **[GO TO QA15_C4]**

PROGRAMMING NOTE QA15_C3:
IF QA15_C2 = 1 DISPLAY "How long did that walk take";
IF QA15_C2 > 1 DISPLAY "On average, how long did those walks take"

QA15_C3   How long did that walk take/On average, how long did those walks take?
此類步行花了多長時間/此類步行通常花多長時間？

AD39W

_____ MINUTES PER DAY

_____ HOURS PER DAY

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

PROGRAMMING NOTE QA15_C4:
IF QA15_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

QA15_C4　　Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.
有時，您會為了娛樂、休閒、運動或溜狗而步行。在過去七天內，您是否曾經因任何此類原因而至少步行 10 分鐘? {請勿包括以步代車。}

AD40W

YES 1
NO..2　　**[GO TO QA15_C7]**
REFUSED .... -7　　**[GO TO QA15_C7]**
DON'T KNOW .... -8　　**[GO TO QA15_C7]**

QA15_C5　　In the past 7 days, how many times did you do that?
在過去七天內，您曾經幾次這樣做?

AD41W

[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog."]
[IF NEEDED, SAY: "因娛樂、休閒、運動或溜狗至少步行 10 分鐘。"]

_____ TIMES PER WEEK　　　　　　　　　　**[IF 0, GO TO QA15_C7]**

REFUSED .... -7　　**[GO TO QA15_C7]**
DON'T KNOW .... -8　　**[GO TO QA15_C7]**

PROGRAMMING NOTE QA15_C6:
IF QA15_C5 = 1 DISPLAY "How long did that walk take";
IF QA15_C5 > 1 DISPLAY "On average, how long did those walks take"

QA15_C6　　How long did that walk take/On average, how long did those walks take?
此類步行花了多長時間/此類步行通常花多長時間?

AD42W

_____ MINUTES PER DAY

_____ HOURS PER DAY

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

QA15_C8   During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?
[過去一個月中，] 您喝加糖果汁飲料、運動或能量飲料的頻率有多高？

AC46

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]
[IF NEEDED, SAY: 「例如檸檬水、Gatorade、Snapple 或 Red Bull。」]
[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____TIMES

PER DAY 1   [HR: 0-10; SR: 0-7]
PER WEEK 2   [HR: 0-25; SR: 0-11]
PER MONTH..3   [HR: 0-60; SR: 0-30]
REFUSED .... -7
DON'T KNOW .... -8

QA15_C9   <u>Yesterday</u>, how many glasses of water did you drink at work, home, and everywhere else?Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.
您昨天在工作場所、家中和所有其他地方加起來總共喝了多少杯水？請將一杯水計算為一杯水，將一瓶水計算為兩杯水，將喝了幾口水（例如在飲水機上喝水）計算為不足一杯水。請給出您的最佳估計數字。

AC47

[IF NEEDED SAY: "Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water."]
[IF NEEDED, SAY:「請包括自來水（例如水池、水龍頭、飲水機或水壺中的水）和瓶裝水（例如 Aquafina®）。請不要包括有調味的加糖的水。」]

[IF NEEDED, SAY: Count one cup or 8 ounces as one glass.]
[IF NEEDED, SAY: 「將一杯或 8 盎斯計算為一杯。」]

_____ Glasses [HR: 0-20; SR: 0-15]

LESS THAN 1 GLASS
(e.g., SIPS FROM A FOUNTAIN) 99
NONE...0
REFUSED .... -7
DON'T KNOW .... -8

QA15_C10   Now think about the <u>past week</u>. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.
現在，請想一想上一週的情況。在過去七天中，您曾經幾次吃快餐食品？包括在工作場所、家中或快餐店、外賣店或無需下車的得來速快餐店(drive through) 吃的快餐食品。

AC31

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

_____# OF TIMES IN PAST 7 DAYS

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

QA15_C11   How often can you find fresh fruits and vegetables in your neighborhood? Would you say…
您在所在社區買到新鮮水果和蔬菜的頻率有多高？您認為是……

AC42

Never,..1
從未、 1
Sometimes, ...2
有時、 2
Usually, or 3
經常,還是...3
Always? 4
總是？ 4
DOESN'T EAT F & V 5
DOESN'T SHOP FOR F&V 6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....7
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_C12
IF QA15_C11 = 2, 3, OR 4, THEN CONTINUE WITH QA15_C12;
ELSE GO TO PROGRAMMING NOTE QA15_C13

QA15_C12   How often are they affordable? Would you say…
您能夠負擔得起這些食品的頻率有多高？您認為是……

AC44

[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]
[IF NEEDED, SAY: 「您能夠負擔得起您所在社區的新鮮水果和蔬菜的頻率有多高？您認為是…」]

Never,..1
從未、 1
Sometimes, ...2
有時、 2
Usually, or 3
經常, 還是..3
Always? 4
總是 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_C13   Now, I am going to ask about various health behaviors.
現在，我想就各種不同的健康行為問題提問。
Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?
在您的一生中，您抽煙的總量是否至少有 100 支或 100 支以上？

AE15

YES 1
NO...2   **[GO TO QA15_C19]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_C14   Do you now smoke cigarettes every day, some days, or not at all?
您現在是每天、某些天抽煙還是完全不抽煙？

AE15A

EVERY DAY...1
SOME DAYS..2   **[GO TO PN QA15_C16]**
NOT AT ALL...3   **[GO TO PN QA15_C17]**
REFUSED .... -7   **[GO TO PN QA15_C17]**
DON'T KNOW .... -8   **[GO TO PN QA15_C17]**

QA15_C15   On average, how many cigarettes do you now smoke a day?
目前您每天平均抽多少支煙?

AD32

[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]   **[GO TO PN QA15_C17]**

REFUSED .... -7   **[GO TO PN QA15_C17]**
DON'T KNOW .... -8   **[GO TO PN QA15_C17]**

PROGRAMMING NOTE QA15_C16:
IF QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C16;
ELSE GO TO QA15_C17

QA15_C16   In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
在過去 30 天中您抽煙的日子裡，您每天抽多少支煙？

AE16

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

_____ NUMBER OF CIGARETTES [HR: 0-120]

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

PROGRAMMING NOTE QA15_C17:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C17;
ELSE CONTINUE WITH QA15_C19

QA15_C17   During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
在過去十二個月中，您是否曾因嘗試戒煙而停止抽煙一天或更長時間？

AC49

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

QA15_C18   Are you thinking about quitting smoking in the next six months?
您是否在考慮在今後六個月內戒煙？

AC50

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

PROGRAMMING NOTE QA15_C19:
IF AGE <= 65 THEN CONTINUE WITH QA15_C19;
ELSE SKIP TO QA15_C22;

QA15_C19   Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?
您是否曾抽過電子煙？電子煙也稱為氣霧煙。

AC81

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]
[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]
[IF NEEDED, SAY: 「電子煙是模仿傳統抽煙的設備，但由電池操作的設備產生氣霧，而不是煙。該設備中使用的溶液可能含有尼古丁，通常帶有香味。」**]**

> YES 1
> NO...2   **[GO TO QA15_C22]**
> REFUSED .... -7   **[GO TO QA15_C22]**
> DON'T KNOW .... -8   **[GO TO QA15_C22]**

QA15_C20   During the past 30 days, how many days did you use electronic cigarettes?
在過去三十天內，您有多少天曾抽電子煙？

AC82

> _____ NUMBER OF DAYS   **[IF 0, THEN SKIP**
>   **TO QA15_C22]**
> REFUSED .... -7   **[SKIP TO QA15_C22]**
> DON'T KNOW .... -8   **[SKIP TO QA15_C22]**

QA15_C21 What are your reasons for using electronic cigarettes?
您是因為什麼原因抽電子煙？

AC83

    [CODE ALL THAT APPLY]

      QUIT SMOKING..1
      REPLACE SMOKING 2
      CUT DOWN OR REDUCE SMOKING 3
      USE IN PLACES WHERE SMOKING NOT IS
      NOT ALLOWED..4
      CURIOSITY, JUST TRY IT 5
      OTHER (SPECIFY: _____)..................... 91
      REFUSED .... -7
      DON'T KNOW .... -8

QA15_C22 Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?
現在，請想一想過去 12 個月的情況。在那段時期中，您是否曾喝過任何形式的酒精飲料？

AC32

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

      YES...1
      NO...2 **[GO TO QA15_C25]**
      REFUSED .... -7 **[GO TO QA15_C25]**
      DON'T KNOW .... -8 **[GO TO QA15_C25]**

PROGRAMMING NOTE QA15_C23:
IF QA15_A5 = 1 (MALE) CONTINUE WITH QA15_C23;
ELSE SKIP TO QA15_C24

QA15_C23 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?
在過去十二個月內，您在一天內飲酒量達到 5 份或 5 份以上的次數約有多少？

AC34

    [IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
    [IF NEEDED, SAY: 「一份飲酒是指一罐 12 盎斯的啤酒或一杯啤酒、一杯 5 盎斯的葡萄酒、一杯混合飲料或一小杯烈酒。」]

      _____ TIMES [HR: 0-365; SR: 0-99] **[GO TO QA15_C25]**

      REFUSED .... -7 **[GO TO QA15_C25]**
      DON'T KNOW .... -8 **[GO TO QA15_C25]**

QA15_C24　In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?
在過去十二個月內，您在一天內飲酒量達到 4 份或 4 份以上的次數約有多少?

AC35

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
[IF NEEDED, SAY: 「一份飲酒是指一罐 12 盎斯的啤酒或一杯啤酒、一杯 5 盎斯的葡萄酒、一杯混合飲料或一小杯烈酒。」]

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

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

PROGRAMMING NOTE QA15_C25:
IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO SECTION D;
ELSE IF QA15_A5 = 2 (FEMALE) AND QA15_C22 = 1, THEN CONTINUE WITH QA15_C25;
ELSE IF QA15_A5 = 1 (MALE) AND QA15_C22 = 1, THEN GO TO QA15_C26;
ELSE IF QA15_C22 = 2, -7, OR -8, GO TO QA15_C28

QA15_C25　How many times in the past 30 days did you have four or more drinks on an occasion?
過去 30 天裡，有多少回 您 曾一次喝了四杯或超過四杯的酒？

AE14AU2

_____ NUMBER OF TIMES　　　　　　　　**[IF QA15_C25 = 0, GO TO QA15_C27]**

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

PROGRAMMING NOTE QA15_C26:
IF QA15_A5 = 2 (FEMALE), THEN SKIP TO QA15_C27;
ELSE IF QA15_A5 = 1 (MALE) AND QA15_C22 = 1, THEN CONTINUE WITH QA15_C26

QA15_C26　How many times in the past 30 days did you have five or more drinks on an occasion?
過去 30 天裡，有多少回 您 一次喝了五杯或超過五杯以上的酒？

AE14U2

_____ NUMBER OF TIMES　　　　　　　　**[IF QA15_C26 = 0, GO TO QA15_C28]**

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

QA15_C27　During the past 30 days, on the days you drank, about how many drinks did you have on the average?
過去 30 天，在您 有喝酒的日子裡，您平均喝幾杯酒？

AE13U2

_____ DRINKS

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

QA15_C28   In the past 12 months, did you use alcohol or drugs to relieve feelings such as sadness, anger or boredom? Do not count medication prescribed to you by a doctor.
過去12個月裡，您有使用酒精或者藥物來舒緩難過，憤怒或者無聊情緒？醫
生開的處方藥除外。

AC97

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

QA15_C29   In the past 12 months, have you found yourself thinking a lot about drinking or using drugs?
過去 12 個月裡，您是否經常想要喝酒或者用藥？

AC98

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

QA15_C30   In the past 30 days, how many days did you use two or more drugs at the same time?
過去 30 天裡，有多少天您同時使用兩種以上的藥物？

AC99

_____ DAYS [RANGE: 0-30]

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

Section D – General Health, Disability, and Sexual Health

QA15_D1   These next questions are about your height and weight. How tall are you without shoes?
以下是幾個有關您的身高和體重的問題. 您不穿鞋時身高是多少?

AE17

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

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

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

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

PROGRAMMING NOTE QA15_D2:
IF QA15_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA15_D2   {When not pregnant, how/How} much do you weigh without shoes?
您不穿鞋時體重是多少?

AE18

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

_____ POUNDS   [HR: 50-450]

_____ KILOGRAMS   [HR: 20-220]

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

QA15_D3   Are you blind or deaf, or do you have a severe vision or hearing problem?
您是盲人或聾人, 或有嚴重視力或聽力障礙嗎?

AD50

YES 1
NO 2   **[GO TO QA15_D5]**
REFUSED .... -7   **[GO TO QA15_D5]**
DON'T KNOW .... -8   **[GO TO QA15_D5]**

QA15_D4   Are you legally blind?
您是不是法律認可的盲人？

AL8

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

QA15_D5   Do you have a condition that substantially limits one or more basic physical activities such as
walking, climbing stairs, reaching, lifting, or carrying?
您是否有任何一種嚴重限制一種或多種基本身體活動的症狀?例如，步行、上樓梯、伸手取物或提
拿物體。

AD57

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

QA15_D6   Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any
of the following:
您是否由於持續六個月或以上的身體、精神或情感疾病，出現以下任何症狀：

Any difficulty learning, remembering, or concentrating?
學習、記憶或集中注意力方面的任何困難?

AD51

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

QA15_D7   Any difficulty dressing, bathing, or getting around inside the home?
穿衣、洗澡或在家中走動時有任何困難嗎?

AD52

**[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months
or more."]**
[IF NEEDED, SAY: 「由於延續六個月或以上的身體、精神或情感狀況。」]

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

QA15_D8   Any difficulty going outside the home alone to shop or visit a doctor's office?
單獨外出購物或前往醫生診所就診時有任何困難嗎?

AD53

**[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months
or more."]**
[IF NEEDED, SAY: 「由於延續六個月或以上的身體、精神或情感狀況。」]

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

PROGRAMMING NOTE QA15_D9:
IF AAGE > 64 GO TO PN QA15_D11

QA15_D9   Any difficulty working at a job or business?
工作或從事業務方面遇到任何困難嗎?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]
[IF NEEDED, SAY:「由於延續六個月或以上的身體、精神或情感狀況。」**]**

YES...1
NO..2   **[GO TO PN QA15_D11]**
REFUSED .... -7   **[GO TO PN QA15_D11]**
DON'T KNOW .... -8   **[GO TO PN QA15_D11]**

QA15_D10   Do you have a physical or mental condition that has kept you from working for at least a year?
您是否有使您至少一年無法工作的身體或精神症狀?

AL8A

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

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

PROGRAMMING NOTE QA15_D11:
IF AAGE ≥ 65 GO TO PROGRAMMING NOTE QA15_D12;
ELSE CONTINUE WITH QA15_D11

QA15_D11   Has Social Security or the State Department of Social Services determined that you have a disability that is expected to last one year or longer?
您是否有已被社會安全 (就是 Social Security) 或州社會服務處確認且會持續一年以上的殘疾？

AD73

[IF NEEDED, SAY: "This does not include short-term disability for illness, injury, pregnancy, or childbirth."]
[IF NEEDED, SAY: "不包括短期的殘疾如疾病，受傷，懷孕或生育.."**]**

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

PROGRAMMING NOTE QA15_D12:
IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO QA15_D15;
ELSE IF AAGE > 60, CONTINUE WITH QA15_D12;
ELSE SKIP TO QA15_D13

QA15_D12   Are you homebound, that is, unable to leave your home without assistance from someone else
您是否局限在家？也就是說，如果沒有其他人的幫助出不了門？

AD74

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

QA15_D13   In the past 12 months, have you provided unpaid care to a family member, friend, or neighbor
who needs help because of disability or frailty? By care, we mean providing personal care,
running errands, providing transportation, helping with cleaning or other day to day needs.
過去 12 個月裡，您是否無償照顧過某位因為殘疾或者體虛而需要幫助的家庭
成員，朋友，或者鄰居嗎？我們說的"照顧"是指提供個人護理，處理日常事
務，提供交通援助，幫助打掃或其他日常所需。

AD75

YES 1
NO...2   **[GO TO QA15_D15]**
REFUSED .... -7   **[GO TO QA15_D15]**
DON'T KNOW .... -8   **[GO TO QA15_D15]**

QA15_D14   How many hours in a typical week do you spend providing this care?
通常您一周花費多少時間提供這些照顧？

AD76

_____ HOURS [RANGE: 1-168]

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

QA15_D15   We are asking a few questions about people's sexual experiences. All answers will be kept
private.
我們會提出幾個有關性經歷的問題。所有的答案都會予以保密。

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

AD43

_____ NUMBER OF SEXUAL PARTNERS   **[GO TO PN QA15_D17]**

REFUSED .... -7   **[GO TO PN QA15_D17]**
DON'T KNOW .... -8

QA15_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 QA15_D17:
IF QA15_D15 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA15_D16=0, GO TO
PROGRAMMING NOTE QA15_D18;
ELSE CONTINUE WITH QA15_D17;
IF QA15_D15 OR QA15_D16 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or
female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and
female"

QA15_D17   {Is that partner male or female/In the past 12 months, have your sexual partners been
male, female, or both male and female}?
在過去十二個月中，您的性伴侶是男性、女性還是既有男性又有女性?

AD45

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

PROGRAMMING NOTE QA15_D18:
IF QA15_A5 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF QA15_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

QA15_D18   Do you think of yourself as straight or heterosexual, as gay {, lesbian} or homosexual, or bisexual?
您認為自己是異性戀、男同性戀、女同性戀、同性戀還是雙性戀?

AD46

    [IF NEEDED, SAY: "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes."]
[IF NEEDED, SAY：「異性戀者主要受異性吸引並與異性發生性關係；男同性戀者和女同性戀者主要受同性吸引並與同性發生性關係；雙性戀者受兩種性別的人吸引並與兩種性別的人發生性關係。」]

       STRAIGHT OR HETEROSEXUAL 1
       GAY, LESBIAN, OR HOMOSEXUAL 2
       BISEXUAL...3
       NOT SEXUAL/CELIBATE/NONE 4
       OTHER (SPECIFY: _____) 91
       REFUSED .... -7
       DON'T KNOW .... -8

PROGRAMMING NOTE QA15_D19:
IF [QA15_D15 > 1 OR QA15_D16 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR [QA15_A5 = 1 (MALE) AND (QA15_D18=2 (GAY) OR QA15_D18=3 (BISEXUAL)], CONTINUE WITH QA15_D19;

HIV SAMPLING FOR AMERICAN INDIAN ALASKA NATIVE RESPONDENTS ;
IF QA15_A8 = 4 OR QA15_A15 = 18 (AMERICAN INDIAN OR ALASKA NATIVE)], CONTINUE WITH QA15_D19;

CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE WITH QA15_D19;
CONTROL GROUP: QA15_D15 ≤ 1 OR QA15_D16 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND QA15_D18 = 1 (STRAIGHT OR HETEROSEXUAL) AND QA15_A8 ≠ 4 OR QA15_A15 ≠ 18 (NOT AMERICAN INDIAN OR ALASKA NATIVE)];
(MINIMUM N = 1,200 equally spread across each replicate);

ELSE GO TO PROGRAMMING NOTE QA15_D23

QA15_D19   Have you <u>ever</u> been tested for HIV, the virus that causes AIDS?
您是否曾經接受過艾滋病病毒 HIV 測試?

AD55

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

> **PROGRAMMING NOTE QA15_D20:**
> **IF QA15_D19 = 1 CONTINUE WITH QA15_D20;**
> **ELSE GO TO PROGRAMMING NOTE QA15_D23;**

QA15_D20   In the past year, how many times have you been tested for HIV?
在過去一年中，你曾經接受過幾次 HIV 測試？

AD62

```
            NOT TESTED IN PAST YEAR ................................0
            ONE TIME...................................................1
            TWO TIMES.................................................2
            THREE TIMES .............................................3
            FOUR TIMES ..............................................4
            FIVE TIMES ................................................5
            SIX OR MORE TIMES ...........................................6
            REFUSED ................................................ -7
            DON'T KNOW .............................................. -8
```

QA15_D21   When was your last HIV test?
你最後一次接受 HIV 測試是什麼時間？

AD63

```
            MONTH _____ [RANGE: 1-12]

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

            YEAR _____ [RANGE: 1985-2016]

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

QA15_D22   Was the result of your HIV test positive or negative?
你的 HIV 測試結果是陽性還是陰性？

AD64

```
            POSITIVE..................................................1
            NEGATIVE .................................................2
            REFUSED ............................................... -7
            DON'T KNOW ........................................... -8
```

PROGRAMMING NOTE QA15_D23:
IF [QA15_A5 = 1 (MALE) AND QA15_D17 = 1 (MALE)] OR [QA15_A5 = 2 (FEMALE) AND QA15_D17 = 2 (FEMALE)] OR [QA15_D17 = 3, -7, OR -8] OR [IF QA15_D18 ≠ 1] CONTINUE WITH QA15_D23;
ELSE GO TO QA15_D25

QA15_D23   Are you legally married to someone of the same sex?
你是否與同性別的人合法登記結婚？

AD60

[INTERVIEWER NOTE: DO NOT INCLUDE LEGAL DOMESTIC PARTNERSHIP. INCLUDE LEGAL SAME SEX MARRIAGES PERFORMED IN CALIFORNIA AND OTHER STATES.]

YES 1   **[GO TO PN QA15_D25]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA15_D24   Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?
你與同性別的人合法登記為同居伴侶是否獲得加利福尼亞州政府的認可？

AD61

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

PROGRAMMING NOTE QA15_D25;
IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D25;
ELSE SKIP TO QA15_D25A

QA15_D25   What sex were you assigned at birth, on your original birth certificate?
您的原始出生證明裡所寫的性別是什麼？

AD65

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

PROGRAMMING NOTE QA15_D25A:
ALTERNATE TESTING OF QA15_D25;

QA15_D25A   On your original birth certificate, was your sex assigned as male or female?
您的原始出生證明裡所寫的性別是男性還是女性？

AD65A

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

QA15_D26   Do you currently describe yourself as male, female, or transgender?
目前您認為自己是男性，女性，還是跨性別者？

AD66

> MALE ....1 **[GO TO PN QA15_D28]**
> FEMALE...2 **[GO TOPN QA15_D28]**
> TRANSGENDER...3 **[GO TOPN QA15_D28]**
> NONE OF THESE...4
> REFUSED .... -7 **[GO TO SECTION E]**
> DON'T KNOW .... -8 **[GO TO SECTION E]**

PROGRAMMING NOTE QA15_D27:
IF QA15_D26=4 THEN CONTINUE WITH QA15_D27;
ELSE SKIP TO QA15_D28

QA15_D27   What is your current gender identity?
目前您認為自己是什麼性別？

AD67

> (SPECIFY: _____)
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA15_D28:
IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D26 = 1 (MALE)] OR [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 2 (FEMALE)] THEN SKIP TO SECTION E;
ELSE CONTINUE WITH QA15_D28;

DISPLAYS;
IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D26 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D26 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};
IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D27 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {male} and {<QA15_D27>};
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 1 OR QA15_D25A = 1 (MALE), THEN DISPLAY {female} and {male};
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 3 (TRANSGENDER), THEN DISPLAY {female} and {transgender};
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D27 ^= -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {female} and {<QA15_D27>};

QA15_D28   Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D25} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}. Is that correct?
我想確認一下，您出生時是{INSERT RESPONSE FROM QA15_D25}，現在您認為自己是 {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}。對嗎？

AD68

> YES...1
> NO...2 **[GO BACK TO QA15_D26]**
> REFUSED .... -7
> DON'T KNOW .... -

Section E – Women's Health

PROGRAMMING NOTE QA15_E1:
IF QA15_A5 = 1 (MALE), THEN GO TO QA15_F1;
IF AGE > 45, THEN GO TO PROGRAMMING NOTE QA15_E2;
ELSE CONTINUE WITH QA15_E1

DISPLAYS;
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them."

QA15_E1   {These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
{以下是有關婦女健康的問題. 以下問題可能與您有關，因為您的出生証上寫的是女性。如果不是，請告訴我，我會跳過這些問題。}

To your knowledge, are you <u>now</u> pregnant?
据您所知，您<u>現在</u>懷孕了嗎？

AD13

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

> **PROGRAMMING NOTE QA15_E2:**
> **IF AAGE < 40 OR QA15_A4 = 1 OR 2 (BETWEEN 18 AND 29 OR BETWEEN 30 AND 39) OR ENUM.AGE < 40, THEN GO TO QA15_F1;**
> **ELSE CONTINUE WITH QA15_E2;**
>
> **DISPLAYS;**
> **IF [AAGE > 45 OR UNKNOWN], AND [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";**
> **IF [AAGE > 45 OR UNKNOWN] AND [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.";**

QA15_E2   {These next questions are about women's health. These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
{以下是有關婦女健康的問題. 以下問題可能與您有關，因為您的出生証上寫的是女性。如果不是，請告訴我，我會跳過這些問題。}

Have you <u>ever</u> had a mammogram?
您<u>曾經</u>做過乳房 X 光照射檢查嗎？

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, GO TO SECTION F]**
REFUSED	-7	**[GO TO SECTION F]**
DON'T KNOW	-8	**[GO TO SECTION F]**

QA15_E3   How long has it been since you had your last mammogram?
從您上次的乳房 X 光照射到現在有多久了？

AD17

A YEAR AGO OR LESS	1	
MORE THAN 1 UP TO 2 YEARS AGO	2	
MORE THAN 2 UP TO 3 YEARS AGO	3	
MORE THAN 3 UP TO 5 YEARS AGO	4	
MORE THAN 5 YEARS AGO	5	
REFUSED	-7	**[GO TO QA15_F1]**
DON'T KNOW	-8	**[GO TO QA15_F1]**

QA15_E4   How long did your provider advise you to wait until your next mammogram?
您的醫療服務提供者建議您多久以後進行下一次乳房 X 線檢查？

AE95

[INTERVIEWER NOTE: PROMPT ONLY IF RESPONDENT ASKS FOR CLARIFICATION.]

3 MONTHS AGO OR LESS 1
MORE THAN 3 AND UP TO 6 MONTHS 2
MORE THAN 6 MONTHS UP TO 1 YEAR 3
MORE THAN 1 UP TO 2 YEARS 4
MORE THAN 2 YEARS 5
PROVIDER DIDN'T ADVISE ME/DIDN'T SAY........6
NO LONGER NEEDS MAMMOGRAMS 7
REFUSED .... -7
DON'T KNOW .... -8

Section F – Mental Health

QA15_F1   The next questions are about how you have been feeling during the past 30 days.
以下是關於在過去 30 天內您的感覺的問題。

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?
在過去 30 天內，您大約每隔多久會感到緊張不安 — 您認為是始終、大多數時間、有時、很少還是從不？

AJ29

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

QA15_F2   During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?
在過去 30 天內，您大約每隔多久會感到毫無希望 — 所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？

AJ30

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

QA15_F3   During the past 30 days, about how often did you feel restless or fidgety?
在過去 30 天內，您大約每隔多久會感到不安或煩躁？

AJ31

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

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

QA15_F4   How often did you feel so depressed that nothing could cheer you up?
您每隔多久會感到極為憂鬱，以致任何事都無法讓您高興起來?

AJ32

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

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

QA15_F5   During the past 30 days, about how often did you feel that everything was an effort?
在過去 30 天內，您大約每隔多久會感到做每件事都非常吃力?

AJ33

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

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

QA15_F6   During the past 30 days, about how often did you feel worthless?
在過去 30 天內，您大約每隔多久會感到自己毫無價值?

AJ34

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

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

QA15_F7   Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
在過去十二個月中，是否曾經有任何一個月這種感覺出現的頻率比過去30天更頻繁?

AF62

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

PROGRAMMING NOTE QA15_F8:
IF QA15_F7 = 1 THEN CONTINUE WITH QA15_F8;
ELSE SKIP TO PROGRAMMING NOTE QA15_F14intro

QA15_F8   The next questions are about the one month in the past 12 months when you were at your worst emotionally.
以下是有關在過去十二個月中您的精神狀態最差的一個月的問題。

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

AF63

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

QA15_F9   During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?
在這個月中，您感到毫無希望的頻率有多高? 是所有的時間、大多數時間、某些時間、少數時間還是根本沒有?

AF64

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

QA15_F10   How often did you feel restless or fidgety?
您感到不安或煩躁的頻率有多高?

AF65

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"]

[IF NEEDED, SAY: "是所有的時間、大多數時間、某些時間、少數時間還是根本沒有? "]

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

QA15_F11   How often did you feel so depressed that nothing could cheer you up?
您感到非常壓抑以致任何事情都無法讓您高興起來的頻率有多高?

AF66

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

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

QA15_F12   How often did you feel that everything was an effort?
您感到做每件事都很費力的頻率有多高?

AF67

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

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

QA15_F13   How often did you feel worthless?
您感到自己毫無用處的頻率有多高?

AF68

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

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

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA15_F14intro:
IF (QA15_F1 + QA15_F2 + QA15_F3 + QA15_F4 + QA15_F5 + QA15_F6 > 8) OR
(QA15_F8 + QA15_F9 + QA15_F10 + QA15_F11 + QA15_F12 + QA15_F13 > 8) OR
(IF QA15_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
(IF QA15_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH
QA15_F14intro;
IF QA15_F7 = 1 THEN DISPLAY "again, please";
ELSE SKIP TO QA15_F19

QA15_F14intro

Think {again, please} about the month in the past 12 months when you were at your worst emotionally.
請想一想過去十二個月中您的情緒處於最差狀況的一個月。

PROGRAMMING NOTE QA15_F14:
IF AGE > 70 GO TO QA15_F15;
ELSE CONTINUE WITH QA15_F14

QA15_F14   Did your emotions interfere a lot, some, or not at all with your performance at work?
您的情緒對您在工作中的表現是影響很大、有一些影響還是根本沒有影響?

AF69B

A LOT	1
SOME	2
NOT AT ALL	3
DOES NOT WORK	4
REFUSED	-7
DON'T KNOW	-8

QA15_F15   Did your emotions interfere a lot, some, or not at all with your household chores?
您的情緒對您做家務是影響很大、有一些影響還是根本沒有影響?

AF70B

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

QA15_F16   Did your emotions interfere a lot, some, or not at all with your social life?
您的情緒對您的社交生活是影響很大、有一些影響還是根本沒有影響?

AF71B

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

QA15_F17   Did your emotions interfere a lot, some, or not at all with y our relationship with friends and family?
您的情緒對您與朋友及家人的關係是影響很大、有一些影響還是根本沒有影響？

AF72B

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

QA15_F18   Now think about the past 12 months. <u>About how many days</u> out of the past 365 days were you <u>totally unable</u> to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
請想一想過去十二個月的情況。在過去的365天中，大約有多少天因為您感到精神緊張、
壓抑或情緒壓力而#完全無法\工作或從事正常的活動？

AF73B

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

_____NUMBER OF DAYS

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

PROGRAMMING NOTE QA15_F19:
IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO QA15_F21;
ELSE CONTINUE WITH QA15_F19;

QA15_F19   During the past 30 days, about how often did you feel lonely?—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，您感到毫無希望的頻率有多高？是所有的時間、大多數時間、某些時間、少數時間還是根本沒有？

AF92

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

QA15_F20   Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?
有沒有醫生，護士，或其他健康專業人員跟 您 說過您有抑鬱症，包括抑鬱
，重度抑鬱，精神抑鬱或輕度抑鬱？

AE93

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

QA15_F21   Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題感到需要約見專業人士呢？

AF81

> YES.. 1
> NO.. 2   **[GO TO QA15_F23]**
> REFUSED .... -7   **[GO TO QA15_F23]**
> DON'T KNOW .... -8   **[GO TO QA15_F23]**

QA15_F22   Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
您的保險是否為精神健康疾病治療提供保賠？例如，心理學家或精神病學家門診。

AJ1

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

QA15_F23   In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過您的主治醫生或全科醫生？

AF74

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

QA15_F24   In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過任何其他專業人員，例如心理諮詢師、精神病醫生或社會工作者.

AF75

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

PROGRAMMING NOTE QA15_F25:
IF QA15_F23 = 1 OR QA15_F24 = 1 THEN CONTINUE WITH QA15_F25;
ELSE SKIP TO QA15_F30

QA15_F25   Did you seek help for your mental or emotional health or for an alcohol or drug problem?
您是否曾經因為精神或情感健康、酗酒或吸毒的問題尋求幫助?

AF76

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

PROGRAMMING NOTE QA15_F26:
IF QA15_F25 = 1, DISPLAY: "mental or emotional health";
IF QA15_F25 = 2, DISPLAY: "use of alcohol or drugs";
IF QA15_F25 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO QA15_F27

QA15_F26   In the past 12 months, how many visits did you make to a professional for problems with your
{mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of
alcohol or drugs}? Do not count overnight hospital stays.
在過去十二個月中，您{因為精神或情感健康/酗酒或吸毒/精神情感健康以及酗酒或吸毒的問題}約
見專業人員多少次? 請勿包括住院的次數。

AF77

_____ NUMBER OF VISITS

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

QA15_F27   Are you still receiving treatment for these problems from one or more of these providers?
您現在仍然因為這些問題在約見其中的一位或多位服務提供者嗎?

AF78

YES...1   **[GO TO QA15_F30]**
NO..2
REFUSED .... -7   **[GO TO QA15_F30]**
DON'T KNOW .... -8   **[GO TO QA15_F30]**

QA15_F28   Did you complete the recommended full course of treatment?
您是否已經完成了建議的全部療程?

AF79

YES 1   **[GO TO QA15_F30]**
NO..2
REFUSED .... -7   **[GO TO QA15_F30]**
DON'T KNOW .... -8   **[GO TO QA15_F30]**

QA15_F29   What is the MAIN REASON you are no longer receiving treatment?
您不再接受治療的**主要原因**是什麼?

AF80

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

QA15_F30   During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
在過去十二個月中,您是否曾經因情感或個人問題連續兩週或以上幾乎每天服用任何處方藥,例如抗憂鬱藥或鎮靜劑?

AJ5

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

PROGRAMING NOTE QA15_F31:
IF QA15_F21 = 1 AND (QA15_F23 ≠ 1 AND QA15_F24 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE WITH QA15_F31;
ELSE SKIP TO QA15_F35

QA15_F31   Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.
以下是人們在感到需要尋求幫助時沒有尋求幫助的一些原因。請對以下每一項陳述回答「是」或「否」,說明您沒有約見專業人員的原因。

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

AF82

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

QA15_F32   You did not feel comfortable talking with a professional about your personal problems.
您與專業人員談論自己的個人問題感到不自在。

AF83

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

QA15_F33   You were concerned about what would happen if someone found out you had a problem.
您擔心如果有人知道了您的問題後會出現什麼情況。

AF84

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

QA15_F34   You had a hard time getting an appointment.
您在預約時遇到了困難。

AF85

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

PROGRAMMING NOTE QA15_F35:
IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP QA15_F48;
ELSE CONTINUE WITH QA15_F35;

QA15_F35   These next questions ask about peoples' attitudes toward mental illness and its treatment.
接下來的問題與人們對於心理疾病和治療方法的態度相關。

                 Treatment can help people with mental illness lead normal lives. Do you –agree slightly or
                 strongly, or disagree slightly or strongly?
                 治療能夠幫助心理疾病病人過上正常的生活。您是有點同意，非常同意，不
                 太同意，還是非常不同意？

AF94

                        AGREE STRONGLY...1
                        AGREE SLIGHTLY 2
                        NEITHER AGREE OR DISAGREE..........................3
                        DISAGREE SLIGHTLY 4
                        DISAGREE STRONGLY..5
                        REFUSED .... -7
                        DON'T KNOW .... -8

QA15_F36   People are generally caring and sympathetic to people with mental illness. Do you –agree
                 slightly or strongly, or disagree slightly or strongly?
                 人們通常對心理疾病病人十分照顧和同情。您是有點同意，非常同意，不太
                 同意，還是非常不同意？

AF95

                        AGREE STRONGLY...1
                        AGREE SLIGHTLY 2
                        NEITHER AGREE OR DISAGREE..........................3
                        DISAGREE SLIGHTLY 4
                        DISAGREE STRONGLY..5
                        REFUSED .... -7
                        DON'T KNOW .... -8

QA15_F37   In the past 12 months, how often would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed--- always, usually, sometimes, rarely, or never?
過去 12 個月裡，您有多經常為付房租或者房屋貸款感到擔心或者壓力大？您
覺得是總是，經常，有時，幾乎不，還是從不擔心或者壓力大？

AF96

ALWAYS 1
USUALLY...2
SOMETIMES...3
RARELY 4
NEVER 5
REFUSED .... -7
DON'T KNOW .... -8

QA15_F38   In the past 12 months, did you take any pain medications that were prescribed to you by a doctor?
過去 12 個月裡，您是否吃過醫生開的任何止痛藥？

AF97

YES...1
NO (INCLUDE NOT PRESCRIBED AND
PRESCRIBED BUT DID NOT USE) 2
REFUSED .... -7
DON'T KNOW .... -8

QA15_F39   The last time you filled a prescription for pain medication was there any medication left over?
您上一次開的止痛藥還有剩餘嗎？

AF98

YES...1
NO..2   **[GO TO QA15_F41]**
NEVER HAD AN RX FOR PAIN MEDICATION 3   **[GO TO QA15_F41]**
REFUSED .... -7   **[GO TO QA15_F41]**
DON'T KNOW .... -8   **[GO TO QA15_F41]**

QA15_F40   What did you do with the leftover prescription pain medication?
您是如何處理剩餘的止痛藥的？

AF99

KEPT IT...1
DISPOSED OF IT 2
GAVE IT TO SOMEONE ELSE 3
SOLD IT 4
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_F41   Do you currently have any expired, unused or leftover prescribed medications in your home?
目前在您家裡，您是否有任何過期的，未使用的或者剩下的處方藥？

AF100

YES...1
NO..2   **[GO TO QA15_F43]**
REFUSED .... -7   **[GO TO QA15_F43]**
DON'T KNOW .... -8   **[GO TO QA15_F43]**

QA15_F42   If you decided to dispose of these, which of the following methods would you choose? Would you…
如果您決定要處理這些藥，您會選擇下面那些方法？您會…?

AF101

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: ": 還有其他方法嗎?]

Flush it down the toilet or sink,................................1
在廁所或水槽里沖掉...1
Throw it away in the garbage,................................2
扔到垃圾里 2
Return it to the doctor's office or clinic,...................3
還給診所 3
Return it to the pharmacy, or 4
還給藥房，還是 4
Dispose of it in some other way?
(SPECIFY: _____) 91
其他處理方法? (SPECIFY: ___)............................. 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_F43   Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.
現在我想要問的問題是關於醫生不是為您開的止痛藥。

In the past 12 months, did you take prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter.
過去 12 個月裡，您有使用過任何醫生不是為您開的止痛藥嗎？我們只是想問處方藥，不包括店裏買得到的非處方藥。

AF102

YES 1
NO..2   **[GO TO QA15_F46]**
REFUSED .... -7   **[GO TO QA15_F46]**
DON'T KNOW .... -8   **[GO TO QA15_F46]**

QA15_F44   We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons?
我們想知道為什麼人們使用不是給他們開的處方藥。您上次吃不是開給您的處罰止痛藥的原因是什？

AF103

[CODE ALL THAT APPLY]
[PROBE: "Anything else?"]
[PROBE: 還有其他原因嗎？ "]

To relieve pain,..1	
止痛 1	
To relieve other physical symptoms, ...2	
緩解其他身體上的不適 2	
To relieve anxiety or depression,.............................3	
緩解焦慮或抑鬱情緒..3	
For fun, good feelings, getting high,	
or peer pressure, or (FRIENDS WERE DOING IT) ..4	
好玩，感覺很好，為了興奮感，或（同輩壓力）......4	
Another reason? (SPECIFY: _____) 91	
其他原因? (SPECIFY: _____)............... 91	
REFUSED .... -7	
DON'T KNOW .... -8	

QA15_F45   From whom did you obtain the prescription pain medication?
您是從哪裡得到這些處方止痛藥的？

AF104

[IF NECESSARY, GIVE EXAMPLES]

FROM A FRIEND OR RELATIVE.............................1
FROM AN ACQUAINTANCE...................................2
FROM A STREET DEALER OR OTHER
PERSON I DID NOT KNOW...................................3
ONLINE 4
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_F46   How much do people risk harming themselves physically and in other ways when they try prescription pain medications not prescribed to them by a doctor once or twice? Would you say there is---no risk, slight risk, moderate risk, or great risk?
當人們使用一兩次醫生不是給他們開的止痛藥時，您覺得會對身體和其他方
面有多大造成傷害的風險？您認為是沒有，輕微，中度，還是巨大風險？

AF105

NO RISK 1
SLIGHT RISK...2
MODERATE RISK 3
GREAT RISK 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_F47　　How much do people risk harming themselves physically and in other ways when they try prescription pain medications not prescribed to them by a doctor once or twice **a week**? Would you say there is---no risk, slight risk, moderate risk, or great risk?
當人們每週使用一兩次醫生不是給他們開的止痛藥時，您覺得會對身體和其
他方面有多大造成傷害的風險？您認為是沒有，輕微，中度，還是巨大風？

AF106

```
NO RISK .................................................................1
SLIGHT RISK...........................................................2
MODERATE RISK ...................................................3
GREAT RISK ..........................................................4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA15_F48:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_F48;
ELSE GO TO SECTION G;

QA15_F48　　The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.
以下的問題關於您對您的生活不同方面的感受

First, how often do you feel that you lack companionship? Is it…
請您告訴我您多經常有那些感受。 首先，您多常感到自己缺少陪伴？是…?

AF107

```
Hardly ever...............................................................1
幾乎從不..................................................................1
Some of the time, or................................................2
有時, 還是...............................................................2
Often? .....................................................................3
經常 .........................................................................3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA15_F49　　How often do you feel left out? Is it…
您多常感到自己被冷落？是…?

AF108

```
Hardly ever...............................................................1
幾乎從不..................................................................1
Some of the time, or................................................2
有時, 還是...............................................................2
Often? .....................................................................3
經常 .........................................................................3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA15_F50   How often do you feel isolated from others? Is it...
                      您有多常感到自己與世隔絕？是…?

AF109

> Hardly ever 1
> 幾乎從不 1
> Some of the time, or..2
> 有時, 還是 2
> Often? 3
> 經常 3
> REFUSED .... -7
> DON'T KNOW .... -8

Section G – Demographic Information, Part II

QA15_G1   Now a few more questions about your background.
現在，我想問幾個有關您的背景的問題。

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

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES…	1
AMERICAN SAMOA	2
CANADA	3
CHINA	4
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	9
GUATEMALA	10
HUNGARY	11
INDIA	12
IRAN	13
IRELAND	14
ITALY	15
JAPAN	16
KOREA	17
MEXICO	18
PHILIPPINES	19
POLAND	20
PORTUGAL	21
PUERTO RICO	22
RUSSIA	23
TAIWAN	24
VIETNAM	25
VIRGIN ISLANDS	26
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_G2:
IF QA15_G1 ≠ 1 (NOT BORN IN US) GO TO QA15_G4;
ELSE IF QA15_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA15_G2

QA15_G2   In what country was your mother born?
您的母親是在哪一個國家出生的?

AH34

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

UNITED STATES… 1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND...6
FRANCE 7
GERMANY 8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA.. 12
IRAN... 13
IRELAND... 14
ITALY 15
JAPAN.. 16
KOREA... 17
MEXICO 18
PHILIPPINES 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA.. 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_G3   In what country was your father born?
您的父親是在哪一個國家出生的?

AH35

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

```
UNITED STATES… ...............................................1
AMERICAN SAMOA ...........................................2
CANADA ............................................................3
CHINA ...............................................................4
EL SALVADOR ...................................................5
ENGLAND ..........................................................6
FRANCE ............................................................7
GERMANY .........................................................8
GUAM ...............................................................9
GUATEMALA .................................................. 10
HUNGARY ...................................................... 11
INDIA.............................................................. 12
IRAN............................................................... 13
IRELAND......................................................... 14
ITALY ............................................................. 15
JAPAN............................................................ 16
KOREA ........................................................... 17
MEXICO .......................................................... 18
PHILIPPINES .................................................. 19
POLAND ......................................................... 20
PORTUGAL ..................................................... 21
PUERTO RICO ................................................ 22
RUSSIA........................................................... 23
TAIWAN .......................................................... 24
VIETNAM ........................................................ 25
VIRGIN ISLANDS ............................................ 26
OTHER (SPECIFY: _____) .............. 91
REFUSED ...................................................... -7
DON'T KNOW ................................................. -8
```

PROGRAMMING NOTE QA15_G4:
IF QA15_A12 ≠ 9 (NOT JAPANESE) OR QA15_A15 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA15_G7;
ELSE IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND AAGE ≤ 70, SKIP TO QA15_G6;

QA15_G4   You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?
您說 您是日本人後代, 您或您的日本祖輩是在 1945 年後移民美國的嗎

AG25

```
YES.......................................................................1     [SKIP TO QA15_G6]
NO..........................................................................2
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

QA15_G5   Which generation of Japanese immigrant are you?
您是哪一代日本移民？

AG26

     1ST GENERATION (ISSEI) 1   **[SKIP TO QA15_G7]**
     2ND GENERATION (NISEI) 2   **[SKIP TO QA15_G7]**
     3RD GENERATION (SANSEI)...................................3   **[SKIP TO QA15_G7]**
     4TH GENERATION (YONSEI) 4   **[SKIP TO QA15_G7]**
     5TH GENERATION (GOSEI)....................................5   **[SKIP TO QA15_G7]**
     OTHER SPECIFY: (_____) 91   **[SKIP TO QA15_G7]**
     REFUSED .... -7   **[SKIP TO QA15_G7]**
     DON'T KNOW .... -8   **[SKIP TO QA15_G7]**

QA15_G6   {You said you were of Japanese heritage,} which generation of Japanese immigrant are you?
您說 您是日本人後代, 您 是哪一代日本移民？

AG27

     1ST GENERATION (SHIN-ISSEI) 1
     2ND GENERATION (SHIN-NISEI) 2
     3RD GENERATION (SHIN-SANSEI)........................3
     OTHER SPECIFY: (_____) 91
     REFUSED .... -7
     DON'T KNOW .... -8

QA15_G7   What languages do you speak at home?
您在家中用什麼語言交談？

AH36

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "「還有其它語言嗎？」"]

     ENGLISH 1
     SPANISH 2
     CANTONESE..3
     VIETNAMESE 4
     TAGALOG...5
     MANDARIN 6
     KOREAN 7
     ASIAN INDIAN LANGUAGES.................................8
     RUSSIAN 9
     OTHER 1 (SPECIFY: _____) 91
     OTHER 2 (SPECIFY: _____) 92
     REFUSED .... -7
     DON'T KNOW .... -8

PROGRAMMING NOTE QA15_G8:
IF INTERVIEW CONDUCTED IN ENGLISH AND QA15_G7 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA15_G8 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";
ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA15_G8.
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_G8 WAS ASKED;
ELSE GO TO PROGRAMMING NOTE QA15_G9

QA15_G8   {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English…

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

AH37

Very well,..1	
非常好,..1	
Well, ...2	
好,..2	
Not well, or 3	
不好, 還是..3	
Not at all? 4	
完全不會? 4	
REFUSED .... -7	
DON'T KNOW .... -8	

PROGRAMMING NOTE QA15_G9:
IF QA15_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA15_G12
ELSE CONTINUE WITH QA15_G9

QA15_G9   The next questions are about citizenship and immigration.
以下是有關公民身份及移民的幾個問題。

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

AH39

YES 1   **[GO TO QA15_G11]**
NO...2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_G10   Are you a permanent resident with a green card? Your answers are confidential and will not be
reported to Immigration Services.
您是持有綠卡的永久居民嗎？您的回答會得到保密，不會向移民局報告。

AH40

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

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

QA15_G11   About how many years have you lived in the United States?
您在美國已經居住了大約多少年？

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

             _____ NUMBER OF YEARS

             _____ YEAR (FIRST CAME TO LIVE IN U.S.)

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

PROGRAMMING NOTE QA15_G11A:
IF QA15_G9 = 1 (NATURALIZED) CONTINUE WITH QA15_11A
ELSE GO TO QA15_G11B;

QA15_G11A   In what year did you become naturalized?
您在哪一年入籍美國？

AG30

[IF NEEDED, PROBE: "How long ago did you become naturalized?"]
[IF NEEDED, PROBE: "多久之前您入籍了？"]

[INTERVIEWER: TRY TO GET A SPECIFIC YEAR IF POSSIBLE. "YEARS AGO" AND "MONTHS AGO" SHOULD ONLY BE USED IF R CANNOT GIVE A DATE.]

_____ CALENDAR YEAR [RANGE 1900-2015] [CANNOT BE EARLIER THAN AA1YR]

_____ YEARS AGO

_____ MONTHS AGO

OTHER (SPECIFY :_____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_G11B
IF QA15_G9 ≠ 1 (NOT NATURALIZED) AND QA15_G10 ≠ 1 (NO GREEN CARD), CONTINUE WITH QA15_G11B;
ELSE GO TO PROGRAMMING NOTE QA15_G12

QA15_G11B   Tell me if you are <u>currently</u> here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?
請告訴我，<u>目前</u>您有以下哪一項：旅遊簽證，學生簽證，工作簽證或工作許可，還是其他允許您在美國居留一段時間的文件？

AG36

[INTERVIEWER: CHECK FIRST MENTION.]

[INTERVIEWER: CIRCLE "4" OR "5" ONLY IF VOLUNTEERED. DO NOT PROBE.]

TOURIST VISA 1   **[GO TO QA15_G11D]**
STUDENT VISA...2   **[GO TO QA15_G11D]**
WORK VISA OR PERMIT..3
DEFERRED ACTION FOR CHILDHOOD
ARRIVALS OR "DACA" 4   **[GO TO QA15_G11D]**
DEFERRED ACTION FOR PARENTAL
ACCOUNTABILITYOR "DAPA" 5   **[GO TO QA15_G11D]**
ANOTHER DOCUMENT
WHICH PERMITS STAY FOR LIMITED TIME.........6
NONE OF THE ABOVE ....   **[GO TO QA15_G12]**
REFUSED .... -7   **[GO TO QA15_G12]**
DON'T KNOW .... -8   **[GO TO QA15_G12]**

QA15_G11C   Was this visa or permit through Deferred Action for Childhood Arrivals or "DACA" or Deferred Action for Parental Accountability or "DAPA"?

這項簽證或許可是通過兒童暫緩遣返(Deferred Action for Childhood Arrivals, 簡稱為"DACA") 還是父母暫緩遞解(Deferred Action for Parental Accountability, 簡稱為"DAPA")？

AG43

YES, DACA (DEFFERED ACTION FOR
CHILDHOOD ARRIVALS) 1
YES, DAPA (DEFERRED ACTION FOR
PARENTAL ACCOUNTABILITY..............................2
NO..3
REFUSED .... -7
DON'T KNOW .... -8

QA15_G11D   Is this visa or document still valid or has it expired?
這份簽證或文件仍然有效還是已經過期？

AG37

VALID..1
EXPIRED 2
APPLICATION PENDING.......................................3
REFUSED .... -7
DON'T KNOW……………………………………..-8

PROGRAMMING NOTE QA15_G12:
IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
IF QA15_A16 = 2 OR QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_G14

QA15_G12   Is your {spouse/partner} also living in your household?
您的{配偶/伴侶}是不是也住在您的住戶中？

AH44

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

QA15_G13   May I have your {spouse/partner}'s first name, age, and gender?
您是否能夠告訴我您的{配偶/伴侶}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 QA15_G14:
IF [AAGE < 30 OR QA15_A4 = 1 (AGE 18-29)] AND [QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR QA15_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH QA15_G14;
ELSE GO TO PROGRAMMING NOTE QA15_G15

QA15_G14   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？

             [INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]

AH43A

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

PROGRAMMING NOTE QA15_G15:
IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH QA15_G15;
ELSE GO TO QA15_G17;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
 ELSE IF QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_G15   In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?
在過去一個月中，當{您或您的配偶/您或您的伴侶/您}在工作、上學或尋找工作時，是否{讓任何年齡在 14 歲以下的孩子}接受任何付費幼兒看護服務？

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

             YES 1
             NO..2   [GO TO QA15_G17]
             REFUSED .... -7   [GO TO QA15_G17]
             DON'T KNOW .... -8   [GO TO QA15_G17]

QA15_G16   In the past month, how much did you pay for all child care arrangements and programs?
在上個月中，您為所有的幼兒看護安排及計劃支付了多少費用?

AH44B

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household."]
[IF NEEDED, ASK:「如果這樣比較容易，您可以告訴我您在上個月最有代表性的一週中支付了多少費用。您或您的住戶裡任何一位成年人。」**]**

$_____ AMOUNT 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

QA15_G17   What is the highest grade of education you have completed and received credit for?
您完成的最高教育和獲得學分的最高年級是什麼?

AH47

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

QA15_G18   Did you ever serve on active duty in the Armed Forces of the United States?
您是否曾經在美國軍隊當過現役軍人?

AG22

YES...1
NO..2   **[GO TO QA15_G21]**
REFUSED .... -7   **[GO TO QA15_G21]**
DON'T KNOW .... -8   **[GO TO QA15_G21]**

QA15_G19   When did you serve?
              您是什麼時候在軍隊服役的？

AG23

                        FROM _____ TO_____
                        OR

              [CHECK ALL THAT APPLY]

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

QA15_G20   Altogether, how long did you serve?
              您總共服役多長時間？

AG24

                        _____ YEARS

                        _____ MONTHS

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

QA15_G21   Which of the following were you doing last week?
              您上週曾經從事以下哪些工作，是……

AK1

                        Working at a job or business,....................................1   **[GO TO QA15_G25]**
                        從事工作或業務 1
                        With a job or business but not at work,....................2
                        有工作或業務，但不在工作 2
                        Looking for work, or 3
                        在找工作，還是 3
                        Not working at a job or business?............................4
                        沒有從事工作或業務？ 4
                        REFUSED .... -7   **[GO TO QA15_G25]**
                        DON'T KNOW .... -8   **[GO TO QA15_G25]**

QA15_G22   What is the <u>main reason</u> you did not work last week?
您上週沒有工作的<u>主要原因</u>是什麼?

AK2

[IF NEEDED, SAY: "Main reason is the most important reason."]
[IF NEEDED, SAY:「主要原因指最重要的原因。」]

TAKING CARE OF HOUSE OR FAMILY 1
ON PLANNED VACATION 2
COULDN'T FIND A JOB 3
GOING TO SCHOOL/STUDENT.............................4
RETIRED 5   **[GO TO PN QA15_G24]**
DISABLED 6   **[GO TO PN QA15_G24]**
UNABLE TO WORK TEMPORARILY......................7
ON LAYOFF OR STRIKE 8
ON FAMILY OR MATERNITY LEAVE.....................9
OFF SEASON 10
SICK.. 11
OTHER... 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_G23   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 QA15_G24:
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA15_G23 = 2 (DOES NOT USUALLY WORK) OR
QA15_G22 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA15_G24;
ELSE GO TO PROGRAMMING NOTE QA15_G25

QA15_G24   Are you receiving Social Security Disability Insurance or SSDI?
您是否在領取社會安全殘障保險(Social Security Disability Insurance, 簡稱 SSDI)?

AL22

YES...1   **[GO TO PN QA15_G29]**
NO...2   **[GO TO PN QA15_G29]**
REFUSED ....-7   **[GO TO PN QA15_G29]**
DON'T KNOW .... -8   **[GO TO PN QA15_G29]**

PROGRAMMING NOTE QA15_G25:
IF QA15_G21 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA15_G23 = 1 (USUALLY WORKS),
CONTINUE WITH QA15_G25;
ELSE GO TO PROGRAMMING NOTE QA15_G28

QA15_G25   On your main job, are you employed by a private company, the government, or are you self-
            employed, or are you working without pay in a family business or farm?
            您從事的主要工作的僱主是：私人公司、政府部門、還是您是自行經營者（個體經營者）或者從事
            家庭企業或農場內不付薪水的工作？

AK4

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

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

PROGRAMMING NOTE QA15_G26:
IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?"
and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE
FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.]";
ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make
or do at this business?']"

QA15_G26   {What kind of agency or department is this? / What kind of business or industry is this?}
            {這是屬於什么樣的機構或部門囗/這是屬於什么樣的企業或行業囗}

AK5

            {[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL)
            AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.] / [IF NEEDED, SAY: "What do
            they make or do at this business?"]}
            [INTERVIEWER: ENTER DESCRIPTION]

                        _____ (GOVERNMENT AGENCY OR
                        DEPARTMENT/BUSINESS OR INDUSTRY)

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

QA15_G27   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

PROGRAMMING NOTE QA15_G28:
IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), CODE QA15_G28 = 8 AND GO TO QA15_G29;
IF QA15_G25 = 3 (SELF-EMPLOYED), CONTINUE WITH QA15_G28 AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH QA15_G28 AND DISPLAY "About" and "your employer";

QA15_G28 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?
{包括您在內}，{您的雇主/您}在所有地點總共聘用了大約多少名雇員？

AK8

[IF NEEDED, SAY:「請盡量估計人數。」]

1 OR 2	1
3-9	2
10-24	3
25-50	4
51-100	5
101-200	6
201-999	7
1,000 OR MORE	8
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_G29:
IF QA15_ A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1, CONTINUE WITH QA15_G29;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner";
ELSE GO TO QA15_H1

QA15_G29 Which of the following was your {spouse/partner} doing last week?
您的{配偶/伴侶}上週曾經從事以下哪些工作，是……

AG8

Working at a job or business,	1	**[GO TO QA15_G31]**
從事工作或經營業務，	1	
With a job or business but not at work,	2	**[GO TO QA15_G31]**
有工作或業務，但不在工作，	2	
Looking for work, or	3	
找工作，還是	3	
Not working at a job/business?	4	
不在從事工作或經營業務？	4	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G30 Does your {spouse/partner} usually work?
您的{配偶/伴侶}通常工作嗎？

AG11

YES	1	
NO	2	**[GO TO QA15_H1]**
LOOKING FOR WORK	3	**[GO TO QA15_H1]**
REFUSED	-7	**[GO TO QA15_H1]**
DON'T KNOW	-8	**[GO TO QA15_H1]**

QA15_G31　　On your {spouse's/partner's} <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm?

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

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]
[IF NEEDED, SAY：「他/她在哪裡工作的時間<u>最長</u>？」]

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

Section H – Health Insurance

QA15_H1   The next topics are about health insurance and health care.
以下是有關健康保險及健康護理的問題。

Is there a place that you <u>usually</u> 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<u>通常</u>可以去的地方？

| AH1 |

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

YES..1
NO..2   **[GO TO QA15_H3]**
DOCTOR/MY DOCTOR 3
KAISER 4
MORE THAN ONE PLACE.....................................5
REFUSED .... -7   **[GO TO QA15_H3]**
DON'T KNOW .... -8   **[GO TO QA15_H3]**

PROGRAMMING NOTE QA15_H2:
IF QA15_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
ELSE IF QA15_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF QA15_H1 = 4 (KAISER) CIRCLE "1" FOR QA15_H2 AND GO TO QA15_H3

QA15_H2   {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?
{您最常去什麼樣的地方—/您的醫生是否在一個私人} 醫生辦公室、診所或醫院診所、急診室或其它地方？

| AH3 |

DOCTOR'S OFFICE/KAISER/OTHER HMO............1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
EMERGENCY ROOM..3
SOME OTHER PLACE (SPECIFY: _____) . 91
NO ONE PLACE 92
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H3:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA15_H4;
ELSE CONTINUE WITH QA15_H3

QA15_H3   During the past 12 months, did you visit a hospital emergency room for your own health?
在過去 12 個月中，您有沒有因為自身的健康去過醫院急診室？

| AH12 |

YES...1
NO...2   **[GO TO QA15_H5]**
REFUSED .... -7   **[GO TO QA15_H5]**
DON'T KNOW .... -8   **[GO TO QA15_H5]**

PROGRAMMING NOTE QA15_H4:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY

QA15_H4   {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?
{在過去十二個月中，您因自己的健康問題去了多少次醫院急診室就診？/您去過多少次}？

AH95

[IF NEEDED, SAY: "During the past 12 months, how many times did you visit a hospital emergency room for your own health?"]
[IF NEEDED, SAY: "在過去十二個月中，您因自己的健康問題去了多少次醫院急診室就診？"]

　　　　　　_____ NUMBER OF TIMES

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

QA15_H5   MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?
MediCARE （醫療保障計劃）是為年滿 65 歲或患有某種殘障的人士提供的健康保險計劃。您目前是否享受 MediCARE 保賠?

AI1

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

　　　　　　YES 1   **[GO TO QA15_H8]**
　　　　　　NO..2
　　　　　　REFUSED .... -7   **[GO TO QA15_H16]**
　　　　　　DON'T KNOW .... -8   **[GO TO QA15_H16]**

POST-NOTE QA15_H5:
IF QA15_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H6:
IF [AAGE > 64 OR QA15_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA15_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA15_H6;
ELSE GO TO PROGRAMMING NOTE QA15_H8

QA15_H6   Is it correct that you are <u>not</u> covered by MediCARE even though you told me earlier that you are 65 or older?
雖然您剛才告訴過我您的年齡在 65 歲或 65 歲以上，但您<u>沒有</u>享受 MediCARE（醫療保障計劃），對不對？

AI2

　　　　　　CORRECT, NOT COVERED BY MEDICARE..........1   **[GO TO PN QA15_H16]**
　　　　　　NOT CORRECT, R IS COVERED BY MEDICARE..2   **[GO TO PN QA15_H8]**
　　　　　　AGE IS INCORRECT... 93
　　　　　　REFUSED .... -7   **[GO TO PN QA15_H16]**
　　　　　　DON'T KNOW .... -8   **[GO TO PN QA15_H16]**
.

POST-NOTE QA15_H6:
IF QA15_H6 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

QA15_H7   What is your age, please?
請告訴我您的年齡多大。

AI3

_____ YEARS OF AGE [HR: 18-105]   **[GO TO PN QA15_H16]**

REFUSED .... -7   **[GO TO PN QA15_H16]**
DON'T KNOW .... -8   **[GO TO PN QA15_H16]**

POST NOTE QA15_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA15_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA15_H8:
IF ARMCARE = 1, CONTINUE WITH QA15_H8;
ELSE GO TO PROGRAMMING NOTE QA15_H16

QA15_H8   Is this a MediCARE Advantage Plan?
這個醫療保險是 MediCARE Advantage 計劃嗎？

AH123

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]
[IF NEEDED, SAY: MediCARE Advantage 醫療保險計劃，有時也被稱爲 Part C plans，是由 MediCARE 認可的私營醫保公司提供的。MediCARE Advantage 醫療保險計劃提供 Medicare Part A 和 Medicare Part B 醫療保險。

YES 1
NO..2   **[GO TO QA15_H11]**
REFUSED .... -7   **[GO TO QA15_H11]**
DON'T KNOW .... -8   **[GO TO QA15_H11]**

POST-NOTE QA15_H8;
IF QA15_H8 = 1, SET ARMADV= 1

QA15_H9   Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?
您的 MediCARE Advantage 醫療保險計劃是通過 HMO，PPO，還是私營有償醫療服務（Private Fee-for-Service）提供的？

AH124

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. 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。"]

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: 「PPO 表示「首選服務提供者團體」。在 PPO 中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]
[IF NEEDED, SAY: "私營有償醫療服務（Private Fee-for-Service）計劃，是由 MediCARE 每月支付私營保險公司的固定的醫療保險資金，然後由這家私營保險公司，而不是 MediCARE，決定你支付多少醫療費。"]
[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]

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

```
HMO (HEALTH MAINTENANCE ORGANIZATION) 1
PPO (PREFERRED PROVIDER ORGANIZATION) 2
PFFS (PRIVATE FEE FOR SERVICE) ...................3
SNP (SPECIAL NEEDS PLAN) ...............................4
OTHER (SPECIFY: _____) ............... 91
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

QA15_H10   What is the name of your MediCARE plan?
                      您的 MediCARE 計劃名稱是什麼？

AH125

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFICULTY RECALING NAME, PROBE: "您是否有註明保健計劃名稱的保險卡或其他文件？"]

```
            ACCESS SENIOR HEALTHCARE  .........................1
            AETNA .....................................................2
            AETNA GOLDEN MEDICARE ................................3
            AIDS HEALTHCARE FOUNDATION, LA ................4
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OTHER (SPECIFY: _____) 85
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QA15_H10:
ALL ANSWERS GO TO PROGRAMMING NOTE QA15_H12;
IF QA15_H10 = 93, 87, OR 89 THEN ARMILIT = 1

QA15_H11   Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
有些有資格享受 MediCARE 的人另外還有私人保險，有時稱為 Medigap 或 Medicare 補充保險。您有此類健康保險嗎?

AI4

[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone."]
[IF NEEDED, SAY: "這些是為 MediCARE 不提供保賠的健康護理費用提供保賠的保險。"]

YES...1
NO...2   **[GO TO PN QA15_H16]**
REFUSED .... -7   **[GO TO PN QA15_H16]**
DON'T KNOW .... -8   **[GO TO PN QA15_H16]**

POST-NOTE FOR QA15_H11:
IF QA15_H11 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA15_H12:
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) OR ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE QA15_H16;

DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

QA15_H12   For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?
有關 {MediCARE Advantage 醫保計劃/MediCARE 補充保險}，您是直接註冊參加還是通過目前的雇主、以前的雇主、工會、家庭企業、AARP 還是以其他方式獲得該保險?

AH126

[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

QA15_H13   Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您的家庭可能必須支付的任何協同付款或免賠額費用。

AH53

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY:「協同付款是您每次看病或使用健康護理系統時支付的部份健康護理費用，而保險計劃支付您的主要健康護理保賠費。」]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY:「免賠額是您的保險計劃開始付款之前您支付的醫療護理費。」]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY:「保費是您的醫療保險計劃的每月收費。」]

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

QA15_H14   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
是否有任何其他人（例如雇主、工會或專業機構）支付該項保健計劃的全部或部份保費或費用？

AH54

```
YES ................................................................. 1
NO .................................................................. 2    [GO TO PN QA15_H16]
REFUSED ..................................................... -7    [GO TO PN QA15_H16]
DON'T KNOW ............................................... -8    [GO TO PN QA15_H16]
```

QA15_H15   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，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構。」]

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE:「還有任何其他人或機構嗎？」]

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

POST-NOTE FOR QA15_H15:
IF QA15_H15 = 7, SET ARMCAL = 1;

PROGRAMMING NOTE QA15_H16:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA15_H16   {Is it correct that you are/Are you} covered by Medi-CAL?
                    您享受 Medi-CAL 的保賠，{對嗎/嗎}？

[AI6]

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "這是一項向某些低收入兒童及其家人、孕婦、殘障人士或年長者提供的計劃。"]

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

POST-NOTE FOR QA15_H16:
IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA15_H17:
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"

QA15_H17   {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?
{除了您告訴我的 Medicare 補充計劃/除了您告訴我的 Medicare Advantage 計劃}，您是否享有目前或以前的雇主或工會提供的{其他任何}醫療保險計劃或 HMO？

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

POST-NOTE FOR QA15_H17:
IF QA15_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H18:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QA15_H18;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H18   Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
您是否享受您直接從保險公司或 HMO 或透過 Covered California 購買的醫療保險計劃的承保？

AI11

[IF NEEDED, SAY: "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you 'extra cash' if you are in a hospital."]
[IF NEEDED, SAY: 「請不要包括僅支付某些疾病（例如癌症或中風）**費用的計劃或當您住院時僅向您支付「額外現金」的計劃。」]**

YES 1
NO...2   **[GO TO PN QA15_H20]**
REFUSED .... -7   **[GO TO PN QA15_H20]**
DON'T KNOW .... -8   **[GO TO PN QA15_H20]**

POST-NOTE FOR QA15_H18:
IF QA15_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA15_H19;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H19   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
您是如何購買這項健康保險的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

| AH104 |

INSURANCE COMPANY OR HMO..........................1
COVERED CALIFORNIA..2
OTHER (SPECIFY: _____)...................... 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QA15_H19:
IF QA15_H19 = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR QA15_H20:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_H20;
ELSE GO TO PROGRAMMING NOTE QA15_H22

QA15_H20   Was this plan obtained in your own name or in the name of someone else?
這項計劃是用您的姓名申請還是用其他人的姓名申請的？

| AI9 |

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

IN OWN NAME 1   **[GO TO PN QA15_H22]**
IN SOMEONE ELSE'S NAME 2
REFUSED .... -7   **[GO TO PN QA15_H22]**
DON'T KNOW .... -8   **[GO TO PN QA15_H22]**

POST-NOTE FOR QA15_H20:
IF QA15_H17 = 1 AND QA15_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA15_H17 = 1 AND QA15_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA15_H21:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1OR IF QA15_G14 = 1 (LIVING WITH
PARENTS) OR IF AAGE < 26, CONTINUE WITH QA15_H21;
ELSE GO TO PROGRAMMING NOTE QA15_H22;
IF QA15_A16 = 1, THEN DISPLAY "spouse's name";
IF QA15_A16 ≠ 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "partner's name;
IF QA15_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H21   Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
是否以您的{配偶}{伴侶}{父母}名義或其他人的名義參加該項計劃?

AI9A

                    IN SPOUSE'S/PARTNER'S NAME 1
                    IN PARENT'S NAME 2
                    IN SOMEONE ELSE'S NAME 3
                    REFUSED .... -7
                    DON'T KNOW .... -8

POST-NOTE FOR QA15_H21:
IF QA15_H17 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H19 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND
SPHBEX = 1;
IF QA15_H17 = 1 AND QA15_H21 = 2 SET AREMPPAR =1 AND AREMPOTH = 0;
IF QA15_H18 = 1 AND QA15_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA15_H18 = 1 AND QA15_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA15_H22:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28 < 5 (FIRM SIZE <=100), CONTINUE
WITH QA15_H22 AND DISPLAY;
 IF AREMPOWN = 1 THEN DISPLAY {you};
 IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA15_H23;

QA15_H22   How did {you/he or she} sign up for this health insurance – through an employer, through a union,
or through Covered California's SHOP program?
{您/他或她}是如何註冊參加這項健康保險的 — 透過雇主、工會還是透過 Covered California 的
SHOP 計劃？

AH105

                    [IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by
                    Covered California"]
                    [IF NEEDED, SAY: 「SHOP 是 Covered California 開展的小企業保健選擇計劃」]
                    EMPLOYER 1
                    UNION..2
                    SHOP / COVERED CALIFORNIA 3
                    OTHER (SPECIFY: _____)...................... 92
                    REFUSED .... -7
                    DON'T KNOW .... -8

POST-NOTE FOR QA15_H22:
IF QA15_H22 = 3, THEN SET ARHBEX = 1
PROGRAMMING NOTE QA15_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA15_H23;
ELSE GO TO PROGRAMMING NOTE QA15_H25;

QA15_H23   Was this a bronze, silver, gold or platinum plan?
這是銅、銀、金還是白金計劃？

AH106

BRONZE 1
SILVER 2
GOLD 3
PLATINUM...4
MEDI-CAL / MEDICAID 5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
OTHER (SPECIFY: _____)........................ 92
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H24:
IF QA15_H22 = 3, THEN GO TO QA15_H25;
ELSE CONTINUE WITH QA15_H24;

QA15_H24   Was there a subsidy or discount on the premium for this plan?
這項計劃的保費是否有補貼或折扣？

AH107

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

PROGRAMMING NOTE QA15_H25:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_H25;
ELSE GO TO PROGRAMMING NOTE QA15_H28

QA15_H25   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."]
             [IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時支付的部份健康護理費用，
             由其他人支付您的主要健康護理保賠費用。"]

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

             [IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance
             plan."]
             [IF NEEDED, SAY: "保費是您的健康保險計劃的每月收費。"]

                        YES 1
                        NO 2   [GO TO PN QA15_H27]
                        REFUSED .... -7
                        DON'T KNOW .... -8

QA15_H26   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？

AH58

                        YES 1
                        NO 2   [GO TO PN QA15_H28]
                        REFUSED .... -7   [GO TO PN QA15_H28]
                        DON'T KNOW .... -8   [GO TO PN QA15_H28]

PROGRAMMING NOTE QA15_H27:
IF QA15_H25 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

QA15_H27   {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?
{除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構？/是誰}？

AH56

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

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE:「還有其他嗎？」]

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION	3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER	4
SPOUSE'S/PARTNER'S FORMER EMPLOYER	5
PROFESSIONAL/FRATERNAL ORGANIZATION	6
MEDICAID/MEDI-CAL ASSISTANCE	7
MEDICARE	9
COVERED CALIFORNIA	11
OTHER	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_H27:
IF QA15_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA15_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA15_H27 = 6, THEN SET AROTHER = 1;
IF QA15_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 11, SET ARHBEX = 1;
IF QA15_H27 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA15_H28:
IF [QA15_G21 = 1 OR 2 (R WORKED LAST WEEK) OR QA15_G23 = 1 (R USUALLY WORKS)] AND QA15_G25 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA15_H28;
ELSE GO TO PROGRAMMING NOTE QA15_H32

QA15_H28   Does your employer offer health insurance to any of its employees?
您的雇主有沒有提供醫療保險給任何員工？

AI13

YES	1	
NO	2	**[GO TO PN QA15_H32]**
REFUSED	-7	**[GO TO PN QA15_H32]**
DON'T KNOW	-8	**[GO TO PN QA15_H32]**

QA15_H29   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 QA15_H31]
REFUSED ............................................................ -7     [GO TO PN QA15_H32]
DON'T KNOW ....................................................... -8
```

QA15_H30   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 QA15_H32]
TOO EXPENSIVE ...................................................2     [GO TO PN QA15_H32]
DIDN'T LIKE PLAN OFFERED  ...............................3     [GO TO PN QA15_H32]
DON'T NEED OR BELIEVE IN
HEALTH INSURANCE.............................................4     [GO TO PN QA15_H32]
OTHER (SPECIFY: _____) ................. 91     [GO TO PN QA15_H32]
REFUSED .............................................................. -7     [GO TO PN QA15_H32]
DON'T KNOW ....................................................... -8     [GO TO PN QA15_H32]
```

QA15_H31   What is the <u>one</u> main reason why you are not eligible for this plan?
您沒有資格參加該項計劃的<u>一個</u>主要原因是什麼?

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

PROGRAMMING NOTE QA15_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH QA15_H32;
ELSE GO TO PN QA15_H33

QA15_H32   Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
您是否享受 CHAMPUS/ CHAMP-VA、TRICARE、 VA 或其它軍隊醫療護理計劃？

AI16

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

POST-NOTE QA15_H32:
IF QA15_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H33:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH QA15_H33;
ELSE GO TO PROGRAMMING NOTE QA15_H34

QA15_H33   Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, Healthy Kids, or something else?
您是否享受其他政府醫療保險計劃，例如 AIM、Mister MIP 、Family PACT、Healthy Kids、或其他計劃？

AI17

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]
[IF NEEDED, SAY:「AIM 表示「母嬰保險計劃」；Mister MIP 或 MRMIP 表示「重大風險醫療保險計劃」；Family PACT 是一項州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用。」]

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

POST-NOTE QA15_H33:
IF QA15_H33 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H34:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA15_H34;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H34   Do you have any health insurance coverage through a plan that I missed?
您有沒有享受任何我可能漏掉的其它醫療保險計劃？

AI18

YES 1
NO 2   [GO TO PN QA15_H38]
REFUSED .... -7   [GO TO PN QA15_H38]
DON'T KNOW .... -8   [GO TO PN QA15_H38]

QA15_H35   What type of health insurance do you have?
                您有哪種醫療保險計劃？

AI19

[CODE ALL THAT APPLY.]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[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
CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC 8
COVERED CALIFORNIA....................................... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_H35:
IF QA15_H35 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 8, SET ARIHS = 1;
IF QA15_H35 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H36:
IF QA15_H35 = 1, 2, OR 3 CONTINUE WITH QA15_H36;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H36   Was this plan obtained in your own name or in the name of someone else?
             該項計劃是以您自己的名義還是以其他人的名義獲得的?

AH59

             [PROBE: "Even someone who does not live in this household?"]
             [PROBE:「甚至不是住在您的家中的人?」]

                  IN OWN NAME 1   **[GO TO PN QA15_H38]**
                  IN SOMEONE ELSE'S NAME 2
                  REFUSED .... -7   **[GO TO PN QA15_H38]**
                  DON'T KNOW .... -8   **[GO TO PN QA15_H38]**

POST-NOTE QA15_H36:
IF (QA15_H35 = 1 OR 2) AND QA15_H36 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND
SET ARINSURE = 1;
IF QA15_H35 = 3 AND QA15_H36 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET
ARINSURE = 1;
IF (QA15_H35 = 1 OR 2) AND (QA15_H36 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND
SET ARINSURE = 1;
IF QA15_H35 = 3 AND (QA15_H36 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET
ARINSURE = 1

PROGRAMMING NOTE QA15_H37:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 OR IF QA15_G14 = 1 (LIVING WITH
PARENTS) OR AAGE < 26, CONTINUE WITH QA15_H37;
ELSE GO TO PROGRAMMING NOTE QA15_H38;
IF QA15_A16 = 1 THEN DISPLAY "spouse's name";
IF QA15_A16 ≠ 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "partner's name";
IF QA15_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H37   Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
             該項計劃是以您的{配偶名字、}{伴侶名字、}{父母名字、}或其他人名義獲得的嗎?

AH60

                  IN SPOUSE'S/PARTNER'S NAME 1
                  IN PARENT'S NAME 2
                  IN SOMEONE ELSE'S NAME 3
                  REFUSED .... -7
                  DON'T KNOW .... -8

POST-NOTE QA15_H37:
IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA15_H37:
IF ARIHS ≠ 1 AND QA15_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_H38;
ELSE GO TO PROGRAMMING NOTE QA15_H39_INTRO

QA15_H38   Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
             您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃?

AI20

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

POST-NOTE QA15_H38:
IF QA15_H38 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA15_H39_INTRO:
IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1] AND QA15_G12 = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA15_H39_INTRO;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H39_INTRO
             These next questions are about the type of health insurance your {spouse/partner} may have.
             接下來這些問題和您的{配偶/伴侶}可能有的健康保險種類有關。

AI37intro

PROGRAMMING NOTE QA15_H39:
IF SPOUSE 65 OR OLDER THEN
        IF ARMCARE ≠ 1, CONTINUE WITH QA15_H39 WITHOUT DISPLAY
        ELSE IF ARMCARE = 1, CONTINUE WITH QA15_H39 AND DISPLAY "You said that you are
        covered by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H39   {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by
             Medicare?
             {您說您有Medicare.} 您的{配偶/伴侶} {也}能享受Medicare保賠嗎?

AI37

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

POST-NOTE QA15_H39:
IF QA15_H39 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H40:
IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE QA15_H41;

DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH QA15_H40 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
IF QA15_A16 = 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1THEN DISPLAY "partner's";

QA15_H40   {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?
{您說您有 Medicare Advantage 計劃。} 您的{配偶/伴侶} 是否{也} 加入了 Medicare Advantage 計劃？

AH127

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]
[IF NEEDED, SAY: MediCARE Advantage 計劃，有時也被稱爲 Part C 計劃，是由 MediCARE 認可的私營醫保公司提供的。MediCARE Advantage 醫療保險計劃提供 Medicare Part A 和 Medicare Part B 醫療保險。]

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

POST-NOTE QA15_H40:
IF QA15_H40 = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H41:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H41   {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?
{您說您有 Medicare 補充計劃。} 您的{伴侶/丈夫/妻子/配偶} 是否{也} 加入了 Medicare 補充計劃？

AI37A

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

POST-NOTE QA15_H41:
IF QA15_H41 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H42:
IF ARMCAL = 1, CONTINUE WITH QA15_H42 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H43

QA15_H42　　You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?
您說您{也}可以享受 Medi-Cal（加州醫療保健計劃)。您的{配偶/伴侶} 是否也能享受 Medi-Cal 保
賠?

> **AI38**

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

POST-NOTE QA15_H42:
IF QA15_H42 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H43:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H43;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H43　　You said you have insurance from <u>your</u> current or former employer or union. Is
(SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?
您說您有<u>您</u>目前或以前雇主或工會提供的保險。您的{配偶/伴侶}是否{也}能享受<u>您的</u>雇主或工會提
供的承保?

> **AI40**

> YES ....1　　**[GO TO PN QA15_H46]**
> NO...2
> OTHER...3
> REFUSED .... -7
> DON'T KNOW .... -8

POST-NOTE QA15_H43:
IF QA15_H43 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H44:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH
QA15_H44;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H44   You said you have health insurance through Covered California's SHOP program. Is
(SPOUSE/PARTNER) {also} covered by this health insurance?
您說您是透過 Covered California 的 SHOP 計劃參加保健計劃。您的{配偶/伴侶}{也}享受這項保健
計劃的承保嗎？

AH108

**[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by
Covered California"]**
[IF NEEDED, SAY:「SHOP 是 Covered California 開展的小企業保健選擇計劃。」]

YES 1   **[GO TO PN QA15_H46]**
NO...2
OTHER...3
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_H44:
IF QA15_H44 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA15_H45:
IF QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS),
CONTINUE WITH QA15_H45;
IF AREMPSP = 1 AND QA15_A16 = 1, DISPLAY "You said you have insurance from your spouse's
employer or union.";
ELSE IF AREMPSP = 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "You said you have
insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H46

QA15_H45   {You said you have insurance from your spouse's employer or union /You said you have
insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have
coverage through {his/her} own employer?
{您說您從您配偶的僱主或工會那兒獲得的保險。/您說您從您伴侶的僱主或工會那兒獲得的保險。}
您的{配偶/伴侶} 是否{也} 能夠通過{他/她} 自己的僱主獲得保賠？

AI40A

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

POST-NOTE QA15_H45:
IF QA15_H45 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

> **PROGRAMMING NOTE QA15_H46:**
> **IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H46;**
> **IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";**
> **ELSE GO TO PROGRAMMING NOTE QA15_H47**

QA15_H46   You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?
您說您{也} 有一項直接從保險公司購買的計劃。您的{配偶/伴侶} 是否{也}能享受該項計劃的保賠？

AI41

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

> **POST-NOTE QA15_H46:**
> **IF QA15_H46 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

> **PROGRAMMING NOTE QA15_H47:**
> **IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA15_H47;**
> **IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";**
> **ELSE GO TO PROGRAMMING NOTE QA15_H48**

QA15_H47   You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?
您說您有一項直接從 Covered California 購買的計劃。您的{配偶/伴侶}{也}享受這項計劃的承保嗎？

AH109

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

> **POST-NOTE QA15_H47:**
> **IF QA15_H47 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;**

> **PROGRAMMING NOTE QA15_H48:**
> **IF ARMILIT = 1, CONTINUE WITH QA15_H48;**
> **IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";**
> **ELSE GO TO PROGRAMMING NOTE QA15_H49**

QA15_H48   You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?
您說您{還}透過 CHAMPUS/CHAMPUS-VA、TRICARE、VA 或其它某種軍隊健康護理計劃享受健康保險。您的{配偶/伴侶} 是否也能享受該項計劃的保賠？

AI42

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

> **POST-NOTE QA15_H48:**
> **IF QA15_H48 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

PROGRAMMING NOTE QA15_H49:
IF AROTHGOV = 1, CONTINUE WITH QA15_H49;
IF QA15_H36 = 1, THEN DISPLAY "AIM";
IF QA15_H36 = 2, THEN DISPLAY "MRMIP";
IF QA15_H36 = 3, THEN DISPLAY "Family PACT";
IF QA15_H36 = 4, THEN DISPLAY "PCIP";
IF QA15_H36 = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H50

QA15_H49   You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?
您說您{還}透過{ AIM/MRMIP/Family PACT/PCIP/一些政府醫療保險計劃}享受醫療保險。您的{配偶/伴侶}是否也在這項計劃的承保範圍內?

AI42A

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

POST-NOTE QA15_H49:
IF QA15_H49 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H50:
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

QA15_H50   Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?
您的{配偶/伴侶} 是否有{任何} {從其他地方獲得的}健康保險?

AI46

YES 1
NO..2   **[GO TO PN QA15_H52]**
REFUSED .... -7   **[GO TO QA15_H56]**
DON'T KNOW .... -8   **[GO TO QA15_H56]**

QA15_H51   What type of health insurance does {he/she} have?
{他/她}有哪一種健康保險？

AI47

[CODE ALL THAT APPLY.]

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

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

[IF 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"]

[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?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "{他/她}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
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME
OTHER MILITARY HEALTH CARE..........................7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC .................8
COVERED CALIFORNIA...................................... 10
SHOP THROUGH COVERED CALIFORNIA........ 11
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED ............................................................. -7
DON'T KNOW ........................................................ -8
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POST-NOTE QA15_H51:
IF QA15_H51 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 8, SET SPIHS = 1;
IF QA15_H51 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H52:
IF SPINSURE ≠ 1, CONTINUE WITH QA15_H52;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA15_H54;
ELSE GO TO PROGRAMMING NOTE QA15_H56

QA15_H52   You said that (SPOUSE/PARTNER) has <u>no</u> health insurance from any source. Is this correct?
您說您的{配偶/伴侶} <u>沒有</u>來自任何來源的健康保險，對不對？

AI48

YES 1   **[GO TO PN QA15_H56]**
NO 2
REFUSED .... -7   **[GO TO PN QA15_H56]**
DON'T KNOW .... -8   **[GO TO PN QA15_H56]**

QA15_H53   What type of health insurance does {he/she} have?
{他/她}有哪一種健康保險？

AI49

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

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

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
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME
OTHER MILITARY HEALTH CARE..........................7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC 8
COVERED CALIFORNIA....................................... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_H53:
IF QA15_H53 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 8, SET SPIHS = 1;
IF QA15_H53 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;
PROGRAMMING NOTE QA15_H54:
IF QA15_H51 = (1, 2, 3, 10, 11) OR QA15_H53 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA15_H54;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE QA15_H56

QA15_H54   Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?
             這項計劃是以您的{配偶/伴侶}名義還是以其他人的名義獲得的?

AH62

             [IF NEEDED, SAY: "Even someone who does not live in this household."]
             [IF NEEDED, SAY:「甚至包括不住在您住戶中的人。」]

                    IN SPOUSE'S/PARTNER'S NAME 1   **[GO TO PN QA15_H56]**
                    IN SOMEONE ELSE'S NAME 2
                    REFUSED ....-7   **[GO TO PN QA15_H56]**
                    DON'T KNOW .... -8   **[GO TO PN QA15_H56]**

POST-NOTE QA15_H54:
IF QA15_H54 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET
SPEMPOWN = 1 AND SET SPEMPOTH = 0;
IF QA15_H54 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET
SPHBEX = 1;

QA15_H55   Is the plan in your name, parent's name, or someone else's name?
             該項計劃是以您本人、您的父母還是以其他人的名義獲得的?

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

POST-NOTE QA15_H55:
IF QA15_H55 = 1 AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET SPEMPAR = 1 AND SET
SPEMPOTH = 0 AND ARSAMESP=1;
IF QA15_H55 = 1 AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1 AND
ARSAMESP=1;
IF QA15_H55 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0

PROGRAMMING NOTE QA15_H56:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA15_H60;
ELSE IF [QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS)]
AND QA15_G31 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA15_H56;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H56   Does your {spouse's/partner's} employer offer health insurance to any of its employees?
您的{配偶/伴侶}的僱主是否向其僱員提供健康保險?

AI43

YES 1
NO...2   **[GO TO PN QA15_H60]**
REFUSED .... -7   **[GO TO PN QA15_H60]**
DON'T KNOW .... -8   **[GO TO PN QA15_H60]**

QA15_H57   Is {he/she} eligible to be in this plan?
{他/她} 是否有資格參加該項計劃?

AI44

YES 1
NO...2   **[GO TO QA15_H59]**
REFUSED .... -7   **[GO TO PN QA15_H60]**
DON'T KNOW .... -8   **[GO TO PN QA15_H60]**

QA15_H58   What is the ONE main reason why {he/she} isn't in this plan?
{他/她} 未參加該項計劃的**一個**主要原因是什麼?

AI45

COVERED BY ANOTHER PLAN 1   **[GO TO PN QA15_H60]**
TOO EXPENSIVE 2   **[GO TO PN QA15_H60]**
DOESN'T LIKE PLAN OFFERED............................3   **[GO TO PN QA15_H60]**
DOESN'T NEED OR BELIEVE IN
HEALTH INSURANCE..4   **[GO TO PN QA15_H60]**
OTHER (SPECIFY: _____)..................... 91   **[GO TO PN QA15_H60]**
REFUSED .... -7   **[GO TO PN QA15_H60]**
DON'T KNOW .... -8   **[GO TO PN QA15_H60]**

QA15_H59   What is the one main reason why {he/she} is not eligible for this plan?
{他/她} 沒有資格參加該項計劃的**一個**主要原因是什麼?

AI45A

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

PROGRAMMING NOTE QA15_H60:
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA15_H63;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO QA15_H76;

ELSE CONTINUE WITH QA15_H60 DISPLAY;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other" ;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY "Besides your/the MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other" ;

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND " ";

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY " ";

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";

ELSE DISPLAY, "Is your health plan an HMO?"

QA15_H60   {Besides the MediCARE plan you told me about earlier, I have some questions about **your** other health plan./Next, I have some questions about **your** own main health plan.}
{除了您已經告訴我的您的 MediCARE 醫療保險計劃以外，我想問一下您的其他醫療保險方面的問題/接下來，我要提出一些有關**您的**主要保健計劃的問題。}

Is your {Medi-Cal/other} health plan an HMO?
您的{Medi-Cal/其他}醫療保險計劃是 HMO 嗎？

AI22C

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY:「HMO 代表「健康維護機構」。在 HMO 計劃中，您必須接受網路內醫生和醫院的服務。除非是急診，如果您在網路外接受服務，計劃通常不支付服務費。」]

[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]
[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY:「您的*主要醫療保險計劃*。」]

YES 1   **[GO TO QA15_H62]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H61:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA15_H62;
ELSE CONTINUE WITH QA15_H61;

QA15_H61   Is your health plan a PPO or EPO?
您的保健計劃是一項 PPO 計劃還是 EPO 計劃？

AH122

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY:「EPO 表示「專有服務提供者團體」。在 EPO 中，除非是急診，您必須使用網路內的醫生和醫院，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY:「PPO 表示「首選服務提供者團體」。在 PPO 中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY:「您的*主要醫療保險計劃*。」]

PPO 1
EPO 2
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H62:
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "your main";
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "this"

QA15_H62   What is the name of {your main/this} health plan?
{您的主要/這個}健康保險計劃的名稱是什麼?

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFICULTY RECALING NAME, PROBE: "您是否有註明保健計劃名稱的保險卡或其他文件？"]

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES	83
ANTHEM BLUE CROSSOF CALIFORNIA	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH	17
CARE 1ST HEALTH PLAN	18
CAREMORE HEALTH PLAN	19
CENTER FOR ELDERS' INDEPENDENCE	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN	35
GOLDEN STATE MEDICARE HEALTH PLAN	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43

HUMANA HEALTH PLAN 44
IEHP (INLAND EMPIRE HEALTH PLAN) 45
INTER VALLEY HEALTH PLAN 46
HEALTH ADVANTAGE 82
KAISER PERMANENTE 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE 49
L.A. CARE HEALTH PLAN 50
MD CARE... 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN 55
ON LOK SENIOR HEALTH SERVICES 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS 58
PREMIER HEALTH PLAN SERVICES 59
PRIMECARE MEDICAL NETWORK 60
PROVIDENCE HEALTH NETWORK.................... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN 69
SAN FRANCISCO HEALTH PLAN....................... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
SUTTER HEALTH PLAN 71
SUTTER SENIOR CARE..................................... 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON....... 74
UNIVERSITY HEALTHCARE ADVANTAGE 75
VALLEY HEALTH PLAN 76
VENTURA COUNTY HEALTH CARE PLAN......... 77
WESTERN HEALTH ADVANTAGE...................... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES............................ 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED .... -7
DON'T KNOW .... -8

POST NOTE QA15_H62:
IF QA15_H62 = 62, 63, OR 64 THEN SET ARMILIT=1

PROGRAMMING NOTE QA15_H63:
IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR
ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR
AROTHER ≠ 1) AND QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX
COUPLE), DISPLAY "Next I have some questions about your own main health plan."

QA15_H63   {Next, I have some questions about **your** own main health plan.} Are you covered for your
             prescription drugs? That is, does some plan pay any part of the cost?
             {接下來，我要問您一些關於您主要的健康保險計劃的問題。} 您享受處方藥物保賠嗎？也就是說，
             是否有某項計劃可支付處方藥物的部份費用？

AI25

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

PROGRAMMING NOTE QA15_H64:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH QA15_H64;
ELSE GO TO QA15_H69

QA15_H64   Does your health plan have a deductible that is more than $1,000?
             您的保健計劃是否要求支付超過 1,000 美元的自付額？

AH71

             [IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to
             pay for your medical care."]
             [IF NEEDED, SAY: "自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數額。"]

                           YES 1
                           NO...2   **[GO TO QA15_H66]**
                           YES, ONLY WHEN I GO OUT OF NETWORK 3   **[GO TO QA15_H66]**
                           REFUSED .... -7
                           DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H65:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH
QA15_H65;
ELSE GO TO QA15_H66

QA15_H65   Does your health plan have a deductible that is more than $2,000?
             您的醫療保險計劃是否有超過 2,000 美元的免賠額？

AH96

             [IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to
             pay for your medical care."]
             [IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數
             額。」]
                           YES 1   **[GO TO PN QA15_H67]**
                           NO...2
                           YES, ONLY WHEN I GO OUT OF NETWORK 3
                           REFUSED .... -7
                           DON'T KNOW .... -8

QA15_H66   Does your health plan have a deductible for all covered persons that is more than $2,000?
您的保健計劃是否要求為所有受保人支付超過 2,000 美元的自付額？

AH72

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數額。"]

YES 1
NO..2   **[GO TO PN QA15_H68]**
YES, ONLY WHEN I GO OUT OF NETWORK 3   **[GO TO PN QA15_H68]**
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H67:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H67;
ELSE GO TO PROGRAMMING NOTE QA15_H68

QA15_H67   Does your health plan have a deductible for all covered persons that is more than $4,000?
您的醫療保險計劃對於所有受保人是否有超過 4,000 美元的免賠額？

AH97

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY:「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

YES 1
NO..2
YES, ONLY WHEN I GO OUT OF NETWORK 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H68:
IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR ARMCARE =1 (CURRENTLY HAS MEDICARE) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, HK), SKIP TO QA15_H69;
ELSE CONTINUE WITH QA15_H68

QA15_H68   Do you have a special account or fund you can use to pay for medical expenses?
您是否有一個可用於支付醫療費用的特別帳戶或基金？

AH73

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "帳戶有時指保健儲蓄帳戶（HSA）、保健償付帳戶（HRA）或其他類似帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療基金或選擇基金。此類帳戶與僱主提供的靈活開支帳戶不同。"]

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

QA15_H69   Thinking about your current health insurance, did you have this same insurance for <u>all</u> 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<u>每個</u>月使用的都是同一個保險？

AI31

YES 1   **[GO TO PN QA15_H82]**
NO...2
REFUSED .... -7   **[GO TO QA15_H72]**
DON'T KNOW .... -8

QA15_H70   During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
在過去十二個月中，當您沒有享受當前的健康保險保賠時，您是否有任何其它健康保險？

AI32

YES 1
NO...2   **[GO TO QA15_H73]**
REFUSED .... -7   **[GO TO QA15_H72]**
DON'T KNOW .... -8   **[GO TO QA15_H72]**

QA15_H71   Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
您的其他醫療保險是 Medi-Cal、您透過雇主獲得的計劃、您從保險公司直接購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

MODIFIED AI33

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE:「還有任何其他計劃？」]

MEDI-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 3
PURCHASED DIRECTLY...5
COVERED CALIFORNIA..6
OTHER HEALTH PLAN... 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_H72   During the past 12 months, was there any time when you had no health insurance at all?
在過去 12 個月中，您有沒有任何時間完全沒有醫療保險？

AI34

YES 1
NO...2   **[GO TO PN QA15_H82]**
REFUSED .... -7   **[GO TO PN QA15_H82]**
DON'T KNOW .... -8   **[GO TO PN QA15_H82]**

QA15_H73 For how many months of the past 12 months did you have no health insurance at all?
在過去 12 個月中，您有多少個月完全沒有醫療保險？

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11]　　　**[IF 0 GO TO PN QA15_H82]**

REFUSED .... -7　　**[GO TO PN QA15_H82]**
DON'T KNOW .... -8　　**[GO TO PN QA15_H82]**

QA15_H74 What is the ONE MAIN reason why you did not have any health insurance during those months?
在這些月份中，您沒有任何健康保險的**一個主要**原因是什麼？

AI36

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE 8
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_H75 During the time that you were uninsured, did you try to find health insurance on your own?
在您沒有保險的期間，您是否曾經嘗試自己尋找醫療保險？

AH74

YES ....1　　**[GO TO PN QA15_H82]**
NO..2　　**[GO TO PN QA15_H82]**
REFUSED .... -7　　**[GO TO PN QA15_H82]**
DON'T KNOW .... -8　　**[GO TO PN QA15_H82]**

QA15_H76 What is the ONE MAIN reason why you do not have any health insurance?
您沒有任何健康保險的**一個主要**原因是什麼?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE..8
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW………………………………………..-8

QA15_H77 During the time that you have been uninsured, have you tried to find health insurance on your own?
在您沒有保險的那段時間內,您是否曾經嘗試自己尋找醫療保險?

AH75

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

QA15_H78 Were you covered by health insurance at any time during the past 12 months?
您在過去 12 個月中的任何時間內有沒有享受過醫療保險?

AI27

YES..1 **[GO TO QA15_H80]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA15_H79 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 **[GO TO PN QA15_H82]**
MORE THAN 3 YEARS AGO ....2 **[GO TO PN QA15_H82]**
NEVER HAD HEALTH INSURANCE.......................3 **[GO TO PN QA15_H82]**
REFUSED .... -7 **[GO TO PN QA15_H82]**
DON'T KNOW .... -8 **[GO TO PN QA15_H82]**

QA15_H80   For how many months out of the last 12 months did you have health insurance?
在過去 12 個月內，您有多少個月有醫療保險？

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN QA15_H82]**

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

QA15_H81   During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
在您有醫療保險的那段時間內，您的保險是 Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

AI30

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: 「還有任何其他人或機構嗎？」]

MEDI-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER OR UNION 3
PURCHASED DIRECTLY..5
COVERED CALIFORNIA...6
OTHER HEALTH PLAN.. 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H82:
IF ARINSURE ≠ 1 OR QA15_H70 = 2 OR ARDIRECT = 1 OR QA15_H81 = (5, 6) OR QA15_H71 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA15_H82;
ELSE GO TO PROGRAMMING NOTE QA15_H99

QA15_H82   In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
在過去 12 個月中，您是否曾經嘗試直接從保險公司或 HMO 或透過 Covered California 購買醫療保險計劃？

AH103h

YES 1
NO..2   **[GO TO PN QA15_H99]**
REFUSED .... -7   **[GO TO PN QA15_H99]**
DON'T KNOW .... -8   **[GO TO PN QA15_H99]**

QA15_H83　　Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
這是直接從保險公司或 HMO 購買、還是透過 Covered California 購買、還是既從保險公司又透過 Covered California 購買的計劃？

AH110h

> DIRECTLY FROM AN INSURANCE
> COMPANY OR HMO, OR...1
> THROUGH COVERED CALIFORNIA, OR...............2
> BOTH, FROM AN INSURANCE COMPANY AND
> THROUGH COVERED CALIFORNIA 3
> REFUSED .... -7　　**[GO TO PN QA15_H86]**
> DON'T KNOW .... -8　　**[GO TO PN QA15_H86]**

PROGRAMMING NOTE QA15_H84:
IF QA15_H83 = 1; THEN CONTINUE WITH QA15_H84;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H84 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA15_H88;

QA15_H84　　{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
{首先，請考慮您在嘗試直接從保險公司或 HMO 購買保險時的經歷。}

How difficult was it to find a plan with the coverage you needed? Was it…
找到一項您需要的保賠範圍的計劃有多困難？您認為是......

AH98h

> Very difficult,..1
> 非常困難、 1
> Somewhat difficult, ...2
> 較為困難、 2
> Not too difficult, or 3
> 不太困難還是..3
> Not at all difficult? 4
> 毫無困難？ 4
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_H85　　How difficult was it to find a plan you could afford? Was it…
找到一項您能負擔得起的計劃有多困難？您認為是......

AH99h

> Very difficult,..1
> 非常困難、 1
> Somewhat difficult, ...2
> 較為困難、 2
> Not too difficult, or 3
> 不太困難還是..3
> Not at all difficult? 4
> 毫無困難？ 4
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_H86   Did anyone help you find a health plan?
是否有人幫助您尋找醫療保險計劃？

AH100h

      YES 1
      NO...2   **[GO TO PN QA15_H88]**
      REFUSED .... -7   **[GO TO PN QA15_H88]**
      DON'T KNOW .... -8   **[GO TO PN QA15_H88]**

QA15_H87   Who helped you?
是誰幫助您的？

AH101h

      BROKER 1
      FAMILY MEMBER/FRIEND 2
      INTERNET 3
      OTHER (SPECIFY: _____) 91
      REFUSED .... -7
      DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H88:
IF QA15_H83 = 2; THEN CONTINUE WITH QA15_H88;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H88 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA15_H92;

QA15_H88   {Now, think about your experience with Covered California.}
{現在，請想一想您與 Covered California 交往的經歷。}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it…
透過 Covered California 找到一項您需要的承保計劃難度有多大？是……

AH111h

      Very difficult,...1
      非常困難、 1
      Somewhat difficult, ...2
      較為困難、 2
      Not too difficult, or 3
      不太困難還是...3
      Not at all difficult? 4
      毫無困難？ 4
      REFUSED .... -7
      DON'T KNOW .... -8

QA15_H89   How difficult was it to find a plan you could afford? Was it…
找到一項 您 能負擔得起的計劃難度有多大？是……

AH112h

Very difficult,...1
非常困難、 1
Somewhat difficult, ...2
較為困難、 2
Not too difficult, or 3
不太困難還是 3
Not at all difficult? 4
毫無困難？ 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_H90   Did anyone help you find a health plan?
是否有人幫助您找到一項保健計劃？

AH113h

YES...1
NO...2   **[GO TO QA15_H92]**
REFUSED .... -7   **[GO TO QA15_H92]**
DON'T KNOW .... -8   **[GO TO QA15_H92]**

QA15_H91   Who helped you?
是誰幫助您的？

AH114h

BROKER 1
FAMILY MEMBER / FRIEND...................................2
INTERNET 3
CERTIFIED ENROLLMENT COUNSELOR 4
OTHER (SPECIFY: _____) 92
REFUSED .... -7
DON'T KNOW .... -8

QA15_H92   Did you have all the information you felt you needed to make a good decision on a health plan?
您是否有您認為幫助作出有關保健計劃的良好決定所需的所有資訊？

AH115h

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

PROGRAMMING NOTE QA15_H93:
IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_H93;
ELSE GO TO QA15_H94;

QA15_H93   Were you able to get information about your health plan options in your language?
您是否能夠用您自己的語言獲得有關您的保健計劃選擇的資訊？

AH116h

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

QA15_H94   Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
您選擇的計劃費用在您選擇計劃時是非常重要、較為重要還是不重要？

AH117h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_H95   Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
從某一位特定的醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

AH118h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_H96   Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
從某一家特定的醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

AH119h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_H97   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
計劃網路內的醫生選擇在您選擇計劃時是非常重要、較為重要還是不重要？

AH120h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA15_H98:**
> **IF QA15_H23 = 1 THEN DISPLAY "Bronze"**
> **ELSE IF QA15_H23 = 2 THEN DISPLAY "Silver"**
> **ELSE IF QA15_H23 = 3 THEN DISPLAY "Gold"**
> **ELSE IF QA15_H23 = 4 THEN DISPLAY "Platinum"**
> **ELSE IF QA15_H23 = 6 THEN DISPLAY "Minimum coverage"**
> **ELSE DISPLAY " ";**

QA15_H98   Finally, what was the <u>most</u> important reason you chose your
{Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care
from a specific doctor, that you could go to a certain hospital, the choice of providers in your
plan's network, or was it something else?
最後，您選擇{銅/銀/金/白金/最低保額}計劃的最重要的一個原因是什麼？是費用、您可以從某一位
特定的醫生處接受護理服務、您可以在某一家醫院就診、您的計劃網路內的服務提供者選擇、還是
其他一些原因？

AH121h

> COST 1
> SPECIFIC DOCTOR...2
> SPECIFIC HOSPITAL..3
> CHOICE OF DOCTORS IN NETWORK...................4
> OTHER (SPECIFY: _____)..................... 92
> REFUSED .... -7
> DON'T KNOW .... -8

> **PROGRAMMING NOTE QA15_H99:**
> **IF QA15_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR**
> **QA15_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA15_B41 = 1 (HOSPITALIZED FOR HEART**
> **DISEASE) THEN GO TO PROGRAMMING NOTE QA15_H100;**
> **ELSE CONTINUE WITH QA15_H99**

QA15_H99   During the past 12 months, were you a patient in a hospital overnight or longer?
在過去十二個月內，您是否曾經因病住院一天或以上？

AH14

> YES...1
> NO...2   **[GO TO PN QA15_H101]**
> REFUSED .... -7   **[GO TO PN QA15_H101]**
> DON'T KNOW .... -8   **[GO TO PN QA15_H101]**

> **PROGRAMMING NOTE QA15_H100:**
> **IF ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12**
> **MONTHS), THEN CONTINUE WITH QA15_H100;**
> **ELSE GO TO PROGRAMMING NOTE QA15_H101**

QA15_H100   Was any of that hospital care paid for by Medi-Cal?
那次醫院護理的任何費用是由 Medi-Cal 支付的嗎？

AH76

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

PROGRAMMING NOTE FOR QA15_H101:
IF [ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA15_H101; ELSE SKIP TO PROGRAMMING NOTE QA15_I1

QA15_H101   During the last 12 months, did you get prenatal care that you didn't have to pay for?
在過去十二個月中，您是否曾經接受免費產前護理?

AH77

```
                     YES ..........................................................................1
                     NO ............................................................................2      [GO TO PN QA15_I1]
                     REFUSED ............................................................... -7      [GO TO PN QA15_I1]
                     DON'T KNOW ......................................................... -8      [GO TO PN QA15_I1]
```

QA15_H102   Was it paid for by Medi-Cal?
這是由 Medi-Cal 付費的嗎?

AH78

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

Section I – Child and Adolescent Health Insurance

> **PROGRAMMING NOTE QA15_I1:**
> **IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA15_I39 TO ASK ABOUT SELECTED ADOLESCENT;**
> **IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA15_I2;**
> **ELSE CONTINUE WITH QA15_I1**

QA15_I1   These next questions are about health insurance (CHILD) may have.
以下是關於(CHILD)可能有的健康保險的問題。

Does (CHILD) have the same insurance as you?
(CHILD) 的保險是否與您的保險相同?

CF10A

YES	1	**[GO TO QA15_I19]**
NO	2	
REFUSED	.... -7	
DON'T KNOW	.... -8	

> **POST-NOTE QA15_I1:**
> **IF QA15_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
> **IF QA15_I1 = 1 AND ARIHS = 1, SET CHIHS = 1**
> **IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**

PROGRAMMING NOTE QA15_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;
ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;
ELSE CONTINUE WITH QA15_I2

QA15_I2   Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

(CHILD) 的保險是否與{您配偶/您伴侶/SPOUSE NAME/ PARTNER NAME} 的保險相同?

MA1

YES 1   **[GO TO QA15_I19]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I2:
IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPIHS = 1, SET CHIHS = 1
IF QA15_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

QA15_I3   Is {he/she} currently covered by Medi-CAL?

{他/她} 目前是否享受 Medi-CAL（加州醫療保健計劃）的保險?

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

POST-NOTE QA15_I3:
IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA15_I4   Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
(CHILD) 是否通過您或其他人的工作或工會享受醫療保險或管理式保健組織（HMO）計劃？

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

   YES 1
   NO...2 **[GO TO PN QA15_I6]**
   REFUSED .... -7 **[GO TO PN QA15_I6]**
   DON'T KNOW .... -8 **[GO TO PN QA15_I6]**

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5   Is this plan through an employer, through a union, or through Covered California's SHOP program?
這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的？

AI90

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]
[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"] [IF NEEDED, SAY:「SHOP 是 Covered California 開展的小企業保健選擇計劃」]

   EMPLOYER 1
   UNION...2
   SHOP / COVERED CALIFORNIA 3
   OTHER (SPECIFY: _____)....................... 91
   REFUSED .... -7
   DON'T KNOW .... -8

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA15_I6:
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6

QA15_I6 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
(CHILD)是否享受您直接從保險公司或 HMO 或透過 Covered California 購買的醫療保險計劃的承保？

CF4

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

YES 1
NO..2 [GO TO PN QA15_I13]
REFUSED ....-7 [GO TO PN QA15_I13]
DON'T KNOW ....-8 [GO TO PN QA15_I13]

POST-NOTE QA15_I6:
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA15_I7:
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8

QA15_I7 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
您是如何購買這項保健計劃的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

AI91

INSURANCE COMPANY OR HMO..........................1
COVERED CALIFORNIA.......................................2
OTHER (SPECIFY: _____)...................... 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QA15_I7:
IF QA15_I7 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA15_I8
IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I8   Was this a bronze, silver, gold or platinum plan?
這是銅、銀、金還是白金計劃？

AI92

> BRONZE 1
> SILVER 2
> GOLD 3
> PLATINUM 4
> MEDI-CAL / MEDICAID 5
> MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
> OTHER (SPECIFY: _____)..................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I9
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA15_I9;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I9   Was there a subsidy or discount on the premium for this plan?
這項計劃的保費是否有補貼或折扣？

AI93

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

> **PROGRAMMING NOTE QA15_I10:**
> **IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),**
> **CONTINUE WITH QA15_I10;**
> **ELSE GO TO PROGRAMMING NOTE QA15_14**

QA15_I10   Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
您是否支付(CHILD)的保健計劃的任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

AI54

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時支付的部份健康護理費用，而由其他人支付您的主要健康護理保賠費用。"

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

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "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

QA15_I11   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?
是否有任何其他人，例如雇主、工會或專業機構，支付(CHILD)的保健計劃的全部或部份保費或用？

AI50

    YES 1
    NO 2   **[GO TO PN QA15_I13]**
    REFUSED .... -7   **[GO TO PN QA15_I13]**
    DON'T KNOW .... -8   **[GO TO PN QA15_I13]**

QA15_I12   Who else pays all or some portion of the cost for (CHILD)'s health plan?
還有誰支付(CHILD)保健計劃的全部或部份費用?

AI51

[CODE ALL THAT APPLY.]

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION...3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE 7
COVERED CALIFORNIA..................................... 10
OTHER.. 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I12:
IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA15_I12 = 7, SET CHMCAL = 1
IF QA15_I12 = 10, SET CHHBEX = 1;

PROGRAMMING NOTE QA15_I13:
IF CHINSURE = 1, GO TO PN QA15_I19;
ELSE CONTINUE WITH QA15_I13

QA15_I13   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
{他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?

CF6

YES 1   **[GO TO PN QA15_I19]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I13:
IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA15_I14   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?
{他/她}是否享受其他政府醫療保險計劃，例如 AIM、Mister MIP、Healthy Kids 或其他計劃？

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表示「重大風險醫療保險計劃」]

AIM...1	**[GO TO PN QA15_I19]**
"MISTER MIP"/MRMIP...2	**[GO TO PN QA15_I19]**
HEALTHY KIDS 3	**[GO TO PN QA15_I19]**
NO OTHER PLAN...4	
SOMETHING ELSE (SPECIFY: _____) .. 91	**[GO TO PN QA15_I19]**
REFUSED .... -7	
DON'T KNOW .... -8	

POST-NOTE QA15_I14:
IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15   Does {he/she} have any health insurance coverage through a plan that I missed?
{他/她} 有沒有通過我漏掉的計劃享受任何醫療保險？

CF8

YES..1	
NO..2	**[GO TO PN QA15_I18]**
REFUSED .... -7	**[GO TO PN QA15_I18]**
DON'T KNOW .... -8	**[GO TO PN QA15_I18]**

QA15_I16   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?
{他/她}有哪一種健康保險？ 此保險來自Medi-CAL加州醫療輔助計劃、雇主或工會、還是來自其它來源？

CF9

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: 「還有其它來源嗎？」]

```
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ...............................................1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION.....................................................2
PURCHASED DIRECTLY FROM A HEALTH PLAN
(BY R OR ANYONE ELSE) ....................................3
MEDICARE ............................................................4
MEDI-CAL ..............................................................5
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME
OTHER MILITARY HEALTH CARE.........................7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC.......................8
COVERED CALIFORNIA....................................... 10
SHOP THROUGH COVERED CALIFORNIA ........ 11
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED ............................................................. -7
DON'T KNOW ........................................................ -8
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POST-NOTE QA15_I16:
IF QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA15_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA15_I16 = 8, SET CHIHS = 1
IF QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA15_I16 = -7 OR -8, SET CHINSURE = 1
```

```
PROGRAMMING NOTE QA15_I17:
IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;
ELSE SKIP TO PROGRAMMING NOTE QA15_I18
```

QA15_I17   Just to verify, you said that (CHILD) gets health insurance through Medicare?
我只是要確定一下，您說過 (CHILD) 有從聯邦醫療保險(Medicare) 獲得醫療保險？

CF9VER

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

PROGRAMMING NOTE QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18   What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
(CHILD) 沒有加入加州醫療輔助計劃（Medi-CAL）的**一個**主要原因是什麼？

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 (SPECIFY)... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I19:
IF QA15_I1 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I19 = QA15_H9 AND QA15_I21 =
QA15_H10 AND SKIP TO QA15_I22;
ELSE IF QA15_I1 = 1, THEN QA15_I19 = QA15_H60 AND QA15_I21 = QA15_H62 AND QA15_I22 =
QA15_H63 AND GO TO PN QA15_I23;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA15_I19;
ELSE GO TO PN QA15_I23

QA15_I19   Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
(CHILD)參加的保健計劃是 HMO（即健康維護機構計劃）嗎?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO,
{he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes
outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY: "HMO 表示「健康維護機構」。在 HMO 計劃中，{他/她}必須使用網路內的醫
生及醫院的服務。除非是急診，如果{他/她}在網路外醫生或醫院處接受服務，計劃通常不支付服務
費。"]

YES 1   **[GO TO QA15_I21]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20   Is (CHILD)'s health plan a PPO or EPO?
(CHILD) 的保健計劃是一項 PPO 計劃還是 EPO 計劃？

AI115

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY:「EPO 表示「專有服務提供者團體」。在 EPO 中，除非是急診，您必須使用網路內的醫生和醫院，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY:「PPO 表示「首選服務提供者團體」。在 PPO 中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY:「{他的或她的}*主要* 保健計劃。」]

PPO...1
EPO...2
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_I21   What is the name of (CHILD)'s main health plan?
                      (CHILD) 參加的主要健康計劃的名稱是什麼？

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: (CHILD) 是否有保險卡或註明計劃名稱的其他文件？ "]

ACCESS SENIOR HEALTHCARE 1
AETNA 2
AETNA GOLDEN MEDICARE 3
AIDS HEALTHCARE FOUNDATION, LA 4
ALAMEDA ALLIANCE FOR HEALTH 5
ALTAMED HEALTH SERVICES............................ 83
ANTHEM BLUE CROSSOF CALIFORNIA...............7
ASPIRE HEALTH PLAN 8
BLUE CROSS CALIFORNIACARE 9
BLUE CROSS SENIOR SECURE 79
BLUE SHIELD 65 PLUS 11
BLUE SHIELD OF CALIFORNIA.......................... 12
BRAND NEW DAY (UNIVERSAL CARE) 13
CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
CALIFORNIAKIDS (CALKIDS) 15
CAL OPTIMA (CALOPTIMA ONE CARE) 16
CALVIVA HEALTH... 17
CARE 1ST HEALTH PLAN 18
CAREMORE HEALTH PLAN................................ 19
CENTER FOR ELDERS' INDEPENDENCE.......... 21
CEN CAL HEALTH 80
CENTRAL CALIFORNIA ALLIANCE FOR
HEALTH.. 22
CENTRAL HEALTH PLAN.................................... 23
CHINESE COMMUNITY HEALTH PLAN 24
CHOICE PHYSICIANS NETWORK....................... 25
CIGNA HEALTHCARE 26
CITIZENS CHOICE HEALTHPLAN 27
COMMUNITY CARE HEALTH PLAN 28
COMMUNITY HEALTH GROUP 29
CONTRA COSTA HEALTH PLAN......................... 81
DAVITA HEALTHCARE PARTNERS PLAN 31
EASY CHOICE HEALTH PLAN............................ 32
EPIC HEALTH PLAN 33
GEM CARE HEALTH PLAN 34
GOLD COAST HEALTH PLAN............................. 35
GOLDEN STATE MEDICARE HEALTH
PLAN.. 36
HEALTH NET... 38
HEALTH NET SENIORITY PLUS......................... 39
HEALTH PLAN OF SAN JOAQUIN....................... 40
HEALTH PLAN SAN JP AUTHORITY 41
HERITAGE PROVIDER NETWORK 42
HUMANA GOLD PLUS... 43
HUMANA HEALTH PLAN..................................... 44
IEHP (INLAND EMPIRE HEALTH PLAN) 45
INTER VALLEY HEALTH PLAN........................... 46

```
HEALTH ADVANTAGE ......................................... 82
KAISER PERMANENTE........................................ 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE............................ 49
L.A. CARE HEALTH PLAN ................................... 50
MD CARE............................................................... 51
MOLINA HEALTHCARE OF CALIFORNIA ........... 54
MONARCH HEALTH PLAN................................... 55
ON LOK SENIOR HEALTH SERVICES ............... 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS......................... 58
PREMIER HEALTH PLAN SERVICES.................. 59
PRIMECARE MEDICAL NETWORK ..................... 60
PROVIDENCE HEALTH NETWORK..................... 61
SCRIPPS HEALTH PLAN SERVICES .................. 68
SEASIDE HEALTH PLAN..................................... 69
SAN FRANCISCO HEALTH PLAN....................... 84
SANTA CLARA FAMILY HEALTH PLAN ............. 90
SAN MATEO HEALTH COMMISION .................... 86
SANTA BARBARA ................................................ 88
SATELLITE HEALTH PLAN ................................. 92
SCAN HEALTH PLAN .......................................... 67
SHARP HEALTH PLAN ........................................ 70
SUTTER HEALTH PLAN ...................................... 71
SUTTER SENIOR CARE....................................... 72
UNITED HEALTHCARE ........................................ 73
UNITED HEALTHCARE SECURE HORIZON....... 74
UNIVERSITY HEALTHCARE ADVANTAGE ......... 75
VALLEY HEALTH PLAN........................................ 76
VENTURA COUNTY HEALTH CARE PLAN......... 77
WESTERN HEALTH ADVANTAGE....................... 78
CHAMPUS/CHAMP-VA ........................................ 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES............................. 89
MEDI-CAL ............................................................. 52
MEDICARE ........................................................... 53
OTHER (SPECIFY: _____) .................. 85
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8
```

QA15_I22   Is (CHILD) covered for prescription drugs?
計劃是否支付 (CHILD) 的處方藥品？

CF14

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

PROGRAMMING NOTE FOR QA15_I23:
IF (ARINSURE ≠ 1 OR QA15_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA15_I23;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I23   Does (CHILD)'s health plan have a deductible that is more than $1,000?
(CHILD) 的健康保險計劃是否有超過 1,000 美元的免賠額？

AI79

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

```
                    YES.................................................................1
                    NO...................................................................2     [GO TO QA15_I25]
                    YES, ONLY WHEN GO OUT OF NETWORK ..........3     [GO TO QA15_I25]
                    REFUSED ................................................... -7
                    DON'T KNOW ............................................... -8
```

PROGRAMMING NOTE FOR QA15_I24:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I24;
ELSE GO TO QA15_I25

QA15_I24   Does (CHILD)'s health plan have a deductible that is more than $2,000?
(CHILD) 的醫療保險計劃是否有超過 2,000 美元的免賠額？

AI85

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

```
                    YES ................................................................1     [GO TO PN QA15_I26]
                    NO...................................................................2
                    YES, ONLY WHEN GO OUT OF NETWORK ..........3
                    REFUSED ................................................... -7
                    DON'T KNOW ............................................... -8
```

QA15_I25   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?
(CHILD) 的醫療保險計劃對於所有受保人是否有超過 2,000 美元的免賠額？

AI80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

```
                    YES .................................................................1
                    NO...................................................................2     [GO TO PN QA15_I27]
                    YES, ONLY WHEN GO OUT OF NETWORK ..........3     [GO TO PN QA15_I27]
                    REFUSED ................................................... -7
                    DON'T KNOW ............................................... -8
```

PROGRAMMING NOTE FOR QA15_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I26;
ELSE GO TO PROGRAMMING NOTE QA15_I27

QA15_I26   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000?
(CHILD)的醫療保險計劃對於所有受保人是否有超過 4,000 美元的免賠額？

AI86

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY：「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

YES...1
NO...2
YES, ONLY WHEN GO OUT OF NETWORK 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I27:
IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I27   Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?
您是否有可以用於支付 (CHILD)的醫療費用的特殊帳戶或資金？

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "帳戶有時指保健儲蓄帳戶（HSA）、保健償付帳戶（HRA）或其他類似帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療基金或選擇基金。此類帳戶與僱主提供的靈活開支帳戶不同。"]

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

PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28   What is the one main reason (CHILD) does not have any health insurance?
             (CHILD) 沒有醫療保險的一個主要原因是什麼？

CF18

                    CAN'T AFFORD/TOO EXPENSIVE 1
                    NOT ELIGIBLE DUE TO WORKING STATUS/
                    CHANGED EMPLOYER/LOST JOB 2
                    NOT ELIGIBLE DUE TO HEALTH OR
                    OTHER PROBLEMS 3
                    NOT ELIGIBLE DUE TO CITIZENSHIP/
                    IMMIGRATION STATUS 4
                    FAMILY SITUATION CHANGED............................5
                    DON'T BELIEVE IN INSURANCE 6
                    SWITCHED INSURANCE COMPANIES,
                    DELAY BETWEEN 7
                    CAN GET HEALTH CARE FOR FREE/PAY
                    FOR OWN CARE..8
                    OTHER (SPECIFY: _____)..................... 91
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA15_I29   Was (CHILD) covered by health insurance at any time during the past 12 months?
             {孩子的名字/年齡/性別} 是否在過去 12 個月中的任何時間均享受醫療保險？

CF20

                    YES 1   [GO TO QA15_I31]
                    NO...2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA15_I30   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   [GO TO PN QA15_I39]
                    MORE THAN 3 YEARS AGO 2   [GO TO PN QA15_I39]
                    NEVER HAD HEALTH INSURANCE COVERAGE ..3   [GO TO PN QA15_I39]
                    REFUSED .... -7   [GO TO PN QA15_I39]
                    DON'T KNOW .... -8   [GO TO PN QA15_I39]

QA15_I31   For how many of the last 12 months did {he/she} have health insurance?
             在過去 12 個月內，{he/she}有多少個月有醫療保險？

CF22

             [INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

                    _____ MONTHS [HR: 0-12]   [IF 0, THEN GO TO PN
                                                                                 QA15_I39]

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

QA15_I32   During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
在{CHILD}有醫療保險期間，{他的/她的}保險是Medi-Cal、Healthy Families、你透過雇主獲得的計劃、你直接從保險公司購買的計劃、你透過Covered California購買的計劃還是其他計劃？

CF23

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE:「還有任何其他計劃嗎？」]

MEDI-CAL 1   **[GO TO PN QA15_I39]**
THROUGH CURRENT OR FORMER EMPLOYER
UNION...3   **[GO TO PN QA15_I39]**
PURCHASED DIRECTLY.......................................5   **[GO TO PN QA15_I39]**
COVERED CALIFORNIA..6   **[GO TO PN QA15_I39]**
OTHER HEALTH PLAN.. 91   **[GO TO PN QA15_I39]**
REFUSED .... -7   **[GO TO PN QA15_I39]**
DON'T KNOW .... -8   **[GO TO PN QA15_I39]**

QA15_I33   Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?
請想一想 {他/她}目前的醫療保險，{孩子的名字/年齡/性別}在過去12 個月中，是不是都是享受同一種保險？

CF24

YES...1   **[GO TO PN QA15_I39]**
NO...2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ...3   **[GO TO PN QA15_I39]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_I34   When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?
當 {他/她} 沒有享受目前的醫療保險時，{他/她} 有沒有其它任何醫療保險？

CF25

YES...1
NO...2   **[GO TO QA15_I36]**
REFUSED .... -7   **[GO TO QA15_I36]**
DON'T KNOW .... -8   **[GO TO QA15_I36]**

QA15_I35   Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
該其他醫療保險是Medi-CAL、Healthy Families、你透過雇主獲得的計劃、你直接從保險公司購買的計劃、你透過Covered California購買的計劃還是其他計劃？

CF26

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE:「還有任何其他計劃嗎？」]

MEDI-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 4
PURCHASED DIRECTLY......................................5
COVERED CALIFORNIA..6
OTHER HEALTH PLAN.. 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_I36   During the past 12 months, was there any time when {he/she} had no health insurance at all?
在過去 12 個月中，{他/她} 有沒有任何時間完全沒有醫療保險？

CF27

YES..1
NO..2   **[GO TO PN QA15_I39]**
REFUSED .... -7   **[GO TO PN QA15_I39]**
DON'T KNOW .... -8   **[GO TO PN QA15_I39]**

QA15_I37   For how many of the past 12 months did {he/she} have no health insurance?
在過去 12 個月中，{he/she}有幾個月沒有健康保險？

CF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS   [RANGE: 1-12]

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

QA15_I38 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
在{孩子的名字/年齡/性別}沒有保險的日子裡，{他/她}沒有醫療保險的一個主要原因是什麼？

CF29

    [IF R SAYS, "No need," PROBE WHY]

      CAN'T AFFORD/TOO EXPENSIVE 1
      NOT ELIGIBLE DUE TO WORKING STATUS/
      CHANGED EMPLOYER/LOST JOB 2
      NOT ELIGIBLE DUE TO HEALTH OR
      OTHER PROBLEMS 3
      NOT ELIGIBLE DUE TO CITIZENSHIP/
      IMMIGRATION STATUS 4
      FAMILY SITUATION CHANGED...........................5
      DON'T BELIEVE IN INSURANCE 6
      SWITCHED INSURANCE COMPANIES,
       DELAY BETWEEN 7
      CAN GET HEALTH CARE FOR FREE/PAY
      FOR OWN CARE..8
      OTHER (SPECIFY).. 91
      REFUSED .... -7
      DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I39:
IF NO TEEN SELECTED, GO TO PN QA15_I78;
 IF ARINSURE = 1, CONTINUE WITH QA15_I39;
 IF ARINSURE = 0, GO TO PN QA15_I40;
 ELSE CONTINUE WITH QA15_I39

QA15_I39 These next questions are about health insurance (TEEN) may have.
以下是有關{ TEEN }可能享有的健康保險的問題。

    Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
{ TEEN }的保險是否與您的保險相同？

IA10A

      YES...1 **[GO TO QA15_I58]**
      NO..2
      REFUSED .... -7
      DON'T KNOW .... -8

POST-NOTE QA15_I39:
IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARIHS = 1, SET TEIHS = 1
IF QA15_I39 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA15_I40:
IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
ELSE IF QA15_I39 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
ELSE CONTINUE WITH QA15_I40

QA15_I40   Does (TEEN) have the same insurance as your spouse?
               {TEEN}的保險是否與您的的保險相同?

MA5

                         YES 1   [GO TO QA15_I58]
                         NO 2
                         REFUSED .... -7
                         DON'T KNOW .... -8

POST-NOTE QA15_I40:
IF QA15_I40 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

PROGRAMMING NOTE QA15_I41:
IF CHINSURE ≠ 1, THEN SKIP TO QA15_I42;
ELSE IF (QA15_I39= 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;
ELSE CONTINUE WITH QA15_I41;

QA15_I41   Does (TEEN) have the same insurance as (CHILD)?
               {TEEN} 的保險是否與{ CHILD } 的保險相同?

MA6

                         YES 1   [GO TO PN QA15_I72]
                         NO 2
                         REFUSED .... -7
                         DON'T KNOW .... -8

POST-NOTE QA15_I41:
IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;
IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1

QA15_I42   Is {he/she} currently covered by Medi-CAL?
{他/她} 是否享受 Medi-CAL（加州醫療保健計劃）的保賠?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY：「Medi-CAL 是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計畫。」]

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

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA15_I42   Is {he/she} currently covered by Medi-CAL?
{他/她} 是否享受 Medi-CAL（加州醫療保健計劃）的保賠?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY：「Medi-CAL 是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計畫。」]

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

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA15_I43   Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
(TEEN) 有沒有享受通過您或其他人的工作或工會提供的醫療保險計劃或管理式保健組織計劃
(HMO)?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

```
                    YES ......................................................................1
                    NO.......................................................................2     [GO TO QA15_I45]
                    REFUSED ........................................................... -7    [GO TO QA15_I45]
                    DON'T KNOW ...................................................... -8    [GO TO QA15_I45]
```

POST-NOTE QA15_I43:
IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA15_I44   Is this plan through an employer, through a union, or through Covered California's SHOP program?
這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的？

AI94

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]
[IF NEEDED, SAY：「SHOP 是 Covered California 開展的小企業保健選擇計劃」]

```
                    EMPLOYER ............................................................1
                    UNION....................................................................2
                    SHOP / COVERED CALIFORNIA  .........................3
                    OTHER (SPECIFY: _____) .................. 91
                    REFUSED ........................................................... -7
                    DON'T KNOW ...................................................... -8
```

POST-NOTE FOR QA15_I44:
IF QA15_I44 = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I45:
IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45

QA15_I45   Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
(TEEN) 是否享受您直接從保險公司或 HMO 購買的醫療保險計劃的承保？

IA4

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

YES 1
NO..2   **[GO TO PN QA15_I52]**
REFUSED .... -7   **[GO TO PN QA15_I52]**
DON'T KNOW .... -8   **[GO TO PN QA15_I52]**

POST-NOTE QA15_I45:
IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:
IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
您是如何購買這項保健計劃的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

AI95

INSURANCE COMPANY OR HMO..........................1
COVERED CALIFORNIA...2
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QA15_I46:
IF QA15_I46 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I47
IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;

QA15_I47   Was this a bronze, silver, gold or platinum plan?
這是銅、銀、金還是白金計劃？

AI96

BRONZE 1
SILVER 2
GOLD 3
PLATINUM...4
MEDI-CAL / MEDICAID 5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7

DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I48
IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;

QA15_I48   Was there a subsidy or discount on the premium for this plan?
這項計劃的保費是否有補貼或折扣？

AI97

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

PROGRAMMING NOTE QA15_I49:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I49;
ELSE GO TO PROGRAMMING NOTE QA15_I52

QA15_I49   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(TEEN)的保健計劃的任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

AI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時支付的部份健康護理費用，由其他人支付您的主要健康護理保賠費用。"]

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

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "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

QA15_I50   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?
是否有任何其他人，例如雇主、工會或專業機構，支付 (TEEN) 的保健計劃的全部或部份保費或用？

AI52

YES 1
NO 2   **[GO TO PN QA15_I52]**
REFUSED .... -7   **[GO TO PN QA15_I52]**
DON'T KNOW .... -8   **[GO TO PN QA15_I52]**

QA15_I51   Who else pays all or some portion of the cost for (TEEN)'s health plan?
还有誰支付(TEEN) 的醫療保險計劃的全部或部份費用?

AI53

[CODE ALL THAT APPLY.]

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION...3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE 7
COVERED CALIFORNIA..................................... 10
OTHER.. 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I51:
IF QA15_I51 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA15_I51 = 7, SET TEMCAL = 1;
IF QA15_I51 = 10, SET TEHBEX =1;

PROGRAMMING NOTE QA15_I52:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;
ELSE CONTINUE WITH QA15_I52

QA15_I52   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
{他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?

IA6

YES 1   **[GO TO PN QA15_I58]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I52:
IF QA15_I52 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA15_I53   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?
{他/她}是否享有其他政府醫療保險計劃，例如AIM、Mister MIP、Family PACT、Healthy Kids或其他計劃？

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]
[IF NEEDED, SAY:「AIM 表示「母嬰營養計劃」；Mister MIP 或 MRMIP 表示「重大風險醫療保險計劃」；Family PACT 是一項州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用。」]

AIM 1   **[GO TO PN QA15_I58]**
"MISTER MIP"/MRMIP...2   **[GO TO PN QA15_I58]**
Family PACT 3   **[GO TO PN QA15_I58]**
HEALTHY KIDS 4   **[GO TO PN QA15_I58]**
NO OTHER PLAN..5
SOMETHING ELSE (SPECIFY: _____) .. 91   **[GO TO PN QA15_I58]**
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I53:
IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA15_I54   Does {he/she} have any health insurance coverage through a plan that I missed?
{他/她} 有沒有享受任何我漏掉的其它醫療保險計劃？

IA8

YES 1
NO..2   **[GO TO PN QA15_I58]**
REFUSED .... -7   **[GO TO PN QA15_I58]**
DON'T KNOW .... -8   **[GO TO PN QA15_I58]**

QA15_I55   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?
{他/她}有哪一種健康保險？此保險是透過Medi-CAL（加州醫療保健計劃）、僱主或工會獲得的、還是從某些其它來源獲得的?

IA9

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

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE：「還有任何其它計劃嗎？」]

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
CHAMPUS/CHAMP-VA, TRICARE, VA,
OR SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC......................8
COVERED CALIFORNIA...................................... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I55:
IF QA15_I55_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA15_I55_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA15_I55_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA15_I55_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA15_I55_8 = 1, SET TEIHS = 1;
IF QA15_I55 = 10, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55 = 11, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA15_I55_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA15_I55 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA15_I56:
IF QA15_I55 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57

QA15_I56   Just to verify, you said that (TEEN) gets health insurance through Medicare?
我只是要確定一下，您說過 (TEEN) 有從聯邦醫療保險(Medicare) 獲得醫療保險？

| IA9VER |

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

PROGRAMMING NOTE QA15_I57:
IF TEINSURE ≠ 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;

QA15_I57   What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
{TEEN} 沒有加入加州醫療輔助計劃（Medi-CAL）的**一個**主要原因是什麼?

| 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 (SPECIFY: _____)..................... 91
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE QA15_I58:
IF QA15_I39 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I58 = QA15_H9 AND QA15_I60 =
QA15_H10 AND SKIP TO QA15_I61;
ELSE IF QA15_I39 = 1, THEN QA15_I58 = QA15_H60 AND QA15_I60 = QA15_H62 ANDQA15_I61 =
QA15_H63 AND GO TO PN QA15_I62;
ELSE IF QA15_I41 = 1, THEN QA15_I58 = QA15_I19 AND QA15_I60 = QA15_I21 AND QA15_I61 = QA15_I22
AND GO TO PN QA15_I62;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA15_I58;
ELSE GO TO PROGRAMMING NOTE QA15_I62

QA15_I58   Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?
(TEEN) 參加的 {Medi-Cal} 保健計劃是HMO（健康維護機構計劃）嗎？

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO,
{he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes
outside the network, generally it will not be paid unless it's an emergency."]
[IF NEEDED, SAY: "HMO 表示「健康維護機構」。在 HMO 計劃中，{他/她}必
須使用網路內的醫生及醫院的服務。除非是急診，如果{他/她}在網路外醫生或醫
院處接受服務，計劃通常不支付服務費。"]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health
plan."]
[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE
AS "NO."]
          YES 1   **[GO TO QA15_I60]**
          NO 2
          REFUSED .... -7
          DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I59:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA15_I60;
ELSE CONTINUE WITH QA15_I59;

QA15_I59   Is (TEEN)'s health plan a PPO or EPO?
                     (TEEN) 的保健計劃是一項 PPO 計劃還是 EPO 計劃？

AI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY:「EPO 表示「專有服務提供者團體」。在 EPO 中，除非是急診，您必須使用網路內的醫生和醫院，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY:「PPO 表示「首選服務提供者團體」。在 PPO 中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY:「{他的/她的}主要保健計劃。」]

> PPO..1
> EPO..2
> OTHER (SPECIFY: _____) 91
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I60   What is the name of (TEEN)'s main health plan?
(TEEN) 參加的主要保健計劃名稱是什麼?

MA7

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: (TEEN) 是否有保險卡或註明計劃名稱的其他文件？"]

```
ACCESS SENIOR HEALTHCARE ...........................1
AETNA ...................................................2
AETNA GOLDEN MEDICARE ...............................3
AIDS HEALTHCARE FOUNDATION, LA ................4
ALAMEDA ALLIANCE FOR HEALTH .....................5
ALTAMED HEALTH SERVICES........................... 83
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ASPIRE HEALTH PLAN ..........................................8
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BLUE SHIELD OF CALIFORNIA ........................... 12
BRAND NEW DAY (UNIVERSAL CARE) ............ 13
CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
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CENTRAL CALIFORNIA ALLIANCE FOR
HEALTH.................................................................. 22
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SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
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UNITED HEALTHCARE 73
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UNIVERSITY HEALTHCARE ADVANTAGE......... 75
VALLEY HEALTH PLAN.. 76
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MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED .... -7
DON'T KNOW .... -8

QA15_I61   Is (TEEN) covered for prescription drugs?
(TEEN) 的計劃是否支付處方藥品？

IA14

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

PROGRAMMING NOTE FOR QA15_I62:
IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN
CONTINUE WITH QA15_I62;
ELSE SKIP TO PN QA15_I67

QA15_I62   Does (TEEN)'s health plan have a deductible that is more than $1,000?
                 (TEEN) 的健康保險計劃是否有超過 1,000 美元的免賠額？

AI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

          YES 1
          NO 2   **[GO TO QA15_I64]**
          YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO QA15_I64]**
          REFUSED .... -7
          DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I63:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I63;
ELSE GO TO QA15_I61

QA15_I63   Does (TEEN)'s health plan have a deductible that is more than $2,000?
                 (TEEN) 的醫療保險計劃是否有超過 2,000 美元的免賠額？

AI87

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

          YES 1   **[GO TO PN QA15_I65]**
          NO 2
          YES, ONLY WHEN GO OUT OF NETWORK 3
          REFUSED .... -7
          DON'T KNOW .... -8

QA15_I64   Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?
                 (TEEN) 的健康保險計劃對於所有受保人是否有超過 2,000 美元的免賠額？

AI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

          YES 1
          NO 2   **[GO TO PN QA15_I66]**
          YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO PN QA15_I66]**
          REFUSED .... -7
          DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I65:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I65;
ELSE GO TO PROGRAMMING NOTE QA15_I66

QA15_I65   Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?
(TEEN) 的醫療保險計劃對於所有受保人是否有超過 4,000 美元的免賠額？

AI88

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

```
YES...................................................................1
NO.....................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA15_I66:
IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67

QA15_I66   Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
您是否有可以用於支付(TEEN) 的醫療費用的特殊帳戶或資金？

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶（HSA）、健康補償帳戶（HRA）或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。"]

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

PROGRAMMING NOTE QA15_I67:
IF TEINSURE = 1, GO TO QA15_I72;
ELSE CONTINUE WITH QA15_I67

QA15_I67   What is the <u>one main</u> reason (TEEN) does not have any health insurance?
(TEEN) 沒有任何健康保險的<u>一個主要</u>原因是什麼？

IA18

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE 8
OTHER (SPECIFY: _____).................... 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_I68   Was (TEEN) covered by health insurance at any time during the past 12 months?
(TEEN) 在過去 12 個月中的任何時間是否享受醫療保險？

IA20

YES 1   **[GO TO QA15_I70]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA15_I69   How long has it been since (TEEN) last had health insurance?
(TEEN) 從上一次有醫療保險到現在已有多長時間？

IA21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO 1   **[GO TO QA15_I78]**
MORE THAN 3 YEARS AGO 2   **[GO TO QA15_I78]**
NEVER HAD HEALTH INSURANCE COVERAGE ..3   **[GO TO QA15_I78]**
REFUSED .... -7   **[GO TO QA15_I78]**
DON'T KNOW/NOT SURE .... -8   **[GO TO QA15_I78]**

QA15_I70   For how many of the last 12 months did {he/she} have health insurance?
在過去十二個月內，{他/她}有幾個月有醫療保險？

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN
                                                        QA15_I78]**

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

QA15_I71 During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
在(TEEN) 有醫療保險期間，{他的/她的}保險是Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過Covered California購買的計劃還是其他計劃？

IA23

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: 「還有任何其他人或機構嗎？」]

```
MEDI-CAL ................................................................1      [GO TO QA15_I78]
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ................................................3      [GO TO QA15_I78]
PURCHASED DIRECTLY.......................................5      [GO TO QA15_I78]
COVERED CALIFORNIA........................................6      [GO TO QA15_I78]
OTHER HEALTH PLAN....................................... 91      [GO TO QA15_I78]
REFUSED ............................................................ -7      [GO TO QA15_I78]
DON'T KNOW ...................................................... -8      [GO TO QA15_I78]
```

QA15_I72 Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?
請想一想{他的/她的} 目前參加的健康保險，(TEEN) 是否在過去十二個月中一直參加這個相同的健康保險計劃？

IA24

```
YES......................................................................1      [GO TO QA15_I78]
NO........................................................................2
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
```

QA15_I73 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
當 {他/她} 沒有享受{他的/她的} 目前的醫療保險計劃時，{他/她} 有沒有其它任何醫療保險？

IA25

```
YES......................................................................1
NO........................................................................2      [GO TO QA15_I75]
REFUSED ............................................................ -7      [GO TO QA15_I75]
DON'T KNOW ...................................................... -8      [GO TO QA15_I75]
```

QA15_I74   Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
該其他醫療保險是 Medi-CAL、**您**透過雇主獲得的計劃、**您**直接從保險公司購買的計劃、**您**透過 Covered California 購買的計劃還是其他計劃？

IA26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE:「還有任何其他計劃嗎？]

MEDI-CAL...1
THROUGH CURRENT OR FORMER EMPLOYER/
UNION..3
PURCHASED DIRECTLY.......................................5
COVERED CALIFORNIA..6
OTHER HEALTH PLAN.. 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_I75   During the past 12 months, was there any time when {he/she} had no health insurance at all?
在過去 12 個月中，{他/她} 有沒有任何時間完全沒有醫療保險？

IA27

YES 1
NO..2   **[GO TO QA15_I78]**
REFUSED .... -7   **[GO TO QA15_I78]**
DON'T KNOW .... -8   **[GO TO QA15_I78]**

QA15_I76   For how many of the past 12 months did {he/she} have no health insurance?
在過去 12 個月中，{他/她}有幾個月沒有健康保險？

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QA15_I77   What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time
{he/she} wasn't covered?
在(TEEN)不享有保險的期間，{他/她} 沒有任何健康保險的<u>一個主要</u>原因是什麼?

IA29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE 8
OTHER (SPECIFY: _____).................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I78:
IF NOT ANSWERED IN SECTION H (AH103h = -1 AND KAH103h =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95

QA15_I78   In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
在過去 12 個月中，您是否曾經嘗試直接從保險公司或 HMO 或透過 Covered California 購買醫療保險計劃？

AH103i

YES 1	
NO..2	**[GO TO PN QA15_I95]**
REFUSED .... -7	**[GO TO PN QA15_I95]**
DON'T KNOW .... -8	**[GO TO PN QA15_I95]**

QA15_I79   Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
這是直接從保險公司或 HMO 購買、還是透過 Covered California 購買、還是既從保險公司又透過 Covered California 購買的計劃？

AH110i

DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR...1	
THROUGH COVERED CALIFORNIA, OR 2	
BOTH, FROM AN INSURANCE COMPANY, AND THROUGH COVERED CALIFORNIA..............3	
REFUSED .... -7	**[GO TO PN QA15_I82]**
DON'T KNOW .... -8	**[GO TO PN QA15_I82]**

PROGRAMMING NOTE QA15_I80:
IF QA15_I79 = 1; THEN CONTINUE WITH QA15_ I80;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_ I80 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA15_I84;

QA15_I80   {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
{首先，請考慮您在嘗試直接從保險公司或 HMO 購買保險時的經歷。}

AH110i

How difficult was it to find a plan with the coverage you needed? Was it…
找到一項您需要的保賠範圍的計劃有多困難？您認為是......

AH98i

Very difficult,..1
非常困難、 1
Somewhat difficult, ...2
較為困難、 2
Not too difficult, or 3
不太困難還是..3
Not at all difficult? 4
毫無困難？ 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_I81   How difficult was it to find a plan you could afford? Was it…
找到一項你能負擔得起的計劃難度有多大？是……

AH99i

Very difficult,..1
非常困難、 1
Somewhat difficult, ...2
較為困難、 2
Not too difficult, or 3
不太困難還是..3
Not at all difficult? 4
毫無困難？ 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_I82   Did anyone help you find a health plan?
是否有人幫助您尋找醫療保險計劃？

AH100i

YES...1
NO...2   **[GO TO PN QA15_I84]**
REFUSED .... -7   **[GO TO PN QA15_I84]**
DON'T KNOW .... -8   **[GO TO PN QA15_I84]**

QA15_I83　　　Who helped you?
　　　　　　　　是誰幫助您的？

AH101i

　　　　　　　　　BROKER 1
　　　　　　　　　FAMILY MEMBER/FRIEND 2
　　　　　　　　　INTERNET 3
　　　　　　　　　OTHER (SPECIFY: _____) 91
　　　　　　　　　REFUSED .... -7
　　　　　　　　　DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I84:
IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA15_I88;

QA15_I84　　　{Now, think about your experience with Covered California.}
　　　　　　　　{現在，請想一想您與 Covered California 交往的經歷。

　　　　　　　　How difficult was it to find a plan with the coverage you needed through Covered California? Was it…
　　　　　　　　透過 Covered California 找到一項您需要的承保計劃難度有多大？是……

AH111i

　　　　　　　　　Very difficult, ...1
　　　　　　　　　非常困難、 1
　　　　　　　　　Somewhat difficult, ...2
　　　　　　　　　較為困難、 2
　　　　　　　　　Not too difficult, or 3
　　　　　　　　　不太困難還是 3
　　　　　　　　　Not at all difficult? 4
　　　　　　　　　毫無困難？ 4
　　　　　　　　　REFUSED .... -7
　　　　　　　　　DON'T KNOW .... -8

QA15_I85　　　How difficult was it to find a plan you could afford? Was it…
　　　　　　　　找到一項您能負擔得起的計劃難度有多大？是……

AH112i

　　　　　　　　　Very difficult, ...1
　　　　　　　　　非常困難、 1
　　　　　　　　　Somewhat difficult, ...2
　　　　　　　　　較為困難、 2
　　　　　　　　　Not too difficult, or 3
　　　　　　　　　不太困難還是 3
　　　　　　　　　Not at all difficult? 4
　　　　　　　　　毫無困難？ 4
　　　　　　　　　REFUSED .... -7
　　　　　　　　　DON'T KNOW .... -8

QA15_I86   Did anyone help you find a health plan?
是否有人幫助您找到一項保健計劃？

AH113i

YES 1
NO..2   **[GO TO QA15_I88]**
REFUSED .... -7   **[GO TO QA15_I88]**
DON'T KNOW .... -8   **[GO TO QA15_I88]**

QA15_I87   Who helped you?
是誰幫助您的？

AH114i

BROKER 1
FAMILY MEMBER / FRIEND 2
INTERNET 3
CERTIFIED INSURANCE AGENTS 4
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_I88   Did you have all the information you felt you needed to make a good decision on a health plan?
您是否有您認為幫助作出有關保健計劃的良好決定所需的所有資訊？

AH115i

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

PROGRAMMING NOTE QA15_I89:
IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89;
ELSE GO TO QA15_I90;

QA15_I89   Were you able to get information about your health plan options in your language?
您是否能夠用您自己的語言獲得有關您的保健計劃選擇的資訊？

AH116i

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

QA15_I90   Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
您選擇的計劃費用在您選擇計劃時是非常重要、較為重要還是不重要？

AH117i

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_I91   Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
從某一位特定的醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

AH118i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT......................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I92   Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
從某一家特定的醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

AH119i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT......................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I93   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
計劃網路內的醫生選擇在您選擇計劃時是非常重要、較為重要還是不重要？

AH120i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT......................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I94:
IF QA15_I8 = 1 OR QA15_I47 = 1, THEN DISPLAY "Bronze"
ELSE IF QA15_I8 = 2 OR QA15_I47 = 2, THEN DISPLAY "Silver"
ELSE IF QA15_I8 = 3 OR QA15_I47 = 3, THEN DISPLAY "Gold"
ELSE IF QA15_I8 = 4 OR QA15_I47 = 4, THEN DISPLAY "Platinum"
ELSE IF QA15_I8 = 6 OR QA15_I47 = 6, THEN DISPLAY "Minimum coverage"
ELSE DISPLAY " ";

QA15_I94   Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?
最後，您選擇{銅/銀/金/白金/最低保額}計劃的<u>最</u>重要的一個原因是什麼？是費用、您可以從某一位特定的醫生處接受護理服務、您可以在某一家醫院就診、您的計劃網路內的服務提供者選擇、還是其他一些原因？

AH121i

> COST 1
> SPECIFIC DOCTOR...2
> SPECIFIC HOSPITAL...3
> CHOICE OF DOCTORS IN NETWORK...................4
> OTHER (SPECIFY: _____)..................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I95:
IF NO TEEN SELECTED, GO TO SECTION J;
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA15_I95   In what country was (TEEN)'s {mother/father} born?
(TEEN)的{母親/父親}是在哪個國家出生的?

AI56

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

```
            UNITED STATES....................................................1
            AMERICAN SAMOA ..............................................2
            CANADA ............................................................3
            CHINA ...............................................................4
            EL SALVADOR ...................................................5
            ENGLAND ..........................................................6
            FRANCE .............................................................7
            GERMANY ..........................................................8
            GUAM ................................................................9
            GUATEMALA ................................................... 10
            HUNGARY ....................................................... 11
            INDIA............................................................... 12
            IRAN................................................................ 13
            IRELAND.......................................................... 14
            ITALY .............................................................. 15
            JAPAN.............................................................. 16
            KOREA............................................................. 17
            MEXICO ........................................................... 18
            PHILIPPINES ................................................... 19
            POLAND ........................................................... 20
            PORTUGAL ...................................................... 21
            PUERTO RICO .................................................. 22
            RUSSIA............................................................ 23
            TAIWAN ........................................................... 24
            VIETNAM ......................................................... 25
            VIRGIN ISLANDS ............................................. 26
            OTHER (SPECIFY: _____) .................. 91
            REFUSED ........................................................ -7
            DON'T KNOW ................................................... -8
```

PROGRAMMING NOTE QA15_I96:
IF QA15_I95 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH QA15_I96;
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA15_I96   Does (TEEN)'s {mother/father} now live in the U.S.?
{TEEN} 的{母親/父親}目前住在美國嗎?

AI57

                 YES...1
                 NO...2
                 MOTHER/FATHER DECEASED 3
                 MOTHER/FATHER NEVER LIVED IN US 4
                 REFUSED .... -7
                 DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I97:
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA15_I97   {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?
(TEEN) 的{母親/父親}是美國公民嗎?

AI58

                 [IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

                 YES...1 **[GO TO PN QA15_I99]**
                 NO...2
                 APPLICATION PENDING.......................................3
                 REFUSED .... -7
                 DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I98:
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA15_I98   {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?
(TEEN)的{母親/父親}是持有綠卡的永久居民嗎?

AI59

                 [IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink,
                 blue, or white."]
                 [IF NEEDED, SAY: "人們通常將永久居民卡稱為「綠卡」，但永久居民卡的顏色可能是粉紅色、
                 藍色或白色。"]

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

PROGRAMMING NOTE QA15_I99:
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA15_I99   About how many years has (TEEN)'s {mother/father} lived in the United States?
(TEEN)的{母親/父親}在美國已居住大約多少年？

AI60

[IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED .... -7
DON'T KNOW .... -8

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA15_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";
ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

QA15_J1　　{Now, I'd like to ask about the health care <u>you</u> receive.} During the past 12 months, how many times have you seen a medical doctor}?
{現在，我想提出幾個有關您所接受的健康護理的問題。} 在過去 12 個月中，您看過幾次醫生？

> **AH5**

　　　　　　　_____ TIMES [HR: 0-365]

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

PROGRAMMING NOTE QA15_J2:
IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2;
ELSE GO TO PROGRAMMING NOTE QA15_J3

QA15_J2　　About how long has it been since you last saw a doctor about your own health?
自從您上次就自身的健康狀況去看醫生以來到現在已經有多長時間?

> **AH6**

　　　　　　　ONE YEAR AGO OR LESS.....................................0
　　　　　　　MORE THAN 1 UP TO 2 YEARS AGO 1
　　　　　　　MORE THAN 2 UP TO 5 YEARS AGO 2
　　　　　　　MORE THAN 5 YEARS AGO 3
　　　　　　　NEVER...4
　　　　　　　REFUSED .... -7
　　　　　　　DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J3:
IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4;
ELSE CONTINUE WITH QA15_J3

QA15_J3　　About how long has it been since you last saw a doctor or medical provider for a <u>routine check-up</u>?
自從您上次接受醫生或其他醫療提供者的<u>常規體檢</u>以來大約有多長時間了？

> **AJ114**

[IF NEEDED, SAY: "A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking."]
[IF NEEDED, SAY:「常規體檢指並非因生病或病症而接受的門診檢查。該常規體檢可能包括有關健康行為（例如抽煙）的問題。」]

　　　　　　　ONE YEAR AGO OR LESS.....................................0
　　　　　　　MORE THAN 1 UP TO 2 YEARS AGO 1
　　　　　　　MORE THAN 2 UP TO 5 YEARS AGO 2
　　　　　　　MORE THAN 5 YEARS AGO 3
　　　　　　　NEVER...4
　　　　　　　REFUSED .... -7
　　　　　　　DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J4:
IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5

QA15_J4 Do you have a personal doctor or medical provider who is your main provider?
您是否有一位作為您的主要服務提供者的個人醫生或醫療服務提供者？

AJ77

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]
[IF NEEDED, SAY: "可以是全科醫生、專科醫生、醫生助理、護士或其他健康服務提供者"]

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

PROGRAMMING NOTE QA15_J5:
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;
ELSE GO TO PROGRAMMING NOTE QA15_J7

QA15_J5 How often does your doctor or medical provider listen carefully to you? Would you say…
您的醫生或醫療服務提供者仔細聽您敘述的頻率有多高？您認為是......

AJ112

Never, ...1
從未、 1
Sometimes, ...2
有時、 2
Usually, or 3
通常還是 3
Always? 4
總是？ 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J6 How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say…
您的醫生或醫療服務提供者明確地向您解釋如何護理自身健康的頻率有多高？您認為是......

AJ113

Never, ...1
從未、 1
Sometimes, ...2
有時、 2
Usually, or 3
通常還是 3
Always? 4
總是？ 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J7:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;
ELSE GO TO PROGRAMMING NOTE QA15_J9;
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA15_J7 Please tell me yes or no. In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?
在過去 12 個月中，您是否曾經因為生病或受傷嘗試預約在兩天內看醫生或醫療服務提供者？

AJ102

[IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only asking about appointments."]
[IF NEEDED, SAY: 「請勿包括緊急護理或急診護理就診。我只是詢問有關普通預約就診的情況。」]

YES...1
NO..2   **[GO TO QA15_J9]**
REFUSED .... -7   **[GO TO QA15_J9]**
DON'T KNOW .... -8   **[GO TO QA15_J9]**

QA15_J8 How often were you able to get an appointment within two days? Would you say…
能夠在兩天內為您安排就診的頻率有多高？您認為是......

AJ103

Never,..1
從未、...1
Sometimes, ...2
有時、...2
Usually, or 3
通常還是 3
Always?..4
總是？ 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J9 During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?
過去 12 個月裡，您是否通過視頻或者電話而不是辦公室會面，來獲得醫生或者其他健康從業人員的護理？

AJ152

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]
[IF NEEDED, SAY: 請不要包括預約就診或再次領取處方藥物。不包括護士熱線。]

YES...1
NO..2   **[GO TO QA15_J11]**
REFUSED .... -7   **[GO TO QA15_J11]**
DON'T KNOW .... -8   **[GO TO QA15_J11}**

QA15_J10   Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?
此護理是因為皮膚或眼睛問題、情緒或心理健康問題、還是其他健康問題嗎？

[AJ153]

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "還有其他問題嗎?"]

SKIN PROBLEM 1
EYE PROBLEM 2
MENTAL OR EMOTIONAL HEALTH PROBLEM.....3
OTHER HEALTH PROBLEM
(SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J11:
IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),
CONTINUE WITH QA15_J11;
ELSE GO TO PROGRAMMING NOTE QA15_J16

QA15_J11   The last time you saw a doctor, did you have a hard time understanding the doctor?
您上次看醫生時，是否很難聽懂醫生說的話？

[AJ8]

YES 1   **[GO TO PN QA15_J13]**
NO..2
REFUSED .... -7   **[GO TO QA15_J16]**
DON'T KNOW .... -8   **[GO TO QA15_J16]**

PROGRAMMING NOTE QA15_J12:
IF QA15_J11 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT
CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],
CONTINUE WITH QA15_J12;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12 WAS ASKED;
ELSE SKIP TO PROGRAMMING NOTE QA15_J16

QA15_J12   In what language did the doctor speak to you?
您的醫生用哪一種語言與您交談？

[AJ50]

ENGLISH 1   **[GO TO QA15_J14]**
SPANISH 2   **[GO TO PN QA15_J16]**
CANTONESE..3   **[GO TO PN QA15_J16]**
VIETNAMESE 4   **[GO TO PN QA15_J16]**
TAGALOG...5   **[GO TO PN QA15_J16]**
MANDARIN 6   **[GO TO PN QA15_J16]**
KOREAN 7   **[GO TO PN QA15_J16]**
ASIAN INDIAN LANGUAGES..................................8   **[GO TO PN QA15_J16]**
RUSSIAN 9   **[GO TO PN QA15_J16]**
OTHER (SPECIFY: _____)......................91   **[GO TO PN QA15_J16]**
REFUSED .... -7   **[GO TO PN QA15_J16]**
DON'T KNOW .... -8   **[GO TO PN QA15_J16]**

QA15_J13   Was this because you and the doctor spoke different languages?
這是不是因為您和醫生講的是不同的語言？

AJ9

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

QA15_J14   Did you need someone to help you understand the doctor?
您是否需要有人幫助您聽懂醫生的話？

AJ10

> YES 1
> NO...2   **[GO TO PN QA15_J16]**
> REFUSED .... -7   **[GO TO PN QA15_J16]**
> DON'T KNOW .... -8   **[GO TO PN QA15_J16]**

QA15_J15   Who was this person who helped you understand the doctor?
是誰幫助您聽懂醫生說的話？

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

> MINOR CHILD (UNDER AGE 18) 1
> AN ADULT FAMILY MEMBER OR
> FRIEND OF MINE...2
> NON-MEDICAL OFFICE STAFF 3
> MEDICAL STAFF INCLUDING
> NURSES/DOCTORS 4
> PROFESSIONAL INTERPRETER (BOTH IN
> PERSON AND ON THE TELEPHONE) 5
> OTHER (PATIENTS, SOMEONE ELSE).................6
> DID NOT HAVE SOMEONE TO HELP....................7
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J16:
IF QA15_G8 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16; ELSE GO TO PROGRAMMING NOTE QA15_J17

QA15_J16   In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?
在加州，您有權在就診時獲得免費口譯服務。您在今天之前是否知道這項服務？

AJ105

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

PROGRAMMING NOTE QA15_J17:
IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J17;
ELSE GO TO QA15_J19

QA15_J17   In the past 12 months, did you change where you usually go for health care?
在過去十二個月內，您是否曾經改變通常接受醫療護理的地點？

AJ106

YES 1
NO 2   **[GO TO QA15_J19]**
REFUSED .... -7   **[GO TO QA15_J19]**
DON'T KNOW .... -8   **[GO TO QA15_J19]**

QA15_J18   Did you have to change because of your health insurance plan?
您是不是因為醫療保險計劃的原因而改變？

AJ107

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]
[IF NEEDED, SAY: 「您是否因與您的醫療保險計劃相關的原因不得不改變通常接受醫療護理的地點？」]
YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA15_J19   During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?
在過去 12 個月中，您有沒有延遲或沒有去拿醫生為您開的藥？

AH16

YES 1
NO 2   **[GO TO QA15_J21]**
REFUSED .... -7   **[GO TO QA15_J21]**
DON'T KNOW .... -8   **[GO TO QA15_J21]**

QA15_J20   Was cost or lack of insurance a reason why you delayed or did not get the prescription?
醫療費用或沒有保險是不是您延遲或沒有領取處方藥物的一個原因？

AJ19

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

QA15_J21   During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?
在過去十二個月中，您有沒有延遲或沒有接受任何您認為必要的醫療護理 — 例如看醫生、專科醫生或其他健康護理專業人員？

AH22

YES 1
NO 2   **[GO TO QA15_J26]**
REFUSED .... -7   **[GO TO QA15_J26]**
DON'T KNOW .... -8   **[GO TO QA15_J26]**

QA15_J22   Did you get the care eventually?
                您最終接受了護理嗎？

AJ129

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

QA15_J23   Was cost or lack of insurance a reason why you delayed or did not get the care you felt you
                needed?
                醫療費用或沒有保險是不是您延遲或沒有獲得您認為自己需要的醫療護理的一個原因?

AJ20

                              YES 1
                              NO..2   **[GO TO QA15_J25]**
                              REFUSED .... -7   **[GO TO QA15_J25]**
                              DON'T KNOW .... -8   **[GO TO QA15_J25]**

QA15_J24   Was that the <u>main</u> reason?
                這是<u>主要</u>原因嗎？

AJ130

                              YES 1   **[GO TO PN QA15_J26]**
                              NO..2
                              REFUSED .... -7   **[GO TO PN QA15_J26]**
                              DON'T KNOW .... -8   **[GO TO PN QA15_J26]**

QA15_J25   What was the <u>one</u> main reason why you delayed getting the care you felt you needed?
                您延遲接受您認為自己需要的護理的<u>一個</u>最主要原因是什麼？

AJ131

                              COULDN'T GET APPOINTMENT 1
                              MY INSURANCE NOT ACCEPTED 2
                              INSURANCE DID NOT COVER 3
                              LANGUAGE PROBLEMS 4
                              TRANSPORTATION PROBLEMS...........................5
                              HOURS NOT CONVENIENT...................................6
                              NO CHILD CARE FOR CHILDREN AT HOME 7
                              FORGOT OR LOST REFERRAL.............................8
                              I DIDN'T HAVE TIME 9
                              COULDN'T AFFORD/COST TOO MUCH 10
                              NO INSURANCE.. 11
                              OTHER (SPECIFY: _____)..................... 91
                              REFUSED .... -7
                              DON'T KNOW .... -8

QA15_J26   The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
接下來是有關專科醫生的問題。專科醫生是指外科醫生、心臟病醫生、過敏醫生、皮膚科醫生和其他針對某個健康護理領域的專科醫生。

In the past 12 months, did you or a doctor think you needed to see a medical specialist?
在過去十二個月中，您或醫生是否曾認為您應當去看專科醫生？

AJ136

[IF NEEDED, SAY: "Do not include dental visits."]
[IF NEEDED, SAY: 「請不要包括牙科門診。」]

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

PROGRAMMING NOTE QA15_J27:
IF QA15_J26 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA15_J27;
ELSE GO TO QA15_J30

QA15_J27   During the past 12 months, did you have any trouble finding a medical specialist who would see you?

在過去十二個月中，您是否有任何困難找到一位能夠為您看病的專科醫生？

AJ137

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

QA15_J28   During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?
在過去十二個月中，是否有專科醫生診所告訴您他們不願接受您作為他們的新病人？

AJ138

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

PROGRAMMING NOTE QA15_J29:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J29;
ELSE SKIP TO QA15_J30

QA15_J29   During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?
在過去十二個月中，是否有專科醫生辦公室告訴您他們不接受您的主要健康保險？

AJ139

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

QA15_J30   Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?
現在是有關全科醫生的問題。在過去十二個月中，您是否有任何困難尋找一位為您看病的全科醫生？

AJ133

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

QA15_J31   During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?
在過去十二個月中，是否有醫生診所告訴您他們不願接受您作為他們的新病人？

AJ134

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

PROGRAMMING NOTE QA15_J32:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J32;
ELSE SKIP TO QA15_J33

QA15_J32   During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?
在過去十二個月中，是否有醫生診所告訴您他們不願接受您的主要醫療保險？

AJ135

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

QA15_J33   Have you ever used the Internet?
您是否曾經使用過互聯網？

AJ108

       [INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

       YES...1
       NO..2   **[GO TO QA15_J35]**
       REFUSED .... -7   **[GO TO QA15_J35]**
       DON'T KNOW .... -8   **[GO TO QA15_J35]**

QA15_J34   In the past 12 months, did you use the internet to look for health or medical information?

在過去十二個月中，您是否曾經使用過互聯網來查找健康或醫療信息

AJ109

[IF NEEDED, SAY: "Include information about disease symptoms, diet, or nutrition, physical activity, healthcare providers, and health insurance plans."]
[IF NEEDED, SAY: "請包括關於疾病症狀、飲食、營養、體力活動、醫療服務提供商和醫療保險計劃的信息。"]

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

PROGRAMMING NOTE QA15_J35:
IF QA15_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA15_J41;
ELSE CONTINUE WITH QA15_J35;

QA15_J35   During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?
在過去十二個月中，您是否曾接受過醫生或醫療提供者有關避孕的諮詢或資訊？

AJ140

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

QA15_J36   During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?
在過去十二個月中，您是否曾接受過醫生或醫療提供者建議的避孕方法或開出的避孕處方藥？

AJ141

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VASECTOMY OF PARTNER]

YES...1
NO...2   **[GO TO QA15_ J39]**
REFUSED .... -7   **[GO TO QA15_ J39]**
DON'T KNOW .... -8   **[GO TO QA15_ J39]**

QA15_J37   What <u>MAIN</u> birth control method or prescription did you receive?
您曾接受過哪一種<u>主要的</u>避孕方法或領取過哪一種處方藥？

AJ142

[INTERVIEWER NOTE: IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]
[IF MORE THAN ONE METHOD, ASK:「您最近接受的是哪一種方法？」]

[INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT) 1
VASECTOMY (MALE STERILIZATION) 2
IUD (MIRENA, PARAGARD) 3
IMPLANT (IMPLANON, NEXPLANON) 4
BIRTH CONTROL PILLS..5
OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING/NUVA RING) 6
CONDOMS (MALE) 7
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_J38   Where did you receive the main birth control method or prescription?
您是從哪裡接受主要避孕方法或領取處方藥的？

AJ143

PRIVATE DOCTOR'S OFFICE.................................1
HMO FACILITY 2
HOSPITAL OR HOSPITAL CLINIC 3
PLANNED PARENTHOOD.......................................4
COUNTY HEALTH DEPARTMENT, FAMILY
PLANNING CLINIC, COMMUNITY CLINIC..............5
SCHOOL OR SCHOOL-BASED CLINIC 6
EMPLOYER OR COMPANY CLINIC.......................7
INDIAN HEALTH SERVICE 8
PHARMACY...9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED .... -7
DON'T KNOW .... -8

```
PROGRAMMING NOTE QA15_J39:
IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;
IF QA15_A5 = 2 (FEMALE) AND IF QA15_D17 = 3 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA15_J44;
IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J39
```

QA15_J39   Are you or your male sex partner currently using a birth control method to <u>prevent pregnancy</u>?
This includes male or female sterilization.
您或您的男性性伴侶是否採用某種避孕方法<u>避孕</u>？這包括男性或女性絕育。

AF40

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]
[IF NEEDED SAY：「絕育包括輸卵管結札、輸精管切除術或絕育手術，導致你們不能生育。」]

```
YES .................................................................1
NO....................................................................2    [GO TO QA15_J44]
NO MALE SEXUAL PARTNER .............................3    [GO TO QA15_J44]
REFUSED ...................................................... -7    [GO TO QA15_J44]
DON'T KNOW ............................................... -8    [GO TO QA15_J44]
```

QA15_J40   Which birth control method or methods are you using?
您正在使用哪種避孕方法？

AJ154

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: 「還有任何其他人或機構嗎？」]

```
TUBAL LIGATION (TUBES TIED OR CUT) .............1
VASECTOMY (MALE STERILIZATION) .................2
IUD (MIRENA, PARAGARD) ...................................3
IMPLANT (IMPLANON, NEXPLANON) ....................4
BIRTH CONTROL PILLS........................................5
OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING/NUVA RING) .................................6
CONDOMS (MALE) ...............................................7
OTHER (SPECIFY: _____) ................... 91
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

```
PROGRAMMING NOTE QA15_J41:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J41;
```

QA15_J41   During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?
在過去十二個月中，您是否曾接受過醫生或醫療提供者有關男性或女性避孕的諮詢或資訊？

AJ144

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

QA15_J42   During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?
在過去十二個月中，您是否曾接受醫生或醫療提供者有關男性的避孕方法的建議，例如避孕套或輸精管切除術？

AJ145

YES 1
NO 2   **[GO TO QA15_J44]**
REFUSED .... -7   **[GO TO QA15_J44]**
DON'T KNOW .... -8   **[GO TO QA15_J44]**

QA15_J43   Where did you receive it?
您是在哪裡接受的？

AJ146

PRIVATE DOCTOR'S OFFICE 1
HMO FACILITY 2
HOSPITAL OR HOSPITAL CLINIC 3
PLANNED PARENTHOOD......................................4
COUNTY HEALTH DEPARTMENT, FAMILY
PLANNING CLINIC, COMMUNITY CLINIC.............5
SCHOOL OR SCHOOL-BASED CLINIC 6
EMPLOYER OR COMPANY CLINIC.......................7
INDIAN HEALTH SERVICE 8
PHARMACY...9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J44:
IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO QA15_J47;
ELSE IF AAGE IS < 65 YEARS, CONTINUE WITH QA15_J44;
ELSE GO TO QA15_J47

QA15_J44   The next questions are about relationships with intimate partners and safety. An intimate partner is *any* husband, wife, boyfriend, girlfriend, or someone you lived with or dated. I'll ask about being slapped, hit, and about unwanted sex. Your answers will be kept private. If any question upsets you, you don't have to answer it.
接下來是有關親密伴侶及安全的問題。親密伴侶是指*任何*丈夫、妻子、男友、女友或與您同居或約會的人。我會提出有關被打耳光、毆打以及非自願性生活方面的問題。您的回答會得到保密。如果任何問題使您感到不自在，您可以拒絕回答。

Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you or forced you into unwanted sex by threatening to harm you?
自從您年滿 18 歲以來，您目前或以前的親密伴侶是否曾經拳擊、掌摑、推搡、腳踢或以任何方式傷害您的身體，或逼迫您發生非自願的性行為，如果您拒絕就威脅要傷害您？

AJ57

YES 1
NO 2   **[GO TO QA15_DM1]**
REFUSED .... -7   **[GO TO QA15_DM1]**
DON'T KNOW .... -8   **[GO TO QA15_DM1]**

QA15_J45   Was that person male or female?
那個人是男性還是女性？

AJ70

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

QA15_J46   When this happened, did the person who did this to you appear to have been drinking or using drugs?
事件發生時，對您做這件事的人看起來是否喝過酒或吸過毒？

AJ72

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

PROGRAMMING NOTE QA15_J47:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J47;
ELSE GO TO SECTION DM;

QA15_J47   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
請告訴我對於以下說法您是極為贊成、贊成、不贊成還是極不贊成：

You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?
別人幫助您或者給您東西，您應該回報。您是極為贊成、贊成、不贊成還是
極不贊成？

AJ155

STRONGLY AGREE 1
AGREE 2
DISAGREE 3
STRONGLY DISAGREE 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J48   It's natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?
長子自然應該繼承房子。您是極為贊成、贊成、不贊成還是極不贊成？

AJ156

STRONGLY AGREE 1
AGREE 2
DISAGREE 3
STRONGLY DISAGREE 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J49   Children should take care of their parents.
孩子應該照顧他們的父母。

AJ157

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE.......................................4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J50   You should behave in accordance with systems around you.
您的表現必須與您身邊的體系相和諧。

AJ158

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE.......................................4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J51   Everything will be fine if you do things the way you have always done.
只要按您一向辦事的方法進行， 一切都會順利。

AJ159

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE.......................................4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J52   You tend to ask someone's opinions before taking actions.
做事前， 您傾向於徵求別人意見。

AJ160

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE.......................................4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J53   You are nervous about what other people say about you or how they feel about you.
您為別人對您的議論和感受感到緊張。

AJ161

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE...3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J54   You should behave hoping that people around you have good impressions of you.
您應該要表現良好，希望讓身邊的人對您有好印象。

AJ162

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE...3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J55   You are careful about your behaviors and what you wear.
您關心您的行為和衣著。

AJ163

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE...3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J56   You do not want to be embarrassed in front of people.
您不希望在別人面前出洋相。

AJ164

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」"]

STRONGLY AGREE...1
AGREE...2
DISAGREE...3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J57   You are concerned about your appearance.
您在乎您的外表。

AJ165

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "「您是極為贊成、贊成、 不贊成還是很不贊成？」**"]**

STRONGLY AGREE...1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J58   You are careful about not doing something that people may laugh at.
您小心不做讓別人取笑的事情。

AJ166

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？ **]**

STRONGLY AGREE...1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

Section DM – Discrimination

QA15_DM1   These next questions are about things that have happened to you while receiving medical care.
接下來的問題關於您接受醫療服務時發生在您身上的事情。

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?
是否有過這樣的時候 --- 如果您是屬於不同的種族您會接受到更好的醫療服務？

DMC8

YES 1		
NO..2	**[GO TO QA15_DM3]**
REFUSED .... -7	**[GO TO QA15_DM3]**
DON'T KNOW .... -8	**[GO TO QA15_DM3]**

QA15_DM2   Think about the last time this happened. How long ago was that?
回想上一次發生這種情況的時候。那是多久之前？

DMC9

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

QA15_DM3   <u>Over your entire lifetime</u>, how often have you been treated unfairly when getting medical care? Would you say…
<u>有生以來</u>，您有多經常在獲取醫療護理時被不平等對待？

DMC3

Never,...1	**[GO TO QA15_K1]**
從不,...1	**[GO TO QA15_K1]**
Rarely,..2	
很少,...2	
Sometimes, or 3	
有時, 還是 3	
Often? 4	
經常? 4	
REFUSED .... -7	**[GO TO QA15_K1]**
DON'T KNOW .... -8	**[GO TO QA15_K1]**

QA15_DM4　Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...
下面哪項原因您認為是有生以來受到不平等待遇的主要原因？是因為…？

DMC6B

Your ancestry or national origin 1
您的祖籍或者原國籍..1
Because of your gender or sex 2
因為您的性別...2
Because of your race or skin color 3
因為您的種族或皮膚顏色 3
Because of your age, or...4
因為年齡，還是 4
Because of the way you speak English, or 5
因為說英語的方式，還是 5
For some other reason? (Specify: _____) 6
其他原因？（註明：） 6
REFUSED .... -7
DON'T KNOW .... -8

QA15_DM5　Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say…
有生以來，這些不公平待遇的經歷給您帶來多大壓力？您認爲…

DMC7

Not at all stressful..1
完全沒壓力 1
A little stressful..2
一點點壓力 2
Somewhat stressful, or 3
有點壓力，還是 3
Extremely stressful?...4
極大壓力？ 4
REFUSED .... -7
DON'T KNOW .... -8

Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA15_K1:
IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA15_G23 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K4

QA15_K1 The next questions are about your employment.
以下是有關您的就業問題。

How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?
您在從事的<u>所有的</u>工作或業務中每週<u>通常</u>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

QA15_K2 How long have you worked at your <u>main</u> job?
您從事這份<u>主要</u>工作多久了?

AK7

[IF NEEDED, SAY: "That is, for your <u>current</u> employer."]
IF NEEDED, SAY: 就是為現在的僱主工作"]
[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 0-12]

_____ YEARS [HR: 0-50]

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

PROGRAMMING NOTE QA15_K3:
IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K3;
ELSE SKIP TO PROGRAMMING NOTE QA15_K4

QA15_K3 What is your best estimate of all your earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
您<u>上個月</u>在所有工作和業務中,包括小時工資、薪水、小費和佣金,稅前和其它扣除額之前的總收入是多少? 請提供您的最佳估計數字。

AK10

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

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_K4;
IF QA15_G29 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G30 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA15_K4 AND:
IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "The next question is about your partner's employment."
IF QA15_A16 = 1 THEN DISPLAY "spouse";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1THEN DISPLAY "partner";
ELSE SKIP TO QA15_K6

QA15_K4   {The next question is about your spouse's employment.}
{接下來的問題和您配偶的工作有關。}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
您的{丈夫/妻子/配偶}在從事的所有的工作或業務中每週通常工作多少小時?

AK20

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

_____ HOURS   [HR: 0-95]

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

PROGRAMMING NOTE QA15_K5:
IF QA15_K4 ≠ 0 CONTINUE WITH QA15_K5;
        IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
        ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner's";
ELSE GO TO QA15_K6

QA15_K5   What is your best estimate of all your {spouse's/partner's} earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?
據您估計，您的{配偶/伴侶}<u>上個月</u>從事所有的工作和業務的收入有多少? 這是指在沒有扣除各項稅款和其它扣除額之前的收入，請包括小時工資、薪資、小費和佣金。

AK10A

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

$_____ AMOUNT   [HR: 0-999995]

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

QA15_K6   What is your best estimate of your <u>household's total annual</u> income from all sources <u>before taxes</u> in 2014?
您的住戶 2014 年來自所有來源的<u>稅前全年總收入</u>是多少?

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]
[IF NEEDED, SAY:「請包括工作、社會安全、退休收入、失業補助金、公共援助等收入。另外還請包括利息、紅利、業務、農場或租金淨收入以及任何其他資金收入。」]
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT   [HR: 0-999995]

REFUSED .... -7   **[GO TO PN QA15_K8]**
DON'T KNOW .... -8   **[GO TO PN QA15_K8]**

QA15_K7   PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT).Is that correct?
根據我的記錄，您的住戶年收入是 (AMOUNT)。這是否正確?

AK22A

YES 1   **[GO TO PN QA15_K14]**
NO...2   **[GO BACK TO QA15_K6]**

PROGAMMING NOTE QA15_K8:
IF QA15_K6 = -7 OR -8 CONTINUE WITH QA15_K8;
ELSE GO TO PROGRAMMING NOTE QA15_K14

QA15_K8   We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> 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<u>住戶</u>所有來源的<u>稅前年收入</u>是否超過還是不足 20,000 美元 ?

AK11

MORE 1   **[GO TO QA15_K10]**
EQUAL TO $20K OR LESS....................................2
REFUSED .... -7   **[GO TO PN QA15_K14]**
DON'T KNOW .... -8   **[GO TO PN QA15_K14]**

QA15_K9   Is it …
是……

AK12

$5,000 or less,...1   **[GO TO PN QA15_K14]**
$5,001 to $10,000, ...2   **[GO TO PN QA15_K14]**
$10,001 to $15,000, or 3   **[GO TO PN QA15_K14]**
$15,001 to 20,000? 4   **[GO TO PN QA15_K14]**
REFUSED .... -7   **[GO TO PN QA15_K14]**
DON'T KNOW .... -8   **[GO TO PN QA15_K14]**

QA15_K10   Is it more or less than $70,000 per year?
                收入每年是否超過還是不足 70,000 美元？

AK13

                         MORE 1   **[GO TO QA15_K12]**
                         EQUAL TO $70K OR LESS....................................2
                         REFUSED .... -7   **[GO TO PN QA15_K14]**
                         DON'T KNOW .... -8   **[GO TO PN QA15_K14]**

QA15_K11   Is it …
                是……

AK14

                         $20,001 to $30,000, ...1   **[GO TO PN QA15_K14]**
                         $30,001 to $40,000, ...2   **[GO TO PN QA15_K14]**
                         $40,001 to $50,000, ...3   **[GO TO PN QA15_K14]**
                         $50,001 to $60,000, or 4   **[GO TO PN QA15_K14]**
                         $60,001 to $70,000? 5   **[GO TO PN QA15_K14]**
                         REFUSED .... -7   **[GO TO PN QA15_K14]**
                         DON'T KNOW .... -8   **[GO TO PN QA15_K14]**

QA15_K12   Is it more or less than $135,000 per year?
                收入每年是否超過還是不足 135,000 美元？

AK15

                         MORE 1   **[GO TO PN QA15_K14]**
                         EQUAL TO $135K OR LESS.................................2
                         REFUSED .... -7   **[GO TO PN QA15_K14]**
                         DON'T KNOW .... -8   **[GO TO PN QA15_K14]**

QA15_K13   Is it …
                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 QA15_K14:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K15;
ELSE CONTINUE WITH QA15_K14

QA15_K14   Including yourself, how many people living in your household are supported by your total
                household income?
                包括您自己在內，住在您的住戶裡的多少人需要依靠您的住戶總收入生活？

AK17

                         _____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K15:
QA15_K15 <u>MUST BE LESS</u> THAN QA15_K14;
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) =
QA15_K14 GO TO PROGRAMMING NOTE QA15_19;
ELSE CONTINUE WITH QA15_K15

QA15_K15   How many of these {INSERT NUMBER FROM QA15_K14} people are children under the age of 18?
在這{INSERT NUMBER FROM QA15_K15} 口人中，有多少是 18 歲以下的孩子？

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18)   [HR: 0-20]

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

QA15_K16   Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?
是否有住在美國、目前不住在您們住戶中、但依靠您們的住戶收入生活的任何其他人？

AK32

YES 1
NO 2   **[GO TO PN QA15_K18]**
REFUSED .... -7   **[GO TO PN QA15_K18]**
DON'T KNOW .... -8   **[GO TO PN QA15_K18]**

QA15_K17   How many?
有幾個人？

AK33

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K18:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS
FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER
OF CHILDREN FROM QA15_K14 AND QA15_K15 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS
POVERTY 2012 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS"
TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100
DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2012" DOCUMENT FOR THE TABLE
OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE
100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN
CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE
POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE
POVRT400.)
IF EITHER QA15_K14 OR QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED
IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN
ENUMERATED (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K6 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K24;
ELSE IF QA15_K6= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A
RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, ASK QA15_K18 USING POVRT50 (THE 50% FPL
CUTOFF DISPLAY AMOUNT);
ELSE IF QA15_K6= -7 OR -8 (REF/DK) AND IF QA15_K8 = -7 OR QA15_K10 = -7 OR QA15_K12 = -7, GO TO
PROGRAMMING NOTE QA15_K24
ELSE GO TO PROGRAMMING NOTE QA15_K19

QA15_K18   I need to ask just one more question about income.
我想再問您一個收入方面的問題。

Was your total annual household income before taxes less than or more than ${POVRT50}?
我想再問您一個收入方面的問題。

AK29

EQUAL TO OR LESS 1	**[GO TO PN QA15_K24]**
MORE 2	**[GO TO PN QA15_K24]**
REFUSED .... -7	**[GO TO PN QA15_K24]**
DON'T KNOW .... -8	**[GO TO PN QA15_K24]**

PROGRAMMING NOTE QA15_K19:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11,
OR QA15_K13, THEN CONTINUE WITH QA15_K19 USING POVRT100 (100% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K20

QA15_K19   I need to ask just one or two more questions about income.
我想再問您一、兩個收入方面的問題。
Was your total annual household income before taxes less than or more than ${POVRT100}?
您的住戶年度稅前總收入是不足還是超過{POVRT100}美元?

AK18A

EQUAL TO OR LESS 1   **[GO TO PN QA15_K24]**
MORE 2
REFUSED .... -7   **[GO TO PN QA15_K24]**
DON'T KNOW .... -8   **[GO TO PN QA15_K24]**

PROGRAMMING NOTE QA15_K20:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11,
OR QA15_K13, THEN CONTINUE WITH QA15_K20 USING POVRT133 (133% POVERTY CUTOFF DISPLAY
AMOUNT);
IF QA15_K19 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QA15_K21

QA15_K20   {I need to ask just one more question about income. Was your total annual household income
before taxes/ Was it} less than or more than ${POVRT133}?
{我只需再問您一個收入方面的問題。您的住戶年度稅前總收入} 是低於還是超過{POVRT133}美
元?

AK30

EQUAL TO OR LESS 1   **[GO TO PN QA15_K24]**
MORE 2   **[GO TO PN QA15_K24]**
REFUSED .... -7   **[GO TO PN QA15_K24]**
DON'T KNOW .... -8   **[GO TO PN QA15_K24]**

PROGRAMMING NOTE QA15_K21:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11,
OR QA15_K13, CONTINUE WITH QA15_K21 USING POVRT200 (200% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K22

QA15_K21   I need to ask just one more question about income. Was your total annual household income
before taxes less than or more than ${POVRT200}?
我只需再問您一個收入方面的問題。您的住戶年度稅前總收入是低於還是超過{POVRT200}美元?

AK18B

EQUAL TO OR LESS 1   **[GO TO PN QA15_K24]**
MORE 2   **[GO TO PN QA15_K24]**
REFUSED .... -7   **[GO TO PN QA15_K24]**
DON'T KNOW .... -8   **[GO TO PN QA15_K24]**

> **PROGRAMMING NOTE QA15_K22:**
> **IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, CONTINUE WITH QA15_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);**
> **ELSE GO TO PROGRAMMING NOTE QA15_K23**

QA15_K22   I need to ask just one more question about income. Was your total annual household income before taxes less than or more than $\{POVRT300\}?
我只需再問您一個收入方面的問題。您的住戶年度稅前總收入是低於還是超過{POVRT300}美元？

AK18C

            EQUAL TO OR LESS 1   **[GO TO PN QA15_K24]**
            MORE 2   **[GO TO PN QA15_K24]**
            REFUSED .... -7   **[GO TO PN QA15_K24]**
            DON'T KNOW .... -8   **[GO TO PN QA15_K24]**

> **PROGRAMMING NOTE QA15_K23:**
> **IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, THEN CONTINUE WITH QA15_K23 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);**
> **ELSE GO TO PROGRAMMING NOTE QA15_K24**

QA15_K23   I need to ask just one more question about income. Was your total annual household income before taxes less than or more than $\{POVRT400\}?
我只需再問您一個收入方面的問題。您的住戶年度稅前總收入是低於還是超過{POVRT400}美元？

AK31

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

> **PROGRAMMING NOTE QA15_K24:**
> **IF POVERTY < 5 (HH Income ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN), CONTINUE WITH QA15_K24;**
> **ELSE GO TO QA15_L1**

PROGRAMMING NOTE QA15_K24:
IF QA15_K14 = 1, THEN DISPLAY "I",
ELSE IF QA15_K14 > 1 DISPLAY "We"

QA15_K24 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
以下是有關你們家在過去十二個月中所吃的食物以及是否有錢購買所需的食物的問題。
I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:
我馬上會讀出兩句話，這是一般人針對家庭的食物狀況所說的。請就每一句話告訴我，這是否經常符合、有時符合還是從不符合您和您的家庭在過去十二個月的情況。
"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."
第一句話是： 「 購買的食物總是不夠，{} 沒有錢買更多的食物。」
Was that often true, sometimes true, or never true for you and your household in the last 12 months?
這是經常符合、有時符合還是從不符合您和您的家庭在過去十二個月的情況？

AM1

          OFTEN TRUE 1
          SOMETIMES TRUE...2
          NEVER TRUE 3
          REFUSED .... -7
          DON'T KNOW .... -8

PROGRAMMING NOTE QA15_K25:
IF QA15_K14 = 1, THEN DISPLAY "I",
ELSE IF QA15_K14 > 1 DISPLAY "We"

QA15_K25 The second statement is:
"{I/We} couldn't afford to eat balanced meals."
第二個句子是： 「{我/我們} 無法負擔營養均衡的飲食。」
Was that often true, sometimes true, or never true for you and your household in the last 12 months?
這句話對您和您的家人在過去 12 個月的情況，是通常正確、有時正確、還是完全不正確？

AM2

          OFTEN TRUE 1
          SOMETIMES TRUE...2
          NEVER TRUE 3
          REFUSED .... -7
          DON'T KNOW .... -8

QA15_K26 Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
請告訴我，在過去 12 個月中，您或家中的其他成年人有沒有因為沒有足夠的錢購買食物而減少食物量或減少用餐次數？

AM3

          YES 1
          NO...2   **[GO TO QA15_K28]**
          REFUSED .... -7   **[GO TO QA15_K28]**
          DON'T KNOW .... -8   **[GO TO QA15_K28]**

QA15_K27   How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?
這種情況多久會出現一次－幾乎每個月、有的月份但不是每個月、或只是在1或2 個月裡？

AM3A

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

QA15_K28   In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
在過去 12 個月中，您有沒有因為沒有足夠的錢購買食物而吃不飽？

AM4

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

QA15_K29   In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
在過去 12 個月中，您有沒有因為買不起足夠的食物而挨餓？

AM5

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

Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L:
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) CONTINUE WITH SECTION L;
ELSE GO TO QA15_M1TANF/CalWORKs

QA15_L1   Are you now receiving TANF or CalWORKs?
您目前在接受 TANF 或 CalWORKS 嗎?

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:"TANF代表「貧困家庭臨時協助」；CalWORKS代表「加州工作機會及對孩子的責任」。這兩項計劃用於替代加州原來的福利計劃AFDC。"]

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

PROGRAMMING NOTE QA15_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;

QA15_L2   Is (TEEN) now receiving TANF or CalWORKs?
目前是否在領取 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:"TANF代表「貧困家庭臨時協助」；CalWORKS代表「加州工作機會及對孩子的責任」。這兩項計劃用於替代加州原來的福利計劃AFDC。"]

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

QA15_L3   Are you receiving Food Stamp benefits, also known as CalFresh?
您是否在領糧食券福利? 糧食券也稱為 CalFresh。

AL5

[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]
[IF NEEDED, SAY: 「您可能透過 EBT 卡獲得福利。EBT 表示電子福利轉換卡。又稱作「黃金州優惠卡」。]

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

PROGRAMMING NOTE QA15_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;
ELSE GO TO QA15_L5

QA15_L4   Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
(TEEN) 是否在領糧食券福利？糧食券福利也稱為 CalFresh。

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]
[IF NEEDED, SAY:「您通過 EBT 卡接受福利。EBT 表示電子福利轉帳卡，也稱為「黃金 州優惠卡」。」]

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

QA15_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，這和社會安全金不同。」]

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

PROGRAMMING NOTE QA15_L6:
IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA15_L6;
ELSE GO TO PROGRAMMING NOTE QA15_L7

QA15_L6   Are you on WIC?
您目前是否參加了 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畫。」]

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

PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND
(POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7;
ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL
PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K14.

IF QA15_K14 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER
(GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K14 = 1 DISPLAY $2000;
IF QA15_K14 = 2 DISPLAY $3000;
IF QA15_K14 = 3 DISPLAY $3150;
IF QA15_K14 = 4 DISPLAY $3300;
IF QA15_K14 = 5 DISPLAY $3450;
IF QA15_K14 = 6 DISPLAY $3600;
IF QA15_K14 = 7 DISPLAY $3750;
IF QA15_K14 = 8 DISPLAY $3900;
IF QA15_K14 = 9 DISPLAY $4050;
IF QA15_K14 ≥ 10 DISPLAY $4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY
"your family's";
ELSE DISPLAY "your"

QA15_L7   Not counting the value of any house or car you may own, would you say that {your/your family's}
assets, that is, all {your/your family's} cash, savings, and investments together are worth more
than {PROPERTY LIMIT}?
不把您擁有的任何房子或汽車計算在內，您認為{您/您家}的資產，也就是說{您/您家}所有的現金、
儲蓄、投資的總值，有沒有超過{PROPERTY LIMIT}?

AL9

YES 1   **[SKIP TO QA15_L14]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_L8:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L8   About how much {do you/does your family} have in cash, savings, and investments?
{您/您家} 所有的現金、儲蓄、投資的總值大約是多少？

AL34

[IF NEEDED, SAY: "Again, do not count the value of any house or car you may own."]
[IF NEEDED, SAY: 再說一遍，請不要把您擁有的任何房子或車輛計算在內"]
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L9:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L9   Besides your primary car or truck, {do you/does your family} own other cars or trucks?
除了您主要的車輛或貨車，〔您／您家〕還有其他的車輛或貨車嗎？

AL35

YES 1
NO 2   **[SKIP TO QA15_L12]**
REFUSED .... -7   **[SKIP TO QA15_L12]**
DON'T KNOW .... -8   **[SKIP TO QA15_L12]**

QA15_L10   Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.
這些車輛或貨車是只供個人使用的嗎？不包括用於殘疾人或商用的車或貨車。

AL36

YES 1
NO 2   **[GO TO PN QA15_L12]**
REFUSED .... -7   **[GO TO PN QA15_L12]**
DON'T KNOW .... -8   **[GO TO PN QA15_L12]**

PROGRAMMING NOTE QA15_L11:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "your";

QA15_L11   Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?
不包括{您/您家}欠的款，您對這些車輛或貨車估價多少？

AL37

[IF NEEDED, SAY: "Do not include your primary cars or trucks."]
[IF NEEDED: 不包括您主要用的車輛或貨車。]

[IF NEEDED, SAY: "Do not include cars or trucks used for transporting disabled persons or business purposes."]
[IF NEEDED: 不包括用於殘疾人或商用的車輛或貨車。]
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L12:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Does your family"; ELSE DISPLAY "Do you"

QA15_L12   {Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?
｛您／您家｝有摩托車，船，拖車或其他非商用交通工具嗎？

AL38

YES 1
NO...2   **[SKIP TO QA15_L14]**
REFUSED .... -7   **[SKIP TO QA15_L14]**
DON'T KNOW .... -8   **[SKIP TO QA15_L14]**

PROGRAMMING NOTE QA15_L13:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"

QA15_L13   Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?
不把您擁有的任何房子或汽車計算在內，您認為您的資產，也就是說您所有的現金、
儲蓄、投資及家俱的總值，有沒有超過{5,000 美元}？

AL39

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

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L14:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_L14　　Did {you or your spouse/you or your partner/you} receive any money last month for child support?
你{或你的配偶}上個月有沒有領取贍養費或子女扶養費?

AL15

YES	1	
NO	2	**[GO TO PN QA15_L16]**
REFUSED	-7	**[GO TO PN QA15_L16]**
DON'T KNOW	-8	**[GO TO PN QA15_L16]**

PROGRAMMING NOTE QA15_L15:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L15　　What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?
你{和你的妻子/丈夫}上個月所領取的贍養費或子女扶養費的{合計}總額是多少?

AL16

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

$_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L16:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA15_L16　　Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?
您 {或您的配偶或你們兩人} 上個月有沒有支付任何贍養費或子女扶養費?

AL17

YES, RESPONDENT PAID	1	
YES, SPOUSE/PARTNER PAID	2	
YES, BOTH PAID	3	
NO	4	**[GO TO PN QA15_L18]**
REFUSED	-7	**[GO TO PN QA15_L18]**
DON'T KNOW	-8	**[GO TO PN QA15_L18]**

PROGRAMMING NOTE QA15_L17:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you
or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX
COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or
both of you";
ELSE DISPLAY "you"

QA15_L17   What was the total amount {you or your spouse or both of you/you or your partner or both of
               you/you} paid in child support last month?
               {您/您的配偶/您的伴侶/你們兩人} 上個冗 i 費總數是多少？

   AL18

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

               _____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L18:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you
or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX
COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_L18   Did {you or your spouse/you or your partner/you} receive any money last month for workers
               compensation?
               你{或你的配偶}上個月是否領取任何工傷賠償付款？

   AL32

               YES 1
               NO 2   **[GO TO PN QA15_L20]**
               REFUSED .... -7   **[GO TO PN QA15_L20]**
               DON'T KNOW .... -8   **[GO TO PN QA15_L20]**

PROGRAMMING NOTE QA15_L19:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX
COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and
your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L19   What was the {combined} total amount that you {and your spouse/and your partner} received
               from workers compensation last month?
               你{和你的妻子/丈夫}上個月從工傷賠償領取的{合計}總額是多少？

   AL33
               [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

               $_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L20:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA15_L20 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA15_L14 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA15_L20 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA15_L22

QA15_L20   Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?
             {您或您的配偶} 上個月有沒有領取任何社會安全救濟金或退休金？

AL18A

                    YES 1
                    NO...2   **[GO TO PN QA15_L22]**
                    REFUSED .... -7   **[GO TO PN QA15_L22]**
                    DON'T KNOW .... -8   **[GO TO PN QA15_L22]**

QA15_L21   What was the total amount received last month from Social Security and Pensions?
             您上個月領取的社會安全金和養老金總額是多少?

AL18B

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

                    _____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L22:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA15_L22;
ELSE GO TO QA15_M1

QA15_L22   What is the one main reason why you are not enrolled in the Medi-Cal program?
             您沒有參加 Medi-Cal 計劃的#一個主要原因是什麼?

AL19

                    PAPERWORK TOO DIFFICULT 1
                    DIDN'T KNOW IF ELIGIBLE 2
                    INCOME TOO HIGH, NOT ELIGIBLE 3
                    NOT ELIGIBLE DUE TO CITIZENSHIP/
                    IMMIGRATION STATUS 4
                    OTHER NOT ELIGIBLE 5
                    DON'T BELIEVE IN HEALTH INSURANCE 6
                    DON'T NEED IT BECAUSE HEALTHY 7
                    ALREADY HAVE INSURANCE 8
                    DIDN'T KNOW IT EXISTED......................................9
                    DON'T LIKE / WANT WELFARE 10
                    OTHER (SPECIFY: _____) 91
                    REFUSED .... -7
                    DON'T KNOW .... -8

Section M – Housing and Social Cohesion

QA15_M1   These next questions are about your housing and neighborhood.
以下是有關您的住宅及所在社區的問題。

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
您是住在獨立屋、雙連屋、三單元或多單元建築物還是活動房屋中？

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

QA15_M2   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

QA15_M3   About how long have you lived at your current address?
您在目前的地址已大約居住多長時間？

AM14

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS   [HR: 1 - AAGEx12MONTHS]

_____ YEARS   [HR: 1 - AAGE]

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

PROGRAMMING NOTE QA15_M4:
IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4

QA15_M4   About how long have you lived in your current neighborhood?
你在目前所在的鄰里社區大約已經居住多長時間?

AM15

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1
MONTH]
_____ MONTHS   [HR: 1 - AAGEx12MONTHS]

_____ YEARS   [HR: 1 - AAGE]

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

QA15_M5   The last time you moved, what was your main reason for moving?
你最後一次搬家的主要原因是什么？

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD......................2
FOR CHILD'S EDUCATION 3
TO ATTEND OR LEAVE COLLEGE 4
WORK RELATED 5
COULDN'T AFFORD MORTGAGE/RENT 6
OTHER HOUSING RELATED 7
BETTER NEIGHBORHOOD/LESS CRIME 8
OTHER... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_M6:
IF QA15_M6 THROUGH QA15_M10 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34,
CG42), THEN CONTINUE WITH QA15_M6;
ELSE GO TO QA15_M11

QA15_M6   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
People in my neighborhood are willing to help each other.
請告訴我您對以下陳述的贊成程度。您是極為贊成、贊成、不贊成還是極不贊成? 我所在社區的居
民很願意互相幫助。

AM19

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成?]
[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE...1
AGREE..2
DISAGREE...3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_M7   People in this neighborhood generally do NOT get along with each other.
本社區的人通常無法和睦相處。

AM20

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]
[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE..1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_M8   People in this neighborhood can be trusted.
本社區的人值得信賴。

AM21

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]
["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE..1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_M9   You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.
您可以依靠本社區的成年人注意孩子們的安全，避免孩子惹麻煩。

AM35

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE..1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_M10   Do you feel safe in your neighborhood…
您在居住區附近是.感到安全?

AK28

All of the time, ...1
所有的時間, ...1
Most of the time,...2
大多數時間 2
Some of the time, or...3
部份時間 3
None of the time..4
從來沒有 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_M11   In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
在過去十二個月內，您是否曾經做任何義工或不領取報酬的社區服務工作？

AM36

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

QA15_M12   In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?
在過去十二個月內，你是否曾經在任何處理社區問題的地方委員會、協會或組織做義工？

AM39

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

QA15_M13   In the past 12 months, have you gotten together informally with others to deal with community problems?
在過去十二個月內，你是否曾經以非正式的方式與其他人一起處理社區的問題？

AM40

[IF NEEDED SAY: "For example, with a neighborhood watch group."]
[IF NEEDED SAY:「例如，與鄰里守望小組。」**]**

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

PROGRAMMING NOTE QA15_M14:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_M14;
ELSE GO TO QA15_S1;

QA15_M14   In the past 12 months, have you donated money to a charity or non-profit organization?
在過去十二個月內，您 您是否向慈善組織或非營利組織捐過款？

AM41

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

QA15_M15   In the next 12 months, how likely are you to donate money to a charity or non-profit organization?
Are you…
下來的 12 月裡，您 向慈善組織或非營利組織捐款的可能性為多大？

AM42

Very likely..1
很可能 1
Somewhat likely 2
有点可能...2
A little likely, or 3
有一点可能，或 3
Not likely...4
不见得 4
REFUSED .... -7
DON'T KNOW .... -8

Section S – Suicide Ideation and Attempts

QA15_S1   The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.
下一節是有關自我傷害的想法。再說一遍，如果提出的任何問題使您感到不安，您不需要回答。

Have you <u>ever</u> seriously thought about committing suicide?
您是否曾經認真地考慮過自殺？

AF86

```
YES ................................................................1
NO ................................................................2        [GO TO PN QA15_N1]
REFUSED ..................................................... -7        [GO TO PN QA15_N1]
DON'T KNOW ............................................... -8        [GO TO PN QA15_N1]
```

QA15_S2   Have you seriously thought about committing suicide at any time in the past 12 months?
您在過去十二個月內的任何時間是否認真地考慮過自殺？

AF87

```
YES ................................................................1
NO................................................................2        [GO TO QA15_S4]
REFUSED ..................................................... -7        [GO TO QA15_S4]
DON'T KNOW ............................................... -8        [GO TO QA15_S4]
```

QA15_S3   Have you seriously thought about committing suicide at any time in the past 2 months?
您在過去兩個月的任何時間是否曾經認真地考慮過自殺的問題？

AF91

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

QA15_S4   Have you ever attempted suicide?
您是否曾經嘗試過自殺？

AF88

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

PROGRAMMING NOTE QA15_S5:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = 1 AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA15_S5

QA15_S5   Have you attempted suicide at any time in the past 12 months?
您在過去十二個月內的任何時間是否曾經嘗試過自殺？

AF89

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

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

POST-NOTE FOR SUICIDE RESOURCE:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE CONTINUE

QA15_S6   Would you like to discuss your thoughts with this person?
            您是否願意與這個人討論您的想法？

AF90

YES 1	**[GO TO SUICIDE PROTOCOL]**
NO..2	**[GO TO PN QA15_N1]**
REFUSED .... -7	**[GO TO PN QA15_N1]**
DON'T KNOW .... -8	**[GO TO PN QA15_N1]**

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA15_N1:
IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8:
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO QA15_N2
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;

QA15_N1   Just a few final questions and then we are done.
最後再有幾個問題，我們就完成了。

To be sure we are covering the entire state, what county do you live in?
為了確保我們把全州都包括在研究範圍內，您住在哪個縣？

AH42

ALAMEDA	1
ALPINE	2
AMADOR	3
BUTTE	4
CALAVERAS	5
COLUSA	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES	19
MADERA	20
MARIN	21
MARIPOSA	22
MENDOCINO	23
MERCED	24
MODOC	25
MONO	26
MONTEREY	27
NAPA	28
NEVADA	29
ORANGE	30
PLACER	31
PLUMAS	32
RIVERSIDE	33
SACRAMENTO	34
SAN BENITO	35
SAN BERNARDINO	36
SAN DIEGO	37
SAN FRANCISCO	38
SAN JOAQUIN	39
SAN LUIS OBISPO	40
SAN MATEO	41
SANTA BARBARA	42

```
SANTA CLARA ................................................... 43
SANTA CRUZ ..................................................... 44
SHASTA............................................................. 45
SIERRA.............................................................. 46
SISKIYOU .......................................................... 47
SOLANO ............................................................ 48
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 QA15_N2:
IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QA15_N2;
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final
questions and then we are done.";
ELSE GO TO QA15_N3

QA15_N2   {Just a few final questions and then we are done.}
Your phone number was randomly selected for this study by a computer. We were able to match
an address to your phone number to send a letter to your home explaining the purpose of this
study. To help us better understand the environment you live in and how it may affect your
health, we would like to confirm your address. This information will be kept confidential and will
be destroyed after the entire survey has been completed.
Do you now live at {R's ADDRESS AND STREET}?
{最後再有幾個問題，我們就完成了。}
您的電話號碼是透過電腦以隨機方式被選擇參加本項研究的。我們已經根據您的電話號碼查到您的
住址，並給您寄出了一封信，解釋本項研究的目的。為了幫助我們更好地瞭解您的生活環境以及您
的生活環境對您的健康的影響，我們希望確認您的住址。我們會對您的住址保密，並在問卷調查全
部完成後銷毀。
您目前是否住在 {R's ADDRESS AND STREET}？

AO1

```
YES .......................................................................1   [GO TO QA15_N7]
NO..........................................................................2
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA15_N3:
IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT),
DISPLAY "Just a few final questions and then we are done".

QA15_N3   {Just a few final questions and then we are done.}
最後再有幾個問題，我們就完成了。

What is your zip code?
您的郵遞區號是？

AM7

_____ ZIP CODE

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

PROGRAMMING NOTE QA15_N4:
**IF [AM7 = 90033 OR 90063 OR 90023 OR 90058 (BOYLE HEIGHTS)] OR [AM7 = 92115 OR 92105 OR 92102
(CITY HEIGHTS)] OR [AM7 = 95531 OR 95567 OR 95548 OR 95532 OR 95538 OR 95543 OR 95546 (DEL
NORTE AND ADJACENT TRIBAL LANDS)] OR [AM7 = 94621 OR 94603 OR 94605 OR 94601 (EAST
OAKLAND)] OR [AM7 = 93905 (EAST SALINAS/ALISAL)] OR [AM7 = 92254 OR 92274 OR 92236 OR 92201
(EASTERN COACHELLA VALLEY)] OR [AM7 = 93727 OR 93702 OR 93701 OR 93721 OR 93706 OR 93725
(CENTRAL/SOUTHEAST/SOUTHWEST FRESNO)] OR [AM7 = 90810 OR 90813 OR 90806 OR 90831 (WEST
AND CENTRAL LONG BEACH)] OR [AM7 = 95340 OR 95369 OR 95333 OR 95348 OR 93610 OR 93541
(SOUTHWEST MERCED AND EAST MERCED COUNTY)] OR [AM7 = 94804 OR 94801 OR 94530 OR 94805
OR 94806 (RICHMOND)] OR [AM7 = 92707 OR 92701 OR 92703 OR 92704 OR 92705 (CENTRAL SANTA
ANA)] OR [AM7 = 93307 OR 93203 OR 93313 OR 93304 (SOUTH KERN)] OR [AM7 = 90007 OR 90011 OR
90037 OR 90044 OR 90003 (SOUTH LOS ANGELES)] OR [AM7 = 95820 OR 95824 OR 95828 OR 95817 OR
95818 (SOUTH SACRAMENTO)],**
CONTINUE WITH QA15_N4;
ELSE SKIP TO QA15_N5

QA15_N4   Have you ever heard of "Building Healthy Communities", a program supported by The California
Endowment?
您有聽說過"建造健康社區"（"Building Healthy Communities"）嗎, 那是一項由加州捐贈基金會
（The California Endowment）支持的項目？

AM43

**[IF NEEDED, SAY: "The Building Healthy Communities program is a 10-year project to
improve the health of kids and youth. It is working to improve job opportunities, schools,
housing, safety, and access to healthy foods in the neighborhood."]**
**[IF NEEDED, SAY: "這個項目是一個十年計劃, 致力於促進兒童和青少年的健康。它改善社區的
就業機會, 學校, 住房, 安全, 以及健康食物的獲取。"]**

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

QA15_N5   To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.
為了幫助我們更好地瞭解您的生活環境以及您的生活環境對您的健康的影響，請告訴我您的住址。我們會對您的住址保密，並在問卷調查全部完成後銷毀。

> **AO2**

         _____ HOUSE ADDRESS NUMBER

         _____ NAME OF STREET (VERIFY SPELLING)   **[GO TO QA15_N7]**

         _____ STREET TYPE

         _____ APT. NO

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

PROGRAMMING NOTE QA15_N6:
IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N7;
ELSE CONTINUE WITH QA15_N6

QA15_N6   Can you tell me just the name of the street you live on?
您是否能夠只告訴我您居住的街道名稱?

> **AM8**

         _____ NAME OF STREET

         REFUSED .... -7   **[GO TO QA15_N8]**
         DON'T KNOW .... -8   **[GO TO QA15_N8]**

QA15_N7   And what is the name of the street down the corner from you that crosses your street?
在您所住的街道轉角處與您所住的街道交叉的街道名稱是什麼?

> **AM9**

         _____ NAME OF CROSS-STREET

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

PROGRAMMING NOTE QA15_N8:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14;
ELSE CONTINUE WITH QA15_N8

QA15_N8   I'm won't ask you for the number, but do you have a working cell phone?
我不會問您的手機號碼，但是，您是否有一個可以使用的手機？

> **AM33**

     [CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

         YES 1
         NO 2   **[GO TO PN QA15_N10]**
         SHARES CELL PHONE 3
         REFUSED .... -7   **[GO TO PN QA15_N10]**
         DON'T KNOW .... -8   **[GO TO PN QA15_N10]**

QA15_N9   How many different cell phone numbers do you currently use for personal calls?
您目前有多少個供您個人使用的手機電話號碼？

AN10

_____ CELL PHONE NUMBERS

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

PROGRAMMING NOTE QA15_N10:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13;
ELSE CONTINUE WITH QA15_N10

QA15_N10   Is there a regular or landline telephone in your household?
您的家中是否有一部普通的或有線固定電話？

AN6

YES 1
NO...2   **[GO TO PN QA15_N14]**
REFUSED .... -7   **[GO TO PN QA15_N14]**
DON'T KNOW .... -8   **[GO TO PN QA15_N14]**

QA15_N11   Is that telephone for personal use or business use only?
這部電話是僅限用於個人用途還是業務用途？

AN7

PERSONAL USE ONLY 1
BUSINESS USE ONLY..2   **[GO TO PN QA15_N14]**
BOTH PERSONAL USE AND BUSINESS USE.......3
REFUSED .... -7
DON'T KNOW .... -8

QA15_N12   How many telephone lines do you have for personal use?
您目前有多少條個人使用的電話線路？

AN11

_____ REGULAR OR LANDLINE NUMBERS

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

PROGRAMMING NOTE QA15_N13:
IF QA15_N8 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA15_N13;
ELSE SKIP TO PROGRAMMING QA15_N14

QA15_N13   Of all the telephone calls that you receive, are...
             在您接聽的所有電話中，是......

AM34

             All or almost all calls received on a cell phone, ...1
             全部或幾乎全部電話在手機上接聽，............................1
             Some on cell phones & some on regular phones, or......2
.   部份電話在手機上接聽，
             部份電話在普通電話上接聽，還是.................................2
             Very few or none on cell phones...................................3
             很少或幾乎沒有電話在手機上接聽？.............................3
             REFUSED ....-7
             DON'T KNOW ....-8

PROGRAMMING NOTE QA15_N14:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14

QA15_N14   Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?
             最後，我想問一下您是否願意今後參加本項研究的一次後續調查？

AM10

             YES 1
             MAYBE/PROBABLY YES.......................................2
             DEFINITELY NOT..3
             REFUSED .... -7
             DON'T KNOW .... -8

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA15_S6 = (2, -7, -8),
AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE
RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]
我前面已經說過，如果您希望與人談論有關自殺的想法或嘗試的問題，有人可以每天二十四小時向您提供資訊，為您提供幫助。該免費電話號碼是 1-800-273-TALK (8255) 。

Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]
您也可以查閱他們的網站 www.suicdepreventionlifeline.org 。

QA15_N15   Would you like to speak with someone now?
您現在希望與人交談嗎？

AN8

YES	1	**[GO TO SUICIDE PROTOCOL]**
NO	2	**[GO TO CLOSE1 AND CLOSE2]**
REFUSED	-7	**[GO TO CLOSE1 AND CLOSE2]**
DON'T KNOW	-8	**[GO TO CLOSE1 AND CLOSE2]**

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

CLOSE1   Let me check to see if there is anyone else.   **[GO TO HHSELECT]**

讓我檢查一下我們是不是還需要和任何其他人談話。

CLOSE2   Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.
謝謝您的時間與合作！您幫助我們進行了一項非常重要的健康調查。如果您有任何疑問，請與研究負責人 Ninez Ponce 博士聯繫。他的免費電話號碼是 1-866-275-2447。再次感謝，再見。