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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 2019 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 ‘QA19_A1’ :
SET AADATE = CURRENT DATE (YYYYMMDD)

‘QA19_A1’ [AA1] - What is your date of birth?
귀하의 생년월일은 어떻게 되십니까?

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

DAY _____ [RANGE: 1-31]

YEAR _____ [RANGE: 1907-2001]
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A2’:
IF ‘QA19_A1’ = -7 OR -8 (REF/DK), CONTINUE WITH ‘QA19_A2’;
ELSE GO TO ‘QA19_A5’

‘QA19_A2’ [AA1A] - What month and year were you born?
귀하는 몇 년 몇 월에 출생하셨습니까?

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

YEAR _____ [RANGE: 1904-2001]
-7 REFUSED
-8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_A3’:
IF ‘QA19_A2’ = -7 OR -8 (REF/DK) THEN CONTINUE WITH ‘QA19_A3’;
ELSE GO TO ‘QA19_A5’

‘QA19_A3’ [AA2] - What is your age, please?
나이를 (연세를) 말씀해 주시겠습니까?

_____YEARS OF AGE  [RANGE: 0-120]
-7 REFUSED
-8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A4’:  
IF ‘QA19_A3’ = -7 OR -8 (REF/DK) THEN CONTINUE WITH ‘QA19_A4’;  
ELSE GO TO ‘QA19_A5’

‘QA19_A4’ [AA2A] - Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

귀하께서는 18 세와 29 세 사이, 30 세와 39 세 사이, 40 세와 44 세 사이, 45 세와 49 세 사이, 50 세와 64 세 사이, 또는 65 세 이상 중 어디에 속하십니까?

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

POST NOTE ‘QA19_A4’: AAGE ENUM.AGE  
CALCULATE VALUE OF AAGE BASED ON ‘QA19_A1’, ‘QA19_A2’, OR ‘QA19_A3’ TO USE IN ALL AGE-RELATED QUESTIONS;  
IF ‘QA19_A1’, ‘QA19_A2’, OR ‘QA19_A3’ = -7 OR -8 (REF/DK), THEN USE ‘QA19_A4’;  
ELSE USE ENUM.AGE

PROGRAMMING NOTE ‘QA19_A5’:
IF PROXY=1, GO TO ‘QA19_A9’

‘QA19_A5’ [AD65D] - On your original birth certificate, was your sex assigned as male or female?

귀하의 최초 발급된 출생 증명서에 기재된 성별은 남성입니까, 여성이입니까?

- 01 MALE
- 02 FEMALE
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_A6’ [AD66B] - Do you currently describe yourself as male, female, or transgender?

현재 귀하께서는 본인을 남성이라고 말하십니까, 여성이라고 하십니까, 아니면 트랜스젠더라고 하십니까?

- 01 MALE
- 02 FEMALE
- 03 TRANSGENDER
- 04 NONE OF THESE
- -7 REFUSED
- -8 DON’T KNOW

If = -7, -8 go to ‘QA19_A9’
If = 1, 2, 3, go to ‘PN_QA19_A8’
**PROGRAMMING NOTE** `QA19_A7`:
*IF* `QA19_A6 = 4` THEN CONTINUE WITH `QA19_A7`;
ELSE SKIP TO PN_`QA19_A8`

`QA19_A7` [AD67B] - What is your current gender identity?

현재 귀하의 성별이 무엇이라고 생각하십니까?

- 1 SPECIFY: ( ______________________________ )
- 7 REFUSED
- 8 DON'T KNOW

**PROGRAMMING NOTE** `QA19_A8`:
*IF* `[QA19_A5 = 1 (MALE AT BIRTH) AND QA19_A6 = 1 (IDENTIFIES AS MALE)] OR [QA19_A5 = 2 (FEMALE AT BIRTH) AND QA19_A6 = 2 (IDENTIFIES AS FEMALE)] OR [QA19_A5 = 7, 8 OR QA19_A6 = 7, 8 THEN SKIP TO QA19_A9]; ELSE CONTINUE WITH QA19_A8*;
*DISPLAYS:* IF `[QA19_A5 = 1 (MALE AT BIRTH) AND QA19_A6 = 2 (FEMALE), THEN DISPLAY {male} and {female}]; IF [QA19_A5 = 1 (MALE AT BIRTH) AND QA19_A6 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender}]`

`QA19_A8` [AD68B] - Just to confirm, you were assigned {INSERT RESPONSE FROM AD65D} at birth and now describe yourself as {INSERT RESPONSE FROM 'AD66' OR 'QA19_A7'}. Is that correct?

출생 당시 성별은 {INSERT RESPONSE FROM AD65D}였고, 지금은 본인을 {INSERT RESPONSE FROM AD66 OR AD67B}. }라고 생각하신다고 하셨는데요, 맞습니까?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

*IF* = 2, go to `QA19_A6` AND FLAG `QA19_A8` = 1

`QA19_A9` [AA4] - Are you Latino or Hispanic?

라티노나 히스페닉계이십니까?

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

*If* = 2, -7, -8, go to `PN_QA19_A11`
'QA19_A10' [AA5] - 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.

그러면 어떤 라티노나 히스패닉계에 속하십니까? 예를 들자면 멕시코계, 엘살바도르계, 쿠바계, 온두라스계 등이 있었는데요. 하나 이상에 해당되는 경우에는 모두 말씀해 주십시오.

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- 1 MEXICAN/MEXICAN AMERICAN/CHICANO
- 4 SALVADORAN
- 5 GUATEMALAN
- 6 COSTA RICAN
- 7 HONDURAN
- 8 NICARAGUAN
- 9 PANAMANIAN
- 10 PUERTO RICAN
- 11 CUBAN
- 12 SPANISH-AMERICAN (FROM SPAIN)
- 91 OTHER LATINO (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A11’ :IF ‘QA19_A9’ = 1 (YES, LATINO/HISPANIC) DISPLAY ‘You said you are Latino or Hispanic. Also,’;IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR ‘QA19_A11’, CONTINUE WITH PROGRAMMING NOTE ‘QA19_A12’ ;ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

‘QA19_A11’ [AA5A] - {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?

{본인이 라티노 또는 히스패닉계라고 말씀하셨는데요} 다음 중 귀하에게 해당되는 인종을 하나 혹은 그 이상 선택해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 원주민, 아메리컨 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중에서 어느 인종에 속합니까?

[IF R SAYS ‘NATIVE AMERICAN’ CODE AS ‘4’]

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS][CODE ALL THAT APPLY]

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

If ‘QA19_A11’=1 Or 2, go to ‘PN_QA19_A17’
If ‘QA19_A11’=3, go to ‘PN_QA19_A15’
If ‘QA19_A11’=5, go to ‘QA19_A16’
If ‘QA19_A11’=6, go to ‘QA19_A17’
PROGRAMMING NOTE ‘QA19_A12’: IF ‘QA19_A11’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH ‘QA19_A12’; ELSE GO TO PROGRAMMING NOTE ‘QA19_A15’

‘QA19_A12’ [AA5B] - You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

아메리칸 인디언이나 알래스카 원주민이라고 말씀하셨는데요, 어떤 부족에 속하십니까? 하나 이상의 부족에 속하신 경우, 모두 말씀해 주십시오.

[CODE ALL THAT APPLY]

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

‘QA19_A13’ [AA5C] - Are you an enrolled member in a federally or state recognized tribe?

귀하께서는 연방정부와 주정부에서 인정하는 부족으로 등록된 분이십니까?

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

If = 2, -7, -8, go to ‘PN_QA19_A15’
‘QA19_A14’ [AA5D] - Which tribe are you enrolled in?
귀하는 어느 부족으로 등록했습니까?

- 1 APACHE
- 2 BLACKFEET
- 3 CHEROKEE
- 4 CHOCTAW
- 5 NAVAJO
- 6 POMO
- 7 PUEBLO
- 8 SIOUX
- 9 YAQUI
- 10 OTHER

APACHE
- 1 MECALERO APACHE, NM
- 2 APACHE (NOT SPECIFIED)
- 3 OTHER APACHE (SPECIFY: )

BLACKFEET
- 4 BLACKFOOT/BLACKFEET

CHEROKEE
- 5 WESTERN CHEROKEE
- 6 CHEROKEE (NOT SPECIFIED)
- 7 OTHER CHEROKEE (SPECIFY: ________)

CHOCTAW
- 8 CHOCTAW OKLAHOMA
- 9 CHOCTAW (NOT SPECIFIED)
- 10 OTHER CHOCTAW (SPECIFY: ________)

NAVAJO
- 11 NAVAJO (NOT SPECIFIED)

POMO
- 12 HOPLAND BAND, HOPLAND RANCHERIA
- 13 SHERWOOD VALLEY RANCHERIA
- 14 POMO (NOT SPECIFIED)
- 15 OTHER POMO (SPECIFY: ________)

PUEBLO
- 16 HOPI
- 17 YSLETA DEL SUR PUEBLO OF TEXAS
- 18 PUEBLO (NOT SPECIFIED)
- 19 OTHER PUEBLO (SPECIFY: ________)

SIOUX
- 20 OGLALA/PINE RIDGE SIOUX
- 21 SIOUX (NOT SPECIFIED)
- 22 OTHER SIOUX (SPECIFY: ________)

YAQUI
- 23 PASCUA YAQUI TRIBE OF ARIZONA
- 24 YAQUI (NOT SPECIFIED)
- 25 OTHER YAQUI (SPECIFY: ________)

OTHER
- 91 OTHER (SPECIFY: ________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A15’:
IF ‘QA19_A11’ = 3 (ASIAN) CONTINUE WITH ‘QA19_A15’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_A16’

‘QA19_A15’ [AA5E] - 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.

아시아인이라고 말씀하셨는데요, 중국계라든지, 필리핀계, 또는 베트남계 등, 구체적으로 어느 민족이십니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

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

PROGRAMMING NOTE ‘QA19_A16’:
IF ‘QA19_A11’ = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH ‘QA19_A16’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_A17’

‘QA19_A16’ [AA5E1] - 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.

태평양 섬 원주민이라고 말씀하셨는데요, 사모아족, 통가족, 또는 괌족 등, 구체적으로 어느 민족 이십니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

[CODE ALL THAT APPLY]
- 1 SAMOAN/AMERICAN SAMOAN
- 2 GUAMIAN
- 3 TONGAN
- 4 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY: __________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A17’:
IF ‘QA19_A9’ = 1 (LATINO) AND ['QA19_A11' = 6 (NATIVE HAWAIIAN) OR ‘QA19_A11’ = 5 (OTHER PACIFIC ISLANDER) OR ‘QA19_A11’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR ‘QA19_A11’ = 3 (ASIAN) OR ‘QA19_A11’ = 2 (BLACK/AFRICAN AMERICAN) OR ‘QA19_A11’ = 1 (WHITE) OR ‘QA19_A11’ = 91 (OTHER)], CONTINUE WITH ‘QA19_A17’;
ELSE IF THERE WERE MULTIPLE RESPONSES TO ‘QA19_A11’, ‘QA19_A15’, OR ‘QA19_A16’ [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH ‘QA19_A17’;
ELSE SKIP TO ‘QA19_A19’

‘QA19_A17’ [AA5G] - You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

귀하께서는 다음에 해당한다고 하셨습니다. {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?

귀하는 한 특정한 인종에 속한다고 말씀하실 수 있습니까?

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

\[\text{If } 2, -7, -8, \text{ go to 'QA19_A19'}\]
PROGRAMMING NOTE FOR ‘QA19_A18’ :IF ‘QA19_A9’ = 1 (YES, LATINO) AND ‘QA19_A10’ ≠ -7 OR -8, DO NOT DISPLAY ‘QA19_A18’ = 14 (LATINO); IF ‘QA19_A11’ = 5 (YES, OTHER PACIFIC ISLANDER) AND ‘QA19_A16’ = 1 TO 4 OR 91, DO NOT DISPLAY ‘QA19_A18’ = 17 (OTHER PACIFIC ISLANDER); IF ‘QA19_A11’ = 3 AND ‘QA19_A15’ = 1 TO 17 OR 91, DO NOT DISPLAY ‘QA19_A18’ = 19 (ASIAN)

‘QA19_A18’ [AA5F] - Which do you most identify with?

이 중에서, 귀하를 가장 잘 나타낸다고 생각되는 것은 무엇입니까?

[Interviewer Note: If R unable to choose one, offer ‘both/all/multiracial’]

- 1 MEXICAN/MEXICAN AMERICAN/CHICANO
- 4 SALVADORAN
- 5 GUATEMALAN
- 6 COSTA RICAN
- 7 HONDURAN
- 8 NICARAGUAN
- 9 PANAMANIAN
- 10 PUERTO RICAN
- 11 CUBAN
- 12 SPANISH-AMERICAN (FROM SPAIN)
- 13 LATINO, OTHER SPECIFY
- 14 LATINO
- 16 NATIVE HAWAIIAN
- 17 OTHER PACIFIC ISLANDER
- 18 AMERICAN INDIAN OR ALASKA NATIVE
- 19 ASIAN
- 20 BLACK OR AFRICAN AMERICAN
- 21 WHITE
- 22 RACE, OTHER SPECIFY
- 30 BANGLADESHI
- 31 BURMESE
- 32 CAMBODIAN
- 33 CHINESE
- 34 FILIPINO
- 35 HMONG
- 36 INDIAN (INDIA)
- 37 INDONESIAN
- 38 JAPANESE
- 39 KOREAN
- 40 LAOTIAN
- 41 MALAYSIAN
- 42 PAKISTANI
- 43 SRI LANKAN
- 44 TAIWANESE
- 45 THAI
- 46 VIETNAMESE
- 49 ASIAN, OTHER SPECIFY
- 50 SAMOAN/AMERICAN SAMOAN
- 51 GUAMANIAN
- 52 TONGAN
- 53 FIJIAN
- 55 PACIFIC ISLANDER, OTHER SPECIFY
- 90 BOTH/ALL/MULTIRACIAL
- 95 NONE OF THESE
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_A19’ [AH36] - What languages do you speak at home?

집에서는 어떤 언어를 사용하십니까?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘사용하는 언어가 더 있습니까?’]

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

PROGRAMMING NOTE ‘QA19_A20’:
IF ‘QA19_A19’ = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE ‘QA19_A21’;
IF ‘QA19_A19’ >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH ‘QA19_A20’ 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?’;
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME ‘QA19_A20’ WAS ASKED

‘QA19_A20’ [AH37] - {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...

귀하는 가정에서 영어 이외의 언어를 사용하기 때문에, 자신이 영어를 얼마나 잘한다고 생각하시는지 알아보고 싶습니다. 자신이 영어를 얼마나 잘한다고 생각하십니까?

- 01 Very well,
- 01 매우 잘 한다.
- 02 Well,
- 02 잘 한다.
- 03 Not well, or
- 03 잘 못하다, 또는
- 04 Not at all?
- 04 전혀 못한다
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_A21’ [AH43] - Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

현재 결혼 상태는 어떻게 되십니까? 기혼, 동거, 사별, 이혼, 별거, 미혼 중에서 골라주십시오.

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

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

PROGRAMMING NOTE ‘QA19_A22’:
 IF ['QA19_A21' = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)], THEN CONTINUE WITH ‘QA19_A22’;
 IF ‘QA19_A21’ = 1, THEN DISPLAY ‘spouse’;
 IF ‘QA19_A21’ = 2, THEN DISPLAY ‘partner’;
 ELSE GO TO PROGRAMMING NOTE ‘QA19_A24’

‘QA19_A22’ [AH44] - Is your {spouse/partner} also living in your household?

귀하의 {배우자/동거인}도 귀하와 함께 살고 계십니까?

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

‘QA19_A23’ [SC11A] –
- May I have your {spouse/partner}’s first name, age, and gender?

{배우자/동거인}의 이름과 나이(연세)를 말씀해 주시겠습니까?

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

SPOUSE/PARTNER NAME ________________________________________________
SPOUSE/PARTNER AGE [SR: 18-102] ______________________________________
SPOUSE/PARTNER SEX ___________________________________________________
PROGRAMMING NOTE ‘QA19_A24’:
IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GOTO ‘QA19_B1’

‘QA19_A24’ [SC7B] - How many children, age 11 and younger including babies, normally live in this household?

보통 이 가구에 살고 있는 사람들 중, 아기를 포함해서 나이가 만 11살 이하인 아이들은 모두 몇 명입니까?

________ CHILDREN UNDER 12

‘QA19_A25’ [SC8B] - And, how many adolescents age 12-17, normally live in this household?

그리고 일반적으로 귀댁에 거주하는 12-17세의 청소년이 몇 명입니까?

________ CHILDREN 12-17

POST NOTE SC8: SET KIDCNT = SC7 + SC8

‘QA19_A26’ [SC13A1] -
(Let’s start with the oldest) What is (the child's/this child's/the next child's) first name or initials?

{제일 큰 아이부터 시작해 보겠습니다} (아이의/이 아이의/그 다음 아이의} 이름 혹은 이니셜은 무엇입니까?

Name/ Initials given/제시한 이름/이니셜 (SPECIFY) ___________

☐ -7 REFUSED

‘QA19_A27’ [SC13A2] - What is (the child's/this child's) age?

(아이의/이 아이의) 나이는 몇 세입니까?

________ AGE

☐ -7 REFUSED

PROGRAMMING NOTE ‘QA19_A28’:
IF KIDCNT =1 INSERT ‘the child’s’
IF KIDCNT >1 INSERT ‘this child’s’

‘QA19_A28’ [GENDER6] - What is (the child's/this child's) gender?

아이의/이 아이의} 성은 무엇입니까?

☐ 1 MALE
☐ 2 FEMALE
☐ 3 REFUSED
PROGRAMMING NOTE ‘QA19_A29’:
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH
ROSTER MEMBER WITHOUT AN AGE
NOTE SC15A IS PART OF THE CHILD ROSTER
(IF ‘QA19_A26’ =-7,-8, ASK SC15A IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT
CHILD)
(IF ‘QA19_A26’ =-7,-8 AND ‘QA19_A27’ =-7,-8 INSERT ‘the child’
AND DO NOT DISPLAY CHILD NAME/SEX)

‘QA19_A29’ [SC15A4] - Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY)

(CHILD NAME/아이)의 나이가

- 1 0 to 5 years old
- 1 0 - 5세입니까, 또는
- 2 6 to 11 years old
- 2 6 - 11세입니까, 또는
- 3 12 to 17 years old
- 3 12 - 17세입니까?
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_A30’:
IF KIDCNT =1 INSERT ‘the child’
IF KIDCNT >1 INSERT ‘all the children’

‘QA19_A30’ [SC14B4] - Are you the parent or legal guardian of (the child/all the children) in your
household?

(ARG ADULT NAME /AGE/SEX) 님의 남편/아내/파트너의 이름을 알려주십시오./귀하의 이름 또는
이니셜은 무엇입니까?

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

PROGRAMMING NOTE ‘QA19_A31’:
IF ‘QA19_A30’ =2
ASK ‘QA19_A32’ FOR EACH CHILD IN THE ROSTER

‘QA19_A31’ [SC14B] - Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

귀하는 (CHILD NAME/AGE/SEX)의 부모 또는 법적 보호자입니까?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_A32’:
IF NAME GIVEN AT ‘QA19_A23’ INSERT ‘QA19_A23’ NAME
ELSE INSERT AR ADULT NAME/AGE/SEX’s spouse/partner)
IF KIDCNT =1 INSERT ‘the child’
IF KIDCNT >1 INSERT ‘all the children’

‘QA19_A32’ [SC14C1] - Is (SC11A NAME/ AR ADULT NAME/AGE/SEX ’s spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

(AR ADULT NAME /AGE/SEX)님의 남편/아내/파트너의 이름을 알려주십시오.’ ‘귀하의 이름 또는 이니셜은 무엇입니까?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON’T KNOW

POST NOTE: IF ‘QA19_A32’=1 AUTO POPULATE ‘QA19_A33’ AS ‘YES’ FOR ALL CHILDREN IN HH

PROGRAMMING NOTE ‘QA19_A33’: IF ‘QA19_A32’ =2
ASK ‘QA19_A33’ FOR EACH CHILD IN THE ROSTER

‘QA19_A33’ [SC14C2] - Is (INSERT AR ADULT NAME/ AGE/SEX’s husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

귀하는 (PERSON NAME/AGE/SEX)의 부모 또는 법적 보호자입니다?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW
PROGRAMMING NOTE SC15A1:
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE
NOTE: SC15A IS PART OF THE CHILD ROSTER
PROGRAMMING NOTE:
IF ‘QA19_A31’=1 THEN
CHILD1CNT = COUNT OF CHILDREN IN ‘QA19_A31’ AGED 0 TO 5 YRS
CHILD2CNT = COUNT OF CHILDREN IN ‘QA19_A31’ AGED 6 TO 11 YRS
TEENCNT = COUNT OF CHILDREN IN ‘QA19_A31’ AGED 12 TO 17 YRS
# Child selection from only those with SC14A=1 or ‘QA19_A31’=1
IF CHILD2CNT=0,
IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],
ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],
ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT
ELSE,
FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT)
FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CHILD2CNT)
SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB
# Teen selection from only those with SC14A=1 or ‘QA19_A31’=1
IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN],
ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

‘QA19_A34’ [SC13A] - I have recorded {NUMBER} child/children under 18 in the household. Have we missed any children under 18 who usually live here but are temporarily away?

저게 귀하의 가정에 만 18세 미만의 아이/아이들(가) {NUMBER} 명 있다고 기록했습니다. 보통은 귀하의 집에 살지만 잠시 떠나 있는 만 18세 미만의 자녀가 또 있습니까?

- 1 Yes
- 2 No

If = 2, Go back to "QA19_A34'_Loop1"
‘QA19_A35’ [SC17B] - What is your relationship to {CHILD NAME/ AGE/SEX}?

귀하와 {CHILD NAME/ AGE/SEX}와의 관계는 어떻게 됩니까?

- ○ 1 Mother (Birth/Adoptive/Step/Foster)
- ○ 2 Father (Birth/Adoptive/Step/Foster)
- ○ 3 Sister (Birth/Adoptive/Step/Foster)
- ○ 4 Brother (Birth/Adoptive/Step/Foster)
- ○ 5 Grandmother
- ○ 6 Grandfather
- ○ 7 Aunt
- ○ 8 Uncle
- ○ 9 Cousin
- ○ 10 Other relative
- ○ 11 Nonrelative

POST NOTE ‘QA19_A35’:

IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C ‘We would now like to ask you some questions about (CHILD). This section of the interview takes about 10 minutes.’
Section B: Health Conditions

‘QA19_B1’ [AB1] - These next questions are about your health.

Would you say that in general your health is excellent, very good, good, fair, or poor?

전반적으로 귀하의 건강 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그런대로 괜찮습니까, 아니면 좋지 않습니까?

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

‘QA19_B2’ [AB17B] - Has a doctor ever told you that you have asthma?

귀하께서 천식이 있다고 의사가 한번이라도 말한 적이 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_B7’

‘QA19_B3’ [AB40] - Do you still have asthma?

아직도 천식이 있으십니까?

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

‘QA19_B4’ [AB41] - During the past 12 months, have you had an episode of asthma or an asthma attack?

지난 12 개월 동안, 천식 증상이 있었던 적이 있습니까?

1 YES  
2 NO  
-7 REFUSED  
-8 DON'T KNOW
‘QA19_B5’ [AB18] - Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

천식을 다스리기 위해 의사가 처방하거나 제공해 준 약을 현재 매일 복용하고 계십니까?

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

[IF NEEDED, SAY: ‘입으로 복용하는 약과 코로 들이 마시는 약을 둘 다 포함해서 말씀해 주십시오. 하지만, 즉각적인 효과를 보기 위해 사용하는 흡입제와는 다르다.’]

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

‘QA19_B6’ [AB43] - 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?

의사나 다른 의료 제공자가 천식 관리 방법을 알려주기 위해 귀하와 함께 천식 관리 계획을 세운 적이 있습니까?

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

PROGRAMMING NOTE ‘QA19_B7’:
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) DISPLAY ‘Other than during pregnancy, has’;
ELSE BEGIN DISPLAY WITH ‘Has’

‘QA19_B7’ [AB22] - [Other than during pregnancy, has/Has] a doctor ever told you that you have diabetes or sugar diabetes?

임신 중일 때를 제외하고, 당뇨병이나 혈당이 있다는 말을 의사에게서 들은 적이 한번이라도 있습니까?

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

If = 3, go to ‘QA19_B22’
PROGRAMMING NOTE ‘QA19_B15’:
IF ‘QA19_B7’ = 1 THEN CONTINUE WITH ‘QA19_B15’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_B22’

‘QA19_B15’ [AB23] - How old were you when a doctor first told you that you have diabetes?
귀하께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇세 때였습니까?

_____ AGE IN YEARS  [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
○ -7 REFUSED
○ -8 DON’T KNOW

‘QA19_B16’ [AB51] - Were you told that you had Type 1 or Type 2 diabetes?
귀하의 당뇨병은 제 일종(타입 원) 또는 제 이종(타입 두) 중에서 무엇이라고 들었습니까?

[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: ‘제 일종(타입 원) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은 성인들에게서 나타납니다. 제 이종(타입 두) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다.’]

○ 1 TYPE 1
○ 2 TYPE 2
○ 91 ANOTHER TYPE (Specify:________)
○ 4 DOUBLE DIABETES (TYPE 1 AND TYPE 2)
○ -7 REFUSED
○ -8 DON’T KNOW

‘QA19_B17’ [AB24] - Are you now taking insulin?
현재 인슐린을 투여하고 계십니까?

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

‘QA19_B18’ [AB25] - Do you now take diabetic pills to lower your blood sugar?
현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

[IF NEEDED, SAY: ‘These are sometimes called oral agents or oral hypoglycemic agents.’]
[IF NEEDED, SAY: ‘이 약들은 가끔 경구용 강하제 또는 경구용 혈당 강하제라고 불립니다.’]

○ 1 YES
○ 2 NO
○ -7 REFUSED
○ -8 DON’T KNOW
‘QA19_B19’ [AB27] - About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin ‘A one C’?

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

_____NUMBER OF TIMES

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_B20’ [AB63] - 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.

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

‘QA19_B21’ [AB112] - 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?

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

‘QA19_B22’ [AB29] - Has a doctor ever told you that you have high blood pressure?

- 01 YES
- 02 NO
- 03 HIGH NORMAL/BORDERLINE/PRE-HYPERTENSION
- 7 REFUSED
- 8 DON'T KNOW
'QA19_B23' [AB34] - Has a doctor ever told you that you have any kind of heart disease?

귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

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

‘QA19_C1’ [AE2] - Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

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

지난 한 달, 즉 지난 30일 동안 식사와 간식을 포함해 먹거나 마신 음식을 생각하시고 답변해 주십시오.

지난 달 과일을 몇 번 먹었습니까? 주스는 포함시키지 마십시오.

[IF NEEDED, SAY: ‘Your best guess is fine.’]
[IF NEEDED, SAY: ‘가장 근접한 추정치도 괜찮습니다.’]

IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: ‘Was that per day, week or month?’
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: ‘말씀하신 횟수가 하루, 일주일, 혹은 한 달 기준이었습니까?’]

__________TIMES

- 1 PER DAY [HR: 0-20; SR: 0-9]
- 2 PER WEEK [HR: 0-70; SR: 0-29]
- 3 PER MONTH [HR: 0-210; SR: 0-149]
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_C2’ [AE7] - [During the past month.] how many times did you eat vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.}

[지난 한 달 동안.] 야채 샐러드, 깡질 꽃, 또는 감자와 같은 다른 야채들을 몇 번 먹었습니까? {감자 튀김은 포함시키지 마십시오.}

[IF NEEDED, SAY: ‘You can tell me per day, per week, or month’]
[IF NEEDED, SAY: ‘매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.’]

[IF STRONGLY NEEDED, SAY: ‘Such as tomatoes, carrots, onions, or broccoli.’]
[IF STRONGLY NEEDED, SAY: ‘토마토, 당근, 양파 또는 브로콜리 등.’]

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: ‘Rice is not a vegetable.’]
[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: ‘쌀은 야채가 아닙니다.’]

__________TIMES

- 1 PER DAY [HR: 0-20; SR: 0-9]
- 2 PER WEEK [HR: 0-70; SR: 0-29]
- 3 PER MONTH [HR: 0-210; SR: 0-149]
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_C3’ [AC46] - During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

[지난 한 달 동안,] 귀하는 가당 과일 음료, 스포츠 또는 에너지 음료를 얼마나 자주 마셨습니까?

[IF NEEDED, SAY: ‘You can tell me per day, per week, or month’]
[ IF NEEDED, SAY: ‘매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.’]

[IF NEEDED, SAY: ‘Such as lemonade, Gatorade, Snapple, or Red Bull.’]
[IF NEEDED, SAY: ‘레모네이드, 게토레이드, 스내플 또는 레드볼 같은 음료.’]

[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, TAMPOCO, 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

- 1 PER DAY [HR: 0-20; SR: 0-9]
- 2 PER WEEK [HR: 0-70; SR: 0-29]
- 3 PER MONTH [HR: 0-210; SR: 0-149]
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_C4’ [AE15] - Now, I am going to ask about various health behaviors.

이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다.

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

지금껏 살아 오시면서, 다 합해 담배를 적어도 100 개의 정도 피우셨습니까?

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

If =2, -7, -8 go to ‘E-CIGARETTE INTRO’

‘QA19_C5’ [AE15A] - Do you now smoke cigarettes every day, some days, or not at all?

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

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
- -7 REFUSED
- -8 DON'T KNOW

If = 2, go to ‘QA19_C7’
If =3, -7, -8, go to ‘E-CIGARETTE INTRO’
‘QA19_C6’ [AD32] - On average, how many cigarettes do you now smoke a day?
정기적으로 흡연을 하던 때에는 하루에 몇 대를 피웠습니까?

[Interviewer Note: If R says, a ‘pack’, code as 20 cigarettes]

_____ NUMBER OF CIGARETTES [HR: 0-120]
-7 REFUSED
-8 DON'T KNOW

If = -7, -8, go to ‘QA19_C8’

Programming Note ‘QA19_C7’:
If ‘QA19_C5’ = 2 (Smoke some days), continue with ‘QA19_C7’;
else go to ‘QA19_C8’

‘QA19_C7’ [AE16] - In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?
지난 30일 동안 담배를 피운 날에는 하루에 몇 대나 피웠습니까?

[If Needed, Say: ‘If you did not smoke everyday in the past 30 days, consider the days you did smoke.’ And if R says, a ‘pack’, code this as 20 cigarettes]
[If Needed, Say: ‘지난 30일 동안 담배를 매일 피우지 않았다면, 흡연한 일수를 생각해주십시오.’ And if R says, a ‘pack’, code this as 20 cigarettes]

_____ NUMBER OF CIGARETTES [HR: 0-120]
-7 REFUSED
-8 DON'T KNOW

‘QA19_C8’ [AC58C] - Are the cigarettes you usually smoke menthol-flavored?
귀하가 피우시는 담배가 보통 멘톨 향입니까?

- 1 YES
- 2 NO
-7 REFUSED
-8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_C9’:
IF ‘QA19_C5’ = 1 (SMOKE EVERY DAY) OR ‘QA19_C5’ = 2 (SMOKE SOME DAYS), CONTINUE WITH ‘QA19_C9’; ELSE GO TO ‘E-CIGARETTE INTRO’

‘QA19_C9’ [AC49] - During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

지난 12개월 동안, 귀하는 금연을 하기 위한 목적으로 하루나 그 이상을 담배를 피우지 않은 적이 있습니까?

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

‘QA19_C10’ [AC50] - Are you thinking about quitting smoking in the next six months?

향후 6 개월 이내에 담배를 끊으려고 생각하십니까?

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

‘E-CIGARETTE INTRO’ [E-CIGARETTE INTRO] - The next questions are about electronic cigarettes and other electronic vaping products. These products typically contain nicotine, flavors, and other ingredients. They may also be called e-cigs, vape pens, pod mods, hookah pens or e-hookah. Popular brands include JUUL, Blu, NJOY, Suorin, and Vuse.

다음 질문은 전자담배와 기타 전자 베이핑 제품에 대한 것입니다. 이러한 제품은 일반적으로 니코틴, 향, 기타 성분이 포함되어 있습니다. 그러한 제품은 전자담배, 베이핑 펜, 포드 모드, 후카 펜 또는 이-후카라고 불리기도 합니다. 유명한 브랜드로는 JUUL, Blu, NJOY, Suorin, Vuse 등이 있습니다. 답변에 JUUL 또는 JUULing(줄링) 사용 여부를 포함시켜 주십시오.

Do not include products used only for marijuana.

대마초 사용을 위한 제품은 포함시키지 마십시오.

‘QA19_C11’ [AC81C] - Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

평생 동안 전자담배나 기타 전자 베이핑 제품을 사용해본 적이 있습니까?

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 2,-7, -8 go to ‘QA19_C15’
‘QA19_C12’ [AC82C] - In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

지난 30일 동안 전자담배나 기타 전자 베이핑 제품을 며칠이나 사용하셨습니까?

__________ Number of days [HR: 0 - 30]

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_C13’ [AC134] - Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

사용하신 전자 담배가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니다?

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

‘QA19_C14’ [AC83C] - What best describes your reasons for using e-cigarettes?

지금부터는 지난 12 개월 동안에 대해 생각해 보십시오. 그 기간 동안에, 종류에 상관없이 술을 마신 적이 있습니까?

[CODE ALL THAT APPLY]

☐ 1 TO QUIT SMOKING
☐ 2 TO REPLACE SMOKING
☐ 3 TO CUT DOWN OR REDUCE SMOKING
☐ 4 TO USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
☐ 5 TO JUST TRY IT OUT OF CURiosity
☐ 6 TO AVOID THE LINGERING ODOR OF CIGARETTES
☐ 7 TO HELP ME CONCENTRATE/STAY ALERT
☐ 8 BECAUSE THEY COME IN MANY FLAVORS
☐ 9 BECAUSE THEY ARE LESS EXPENSIVE
☐ 10 BECAUSE THEY ARE HEALTHIER THAN CIGARETTES
☐ 11 FOR ENJOYMENT OR SOCIAL REASONS
☐ 12 TO REDUCE STRESS, ANXIETY OR PAIN
☐ 91 OTHER (SPECIFY: ____________)
☐ -7 REFUSED
☐ -8 DON'T KNOW
'QA19_C15' [AC135] - During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

지난 30일 중 며칠 동안 씹는 담배, 코담배(스너프) 또는 입담배(스누스)를 사용하셨습니까?

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8 go to ‘QA19_C17’

'QA19_C16' [AC136] - Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

사용하신 씹는 담배가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

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

'QA19_C17' [AC137] - During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

지난 30일 중 며칠 동안 시가릴로 또는 작은 시가를 피우셨습니까?

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, or -8 go to ‘QA19_C19’

'QA19_C18' [AC138] - Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

피우신 시가릴로가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_C19’ [AC139] - During the past 30 days, on how many days did you smoke big cigars?

지난 30일 중 며칠 동안 큰 시가를 피웠습니까?

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8 go to ‘QA19_C21’

‘QA19_C20’ [AC140] - Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

피우신 시가가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

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

‘QA19_C21’ [AC141] - During the past 30 days, on how many days did you use a hookah water pipe?

지난 30일 중 며칠 동안 물담배(후카)를 사용했습니다?

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7 or -8 go to ‘QA19_C23’

‘QA19_C22’ [AC142] - Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

사용하신 물담배(후카)가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_C23’ [AC143] - Which statement best describes smoking or vaping a tobacco product, including e-cigarettes, inside your home?

귀하의 집안에서 전자 담배를 포함하여 담배 제품을 피우거나 흡입하는 것을 가장 잘 설명한 것은 어느 것입니까?

- 1 Not allowed anywhere or at any time inside my home
- 2 Allowed in some places or at some times inside my home
- 3 Allowed anywhere and at any time inside my home
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_C24’ [AC144] - In the last two weeks, have you ever been exposed to secondhand tobacco smoke or e-cigarette vapor in California?

주변에 있는 사람들이 흡연을 하거나 연기를 흡입하면 자신도 간접적으로 담배나 베이핑 연기에 노출됩니다.

[IF NEEDED: ‘You are exposed to secondhand smoke or vapor when people around you are smoking or vaping.’]

[IF NEEDED: ‘주변에서 흡연을 하거나 연기를 흡입하면 간접적으로 흡연이나 흡입에 노출됩니다.’]

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

‘QA19_C25’ [AC115] - The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

Have you ever, even once, tried marijuana or hashish in any form?

다음 질문은 대마초나 위드, 대마수지로도 불리는 마리화나와, THC를 함유한 기타 제품에 대한 것입니다. 이러한 제품을 소비하는 방법으로는 연기를 피우기, 기화시키기, 먹기, 먹기, 또는 마시기 등 여러 가지가 있습니다. 마리화나나 대마수지를 한 번이라도 사용해보신 적이 있습니까?

[IF NEEDED: THC is the active ingredient in marijuana.]

[IF NEEDED: THC는 마리화나의 유효 성분입니다.]

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

If = 2, -7, -8, go to ‘QA19_C38’
‘QA19_C26’ [AC116] - How long has it been since you last used marijuana or hashish in any form?

마리화나 또는 대마수지를 가장 최근에 사용한 지가 얼마나 되었습니까?

[Interviewer Note: If less than one day since last used marijuana or hashish, enter 0]

- 1 Days [HR: 0-365]
- 2 Months [HR: 0-12]
- 3 Years [0-99]
- -7 refused
- -8 Don't know

**Programming Note 'QA19_C27':**
If 'QA19_C26' > 30 Days or > 1 Month, then go to 'QA19_C38';
Else continue with 'QA19_C27';

‘QA19_C27’ [AC117] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

지난 30일 동안, 마리화나, 대마수지, 또는 또 다른 THC 제품을 사용한 날이 며칠이었습니다?

- 1 0 Days
- 2 1-2 Days
- 3 3-5 Days
- 4 6-9 Days
- 5 10-19 Days
- 6 20-29 Days
- 7 30 Days or More
- -7 refused
- -8 Don't Know

If = 1, go to ‘QA19_C38’

‘QA19_C28’ [AC118] - How often have you used tobacco and marijuana at the same time? Would you say…

담배와 마리화나를 동시에 사용한 적이 얼마나 자주 있었습니까? 다음 중에서 선택하십시오.

- 1 Usually
- 1 대체로
- 2 Sometimes
- 2 가끔
- 3 Never
- 3 전혀 없음
- -7 refused
- -8 Don't Know
‘QA19_C29’ [AC119] - During the past 30 days, how did you use marijuana? Did you…

Smoke it in a joint, bong, or pipe?

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까? 마리화나를 조인트, 봉, 또는 파이프로 흡연을 했습니까?

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

‘QA19_C30’ [AC120] - During the past 30 days, how did you use marijuana? Did you…

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까? 시가의 속을 마리화나로 채운 일명 ‘블런트’를 일부 혹은 전부 흡연했습니까?

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

‘QA19_C31’ [AC121] - [During the past 30 days, how did you use marijuana?] Did you…

Eat it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 먹었습니까?

[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]
[IF NEEDED SAY: 예를 들어, 브라우니, 케이크, 쿠키 또는 캔디에 넣어 먹었다]

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

‘QA19_C32’ [AC122] - [During the past 30 days, how did you use marijuana?] Did you…

Drink it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 마셨습니까?

[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]
[IF NEEDED SAY: 예를 들어, 차, 콜라, 음료, 또는 기타 음료에 넣어 마셨다]

○ 1 YES
○ 2 NO
○ -7 REFUSED
○ -8 DON’T KNOW
‘QA19_C33’ [AC123] - [During the past 30 days, how did you use marijuana?] Did you…
Vaporize it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 기화시켰습니까?

[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]
[IF NEEDED SAY: 예를 들어, 전자담배형 기화기를 이용했다]

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

‘QA19_C34’ [AC124] - [During the past 30 days, how did you use marijuana?] Did you…
Dab it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 몸에 발랐습니까?

[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]
[IF NEEDED SAY: 예를 들어, 부탄 해시 오일,왁스 또는 농축액을 사용해서 발랐다]

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

‘QA19_C35’ [AC125] - [During the past 30 days, how did you use marijuana?] Did you…
Use it some other way?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 다른 방법으로 사용했습니까?

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_C36’ [AC126] - Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

[지난 1달 동안 의사 또는 기타 의료인이 권장한 방법으로 마리화나를 사용했습니까?]

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

If = 2, go to ‘QA19_C38’
‘QA19_C37’ [AC127] - Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

지난 1달 동안 의사 또는 기타 의료인이 권장한 방법으로 마리화나를 사용했습니까?

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

‘QA19_C38’ [AC128] - Have you used heroin in the past 12 months?

지난 12개월 동안 헤로인을 사용한 적이 있었습니까?

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

‘QA19_C39’ [AC129] - Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor’s directions?

처방약 진통제의 예로는 Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® 및 Methadone이 있습니다. 이러한 처방전 진통제로는 바이코딘이, 옥시코틴, 노르코, 하이드로코돈, 퍼코셋, 메타돈 등이 있습니다. 지난 12개월 동안 의사가 지시하지 않은 방식으로 처방전 진통제를 사용하신 적이 있었습니까?

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

If = 2, -7, -8, go to ‘QA19_C47’

‘QA19_C41’ [AC131] - Did you get the prescription(s) from one doctor or from more than one doctor?

이 처방권을 쓰준 의사가 한 명이었습니까 아니면 두 명 이상이었습니다?

- 1 ONE DOCTOR
- 2 MORE THAN ONE DOCTOR
- 3 I DIDN'T GET IT FROM A DOCTOR
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_C43’ [AC133] - What condition or conditions have you taken the medicine for?

귀하는 어떤 질환으로 인해 이 약을 복용하고 있습니까? [[2] 해당 사항을 모두 선택해 주십시오]

[CHECK ALL THAT APPLY]

- 1 DENTAL WORK/DENTAL PAIN
- 2 SURGERY, NOT ACCIDENT-RELATED
- 3 RECENT INJURY
- 4 CHRONIC PAIN, REGARDLESS OF CAUSE
- 91 OTHER (SPECIFY: ____________________)
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_C44’ [AC163] - What is your best estimate of the number of days you used prescription pain killers in any way a doctor did direct not you to use during the past 30 days?

지난 30일 동안 처방 진통제를 의사가 지시하지 않은 방식으로 사용한 날은 대략 며칠이었습니까?

______ [0-30 days]

If <1, go to ‘PN_QA19_C47’

‘QA19_C45’ [AC164] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while doing any of the following:

지난 30일 동안 다음 활동을 할 때, 처방 진통제를 의사가 지시하지 않은 방식으로 사용하셨습니까:

Drinking alcohol or within a couple of hours of drinking?

술을 마신 지 몇 시간 이내에 다시 술 마시기?

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

‘QA19_C46’ [AC165] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while doing any of the following:

지난 30일 동안 다음 활동을 할 때, 처방 진통제를 의사가 지시하지 않은 방식으로 사용하셨습니까:

Using Benzodiazepines (e.g. Xanax, Ativan, Klonopin, Valium, etc.) ?

벤조디아제핀 사용 (Xanax, Ativan, Klonopin, Valium)

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_C47’ [AC166] - Have you used methamphetamines in the past 12 months?

지난 12개월 이내에 메스암페타민 사용?

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

‘QA19_C48’ [AC167] - Have you used any prescription stimulants (such as Adderall®, Dexedrine®) in any way a doctor did not direct you to use it in the past 12 months?

지난 12개월 동안 처방 자극제(애더럴, 덱세드린)를 의사가 지시하지 않은 방식으로 사용하셨습니까?

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

PROGRAMMING NOTE ‘QA19_C49’:
IF PROXY=1, GO TO ‘QA19_D1’

‘QA19_C49’ [AC160] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think genetics and medical care are to a person’s health?

1은 전혀 중요하지 않음을, 10은 극히 중요함을 나타내는 1에서 10까지의 점수로 평가할 때 유전자는 개인의 건강에 얼마나 중요하다고 생각하십니까?

_____________________________ [HR: 1-10]

‘QA19_C50’ [AC161] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think individual or environmental factors – such as a person’s behaviors or access to healthy foods or recreation – are to a person’s health?

1은 전혀 중요하지 않음을, 10은 극히 중요함을 나타내는 1에서 10까지의 점수로 평가할 때 개인의 행동이나 건강한 음식 또는 여가생활의 이용과 같은 개인적 요소나 환경적 요소는 개인의 건강에 얼마나 중요하다고 생각하십니까?

_____________________________ [HR: 1-10]
Section D: General Health, Disability, and Sexual Health

‘QA19_D1’ [AE17] - These next questions are about your height and weight. How tall are you without shoes?

다음 질문들은 높이와 체중에 관한 것입니다.
신발을 신지 않았을 때 키가 얼마나 됩니까?

[IF NEEDED, SAY: ‘About how tall?’]
[IF NEEDED, SAY: ‘키가 얼마 정도 됩니까?’]

_____ FEET
_____ INCHES
_____ METERS
_____ CENTIMETERS
☐ -7 REFUSED
☐ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_D2’:
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR ‘QA19_A4’ < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY ‘When not pregnant, how’;
ELSE DISPLAY ‘How’

‘QA19_D2’ [AE18] - (When not pregnant, how/How) much do you weigh without shoes?

{임신 중이 아닐 때,} 신발을 신지 않은 상태에서 귀하의 몸무게는 얼마나 되십니까?

[IF NEEDED, SAY: ‘About how much?’]
[IF NEEDED, SAY: ‘얼마 정도 됩니까?’]

_____ POUNDS
_____ KILOGRAMS
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_D3’ [AD50] - Are you blind or deaf, or do you have a severe vision or hearing problem?

귀하는 시각 또는 청각 장애인이십니까? 또는 심한 시력 장애나 청력 장애가 있으십니까?

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

If = 2, -7, -8, go to ‘QA19_D5’
‘QA19_D4’ [AL8] - Are you legally blind?

귀하께서는 법으로 규정한 시각장애인이십니까?

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

‘QA19_D5’ [AL10] - Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

신체적, 정신적 또는 정서적 상태 때문에 (귀하/자녀/이름)은(는) 집중력, 기억력, 의사결정 능력에 심각한 문제를 겪고 있습니까?

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

‘QA19_D6’ [AL11] - Do you have difficulty dressing or bathing?

귀하는 옷을 입거나 목욕을 하는데 어려움이 있습니까?

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

‘QA19_D7’ [AL12] - Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

신체적, 정신적, 또는 정서적 상태 때문에 진료실 방문이나 쇼핑과 같은 일을 혼자서 하는데 어려움을 겪고 있습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_D8’:
IF PROXY=1, GO TO PN_‘QA19_D12’

‘QA19_D8’ [AD43B] - We are asking a few questions about people’s sexual experiences. All answers will be kept private.

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

실례지만, 지금부터는 성적인 경험에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신 내용에 대해서는 철저하게 비밀을 지킵니다. 지난 12개월 동안, 성관계를 가진 상대방이 몇 명이나 됐나요?

_______ NUMBER OF PARTNERS [HR: 0 – 99 SR: 0 - 20]
If >=0 , go to ‘QA19_D10’
-7 REFUSED
-8 DON’T KNOW
If = -7, go to ‘QA19_D10’

‘QA19_D9’ [AD44B] - Can you give me your best guess?

소신껏 추측해 말씀해 주시겠습니까?

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

_______ NUMBER OF PARTNERS [HR: 0 - 99, SR: 0 - 20]
1 0 PARTNERS
2 1 PARTNER
3 2-3 PARTNERS
4 4-5 PARTNERS
5 6-10 PARTNERS
6 MORE THAN 10 PARTNERS
-7 REFUSED
-8 DON’T KNOW
PROGRAMMING NOTE AD45:
IF 'QA19_D8' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 = 0, GO TO PROGRAMMING NOTE 'QA19_D11';
ELSE CONTINUE WITH AD45:
IF 'QA19_D8' OR AD44 = 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'

'QA19_D10' [AD45B] - (Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female)?

[성관계를 가진 상대방은 남성입니까, 여성입니까? / 지난 12개월 동안, 귀하께서 성관계를 가진 상대방은 남성이었습니까, 여성이었습니까, 아니면둘 다였습니까?]

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

PROGRAMMING NOTE AD46:
IF 'QA19_A6' = 2, 3, 4, -7, -8 (IDENTIFIES AS FEMALE, TRANSGENDER, NONE OF THESE, REF/DK), DISPLAY 'Gay, Lesbian' IN QUESTION AND 'Gay and Lesbian' IN HELP SCREEN AND 'GAY, LESBIAN, OR HOMOSEXUAL' IN RESPONSE CATEGORY;
ELSE DISPLAY 'Gay' IN QUESTION AND 'Gay' in HELP SCREEN AND 'Gay' IN RESPONSE CATEGORY

'QA19_D11' [AD46B] - Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

본인이 이성애자라고 생각하십니까, 게이 {레즈비언} 또는 동성애자라고 생각하십니까, 아니면 양성애자라고 생각하십니까?

[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: '이성애자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이고, 게이{와 레즈비언}는(은) 자신과 동성의 사람들과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며, 양성애자는 남성, 여성, 둘 다와 성관계를 갖거나 남녀 모두에게 매력을 느끼는 사람입니다.]

- 1 STRAIGHT OR HETEROSEXUAL
- 2 GAY{, LESBIAN,} OR HOMOSEXUAL
- 3 BISEXUAL
- 4 NOT SEXUAL/CELIBATE/NONE
- 91 OTHER (SPECIFY: ______________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE AD60 : IF ['QA19_A6' = 1 (IDENTIFIES AS MALE) AND 'QA19_D10' = 1 (MALE) OR ['QA19_A6' = 2 (IDENTIFIES AS FEMALE) AND 'QA19_D10' = 2 (FEMALE)] OR ['QA19_D10' = 3, -7, OR -8] OR [IF 'QA19_D11' ≠ 1] CONTINUE WITH 'QA19_D12'; ELSE GO TO 'QA19_D14'.

‘QA19_D12’ [AD60B] - Are you legally married to someone of the same sex?

귀하는 동성인 사람과 법적으로 결혼하셨습니까?

[Interviewer Note: Do not include legal domestic partnership. Include legal same sex marriages performed in California and other states.]

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

If = 1, go to ‘PN_'QA19_D14'

‘QA19_D13’ [AD61B] - Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

귀하는 캘리포니아 주정부로부터 동성 동거인의 법적 동거인임을 인정받았습니까?

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

PROGRAMMING NOTE ‘QA19_D14’: IF PROXY=1, GO TO ‘QA19_G1’

IF ['QA19_A5' = 1 OR 'QA19_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'QA19_D10' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'QA19_D14'; ELSE IF ('QA19_A6' = 1 AND 'QA19_A5' = 2) OR ('QA19_A6' = 2 AND 'QA19_A5' = 1), THEN CONTINUE WITH 'QA19_D14'; ELSE IF 'QA19_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA19_D14'; ELSE IF 'QA19_A6' = 1 AND 'QA19_D11' = 2 OR 3, THEN CONTINUE WITH 'QA19_D14'; ELSE SKIP TO ‘QA19_D18’;

‘QA19_D14’ [AD79] - People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

At any time in the past 30 days, have you taken PrEP or Truvada®?

HIV가 없더라도 HIV 감염 위험을 낮추기 위해 하루에 한 알씩 복용할 수 있습니다. 이것을 노출 전 예방약, 즉 PrEP라고 합니다. 이제 복용하는 약은 Truvada®라고도 합니다. 지난 30일 동안 언제라도 PrEP 또는 Truvada®를 복용한 적이 있습니까?

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

If = 1, go to ‘QA19_D18’
‘QA19_D15’ [AD80] - In the past 12 months, have you taken any PrEP or Truvada®?

지난 12개월 동안, PrEP 또는 Truvada®를 복용한 적이 있습니까?

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

If = 1, go to ‘QA19_D18’

‘QA19_D16’ [AD81] - Have you ever taken any PrEP or Truvada®?

PrEP 또는 Truvada®를 복용한 적이 있습니까?

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

If = 1, go to ‘QA19_D18’

‘QA19_D17’ [AD82] - Before today, have you ever heard of PrEP or Truvada®?

오늘 이전에 PrEP 또는 Truvada®에 대해 들어본 적이 있습니까?

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

‘QA19_D18’ [AD83] - Have you ever been tested for HIV, the virus that causes AIDS?

AIDS를 일으키는 바이러스인 HIV의 감염여부를 검사 받은 적이 한 번이라도 있습니까?

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

If = 2, -7, -8, go to ‘QA19_D20’

‘QA19_D19’ [AD84] - For your most recent HIV test, were you offered the test or did you ask for the test?

가장 최근 받은 HIV 검사는 제안받은 것입니까 아니면 본인이 요청한 것입니까?

☐ 1 I WAS OFFERED THE TEST
☐ 2 I ASKED FOR THE TEST
☐ 3 I DON'T REMEMBER
☐ 91 OTHER (SPECIFY:________________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, 2, 3, 91, -7, -8, go to PN_‘QA19_E1’
`QA19_D20` [AD85] - Were you ever offered an HIV test?

HIV 검사를 제안받은 적이 있습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
Section F: Mental Health

PROGRAMMING NOTE ‘QA19_E1’: IF PROXY=1, GO TO ‘QA19_G1’

‘QA19_E1’ [AJ29] - The following questions ask about how you have been feeling during the past 30 days.

다음의 질문들은 지난 30 일 동안의 귀하의 느낌에 관한 것입니다.

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?

귀하는 지난 30 일 동안 대략 얼마나 자주 신경과민을 느꼈습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_E2’ [AJ30] - During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

지난 30 일 동안 대략 얼마나 자주 절망감을 느꼈습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_E3’ [AJ31] - During the past 30 days, about how often did you feel restless or fidgety?

지난 30 일 동안 대략 얼마나 자주 불안감이나 조바심을 느꼈습니까?

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

[IF NEEDED, SAY: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_E4’ [AJ32] - How often did you feel so depressed that nothing could cheer you up?

어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 얼마나 자주 느꼈습니까?

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

[IF NEEDED, SAY: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_E5’ [AJ33] - During the past 30 days, about how often did you feel that everything was an effort?

지난 30 일 동안 대략 얼마나 자주 모든 것이 다 힘들다고 느꼈습니까?

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

[IF NEEDED, SAY: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_E6’ [AJ34] - During the past 30 days, about how often did you feel worthless?

지난 30 일 동안 자신이 쓸모 없는 사람이라고 대략 얼마나 자주 느꼈습니까?

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

[IF NEEDED, SAY: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

☐ 1 ALL
☐ 2 MOST
☐ 3 SOME
☐ 4 A LITTLE
☐ 5 NONE / NEVER
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_E7’ [AF62] - 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?

지난 12 개월 동안, 이러한 느낌이 지난 30 일 간보다 더 자주 발생했던 달이 있었습니까?

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

PROGRAMMING NOTE ‘QA19_E8’:
IF ‘QA19_E7’ = 1 THEN CONTINUE WITH ‘QA19_E8’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_F6’ intro

‘QA19_E8’ [AF63] - The next questions are about the one month in the past 12 months when you were at your worst emotionally.

다음의 질문들은 지난 12 개월 동안 정서적으로 최악의 상태였던 한 달 간에 대한 것입니다

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

그 한 달 동안에 얼마나 자주 신경과민을 느끼셨습니까? 항상 느꼈습니다, 대부분 느꼈습니다, 다소 느꼈습니다, 거의 느끼지 않았습니다, 전혀 느끼지 않았습니다 중에서 선택하십시오.

☐ 1 ALL
☐ 2 MOST
☐ 3 SOME
☐ 4 A LITTLE
☐ 5 NONE / NEVER
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_F1’ [AF64] - During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

그 한 달 동안에 얼마나 자주 절망감을 느끼셨습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.

● 1 ALL
● 2 MOST
● 3 SOME
● 4 A LITTLE
● 5 NONE / NEVER
● -7 REFUSED
● -8 DON'T KNOW

‘QA19_F2’ [AF65] - How often did you feel restless or fidgety?

 얼마나 자주 불안감 또는 조바심을 느끼셨습니까?

[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: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

● 1 ALL
● 2 MOST
● 3 SOME
● 4 A LITTLE
● 5 NONE / NEVER
● -7 REFUSED
● -8 DON'T KNOW

‘QA19_F3’ [AF66] - How often did you feel so depressed that nothing could cheer you up?

그 어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 얼마나 자주 느끼셨습니까?

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

[IF NEEDED, SAY: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

● 1 ALL
● 2 MOST
● 3 SOME
● 4 A LITTLE
● 5 NONE
● -7 REFUSED
● -8 DON'T KNOW
‘QA19_F4’ [AF67] - How often did you feel that everything was an effort?

 얼마나 자주 모든 것이 힘들다고 느껴셨습니까?

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

[IF NEEDED, SAY: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_F5’ [AF68] - How often did you feel worthless?

 얼마나 자주 자신이 무가치하다는 느낌을 가졌습니까?

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

[IF NEEDED, SAY: ‘항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.’]

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW
IF 'QA19_E1'-'QA19_E6' > 0 THEN,
IF 'QA19_E1'-'QA19_E6' = 1 THEN 'QA19_E1'_'R'-'QA19_E6'_'R' = 4;
ELSE IF 'QA19_E1'-'QA19_E6' = 2 THEN 'QA19_E1'_'R'-'QA19_E6'_'R' = 3;
ELSE IF 'QA19_E1'-'QA19_E6' = 3 THEN 'QA19_E1'_'R'-'QA19_E6'_'R' = 2;
ELSE IF 'QA19_E1'-'QA19_E6' = 4 THEN 'QA19_E1'_'R'-'QA19_E6'_'R' = 1;
ELSE IF 'QA19_E1'-'QA19_E6' = 5 THEN 'QA19_E1'_'R'-'QA19_E6'_'R' = 0;
ELSE 'QA19_E1'_'R'-'QA19_E6'_'R' = 'QA19_E1'-'QA19_E6';
IF 'QA19_E8'-'QA19_F5' > 0 THEN,
IF 'QA19_E8'-'QA19_F5' = 1 THEN 'QA19_E8'_'R'-'QA19_F5'_'R' = 4;
ELSE IF 'QA19_E8'-'QA19_F5' = 2 THEN 'QA19_E8'_'R'-'QA19_F5'_'R' = 3;
ELSE IF 'QA19_E8'-'QA19_F5' = 3 THEN 'QA19_E8'_'R'-'QA19_F5'_'R' = 2;
ELSE IF 'QA19_E8'-'QA19_F5' = 4 THEN 'QA19_E8'_'R'-'QA19_F5'_'R' = 1;
ELSE IF 'QA19_E8'-'QA19_F5' = 5 THEN 'QA19_E8'_'R'-'QA19_F5'_'R' = 0;
ELSE 'QA19_E8'_'R'-'QA19_F5'_'R' = 'QA19_E8'-'QA19_F5';
IF ('QA19_E1'_'R'- 'QA19_E6'_'R') >= 0 (NON-MISSING) THEN DO;
IF ('QA19_E1'_'R' + 'QA19_E2'_'R' + 'QA19_E3'_'R' + 'QA19_E4'_'R' + 'QA19_E5'_'R' + 'QA19_E6'_'R') > 8
OR
('QA19_E8'_'R' + 'QA19_F1'_'R' + 'QA19_F2'_'R' + 'QA19_F3'_'R' + 'QA19_F4'_'R' + 'QA19_F5'_'R') > 8,
THEN CONTINUE WITH 'QA19_F6' INTRO;
IF ('QA19_E8'_'R'- 'QA19_F5'_'R') 7 OR
('QA19_E8'_'R' + 'QA19_F1'_'R' + 'QA19_F2'_'R' + 'QA19_F3'_'R' + 'QA19_F4'_'R' + 'QA19_F5'_'R') > 7,
THEN CONTINUE WITH 'QA19_F6' INTRO;
IF 'QA19_E7' = 1 THEN DISPLAY 'again, please';
ELSE SKIP TO 'QA19_F11';
‘AF69B_INTRO’ [AF69B_INTRO] - Think (again, please) about the month in the past 12 months when you were at your worst emotionally.

지난 12개월 동안 정서 상태가 최악이었던 달을 떠올려 주십시오.

PROGRAMMING NOTE ‘QA19_F6’:
IF AGE > 70 GO TO ‘QA19_F7’;
ELSE CONTINUE WITH ‘QA19_F6’

‘QA19_F6’ [AF69B] - Did your emotions interfere a lot, some, or not at all with your performance at work/school?

귀하의 감정이 직장/학교에서의 성과에 방해가 되는 정도가 많습니까, 약간 있습니까, 전혀 없습니까?

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

‘QA19_F7’ [AF70B] - Did your emotions interfere a lot, some, or not at all with your household chores?

정서 상태가 집안일을 하는 것을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

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

‘QA19_F8’ [AF71B] - Did your emotions interfere a lot, some, or not at all with your social life?

정서 상태가 사회 생활을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

- 1 A LOT
- 2 SOME
- 3 NOT AT ALL
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_F9’ [AF72B] - Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?
정서 상태가 친구 및 가족과의 관계를 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

واصل

1 A LOT
2 SOME
3 NOT AT ALL
5 -7 REFUSED
6 -8 DON'T KNOW

‘QA19_F10’ [AF73B] - Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
지금부터는 지난 12 개월 동안에 대해 생각해 보십시오. 지난 365 일 중에서 신경과민, 우울한 기분 또는 감정적인 스트레스 때문에 일이나 정상적인 활동을 전혀 할 수 없었던 날은 대략 며칠이나 됐나요?

8 _______ NUMBER OF DAYS
9 1 A LOT
17 2 SOME
22 3 NOT AT ALL
26 -7 REFUSED
31 -8 DON'T KNOW

‘QA19_F11’ [AF81] - 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?
지난 12개월 동안, 정신 건강, 정서나 신경과민 문제, 또는 음주나 약물 사용 문제로 전문가를 만나봐야 할지 모르겠다고 느낀 적이 있습니까?

9 1 YES
13 2 NO
17 -7 REFUSED
21 -8 DON'T KNOW

If = 2, -7, -8, go to ‘QA19_F13’

‘QA19_F12’ [AJ1] - Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
귀하의 의료 보험은 정신 상담이나 정신과 의사의 진료 등의 정신 건강 문제에 대한 치료를 보장합니까?

9 1 YES
13 2 NO
17 3 DON'T HAVE INSURANCE
21 -7 REFUSED
26 -8 DON'T KNOW
‘QA19_F13’ [AF74] - 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?

지난 12개월 동안 정신 건강이나 정서 문제, 신경 과민, 또는 음주나 약물 문제에 대해 주치의나 일반 개업의의 진료를 받은 적이 있었습니까?

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

‘QA19_F14’ [AF75] - 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?

지난 12개월 동안, 본인의 정신 건강이나 정서 문제, 신경과민, 또는 음주나 약물 문제와 관련해서 카운셀러나 정신과 의사, 소셜 워커 등 기타 전문가의 상담을 받은 적이 있습니까?

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

**PROGRAMMING NOTE ‘QA19_F15’:**

IF ‘QA19_F13’ = 1 OR ‘QA19_F14’ = 1 THEN CONTINUE WITH ‘QA19_F15’;
ELSE SKIP TO ‘QA19_F20’

‘QA19_F15’ [AF76] - Did you seek help for your mental or emotional health or for an alcohol or drug problem?

정신 건강이나 정서 문제, 음주나 약물 관련 문제 중 어느 것에 대한 도움을 받고자 하셨습니까?

○ 1 MENTAL-EMOTIONAL HEALTH
○ 2 ALCOHOL-DRUG PROBLEM
○ 3 BOTH MENTAL & ALCOHOL-DRUG PROBLEMS
○ -7 REFUSED
○ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_F16’:
IF ‘QA19_F15’ = 1, display: ‘mental or emotional health’;
IF ‘QA19_F15’ = 2, display: ‘use of alcohol or drugs’;
IF ‘QA19_F15’ = 3, display: ‘mental or emotional health and your use of alcohol or drugs’;
ELSE SKIP TO ‘QA19_F17’

‘QA19_F16’ [AF77] - 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.

지난 12개월 동안, {정신 건강이나 정서 문제/음주나 약물 관련 문제/정신 건강 문제와 음주 또는 약물 관련 문제}와 관련해서 몇 번이나 전문가를 만나 진료나 상담을 받으셨습니까? 이와 관련한 입원 치료는 포함하지 않아 주십시오.

_________ NUMBER OF VISITS [HR: 0 - 365, SR: 0 - 52]

ी -7 REFUSED
ी -8 DON'T KNOW

‘QA19_F17’ [AF78] - Are you still receiving treatment for these problems from one or more of these providers?

이 문제와 관련해서, 귀하께서는 아직도 1명 이상의 이런 외과 제공자나 전문가로부터 치료를 받는 중이십니까?

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

If = 1, -7, -8, go to ‘QA19_F20’

‘QA19_F18’ [AF79] - Did you complete the recommended full course of treatment?

귀하는 권고 받은 전체 치료 과정을 완료하셨습니까?

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

If = 1, -7, -8, go to ‘QA19_F20’
‘QA19_F19’ [AF80] - What is the main reason you are no longer receiving treatment?

귀하께서 더 이상 치료를 받지 않으시는 주된 이유는 무엇입니까?

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

‘QA19_F20’ [AJ5] - During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

지난 12개월 동안, 정서적인 문제 또는 개인적인 문제로 항우울제나 진정제 같은 처방약을 2주 이상 동안 거의 매일 복용한 적이 있습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_F21’ [AF82] - 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.

다음은 사람들이 의료 전문가의 도움이 필요할지도 모른다고 생각하면서도 그렇게 하지 않는 몇 가지 이유입니다. 각 항목이 의료 전문가의 도움을 받지 않은 이유에 해당되는지를 ‘예’ 또는 ‘아니오’로 답변해 주십시오.

You were concerned about the cost of treatment.

치료비가 걱정되었다.

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

‘QA19_F22’ [AF83] - You did not feel comfortable talking with a professional about your personal problems.

개인적인 문제에 대해 의료 전문가와 상의하는 것이 불편했다.

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

‘QA19_F23’ [AF84] - You were concerned about what would happen if someone found out you had a problem.

나에게 문제가 있다는 것을 다른 사람들이 알게 될까봐 걱정했다.

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

‘QA19_F24’ [AF85] - You had a hard time getting an appointment.

의료 전문가와 시간 약속을 정하기가 어려웠다.

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE 'QA19_F25':;IF AAGE .>=65, CONTINUE WITH 'QA19_F25'
ELSE GO TO 'QA19_F28'

'QA19_F25' [AF107B] - 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.

다음에드릴질문은귀하께서삶의여러측면들에대해어떻게느끼시는지에대한것입니다. 각각의질문에대해귀하께서얼마나자주그렇게느끼시는지말씀해주십시오.첫번째로, 친분을나눌사람이없다는가분이얼마나자주드십니까?

First, how often do you feel that you lack companionship? Is it...

우선 얼마나 적적하다고 느끼십니까? 다음 중에서 선택해 주십시오.

- 01 Hardly ever
- 02 Some of the time, or
- 03 Often?
- 04 rarely
- 05 some of the time
- 06 Often?
- 07 REFUSED
- 08 DON'T KNOW

'QA19_F26' [AF108B] - How often do you feel left out? Is it...

 얼마나 자주 외톨이가 된 기분이 드십니까?

- 01 Hardly ever
- 02 Some of the time, or
- 03 Often?
- 04 rarely
- 05 some of the time
- 06 Often?
- 07 REFUSED
- 08 DON'T KNOW

'QA19_F27' [AF109B] - How often do you feel isolated from others? Is it...

 얼마나 자주 남들로부터 고립되었다는 기분이 드십니까?

- 01 Hardly ever
- 02 Some of the time, or
- 03 Often?
- 04 rarely
- 05 some of the time
- 06 Often?
- 07 REFUSED
- 08 DON'T KNOW
‘QA19_F28’ [AG44] - The next questions are about your use of technology.

People may use the internet for streaming video/music, playing games, checking social media, using apps, browsing the web, etc, on a computer or on a phone or mobile device.

다음 질문들은 귀하의 기술 이용에 관한 질문입니다. 사람들은 인터넷을 이용하여 컴퓨터 또는 휴대폰이나 모바일 기기로 동영상/음악 스트리밍, 게임, 소셜 미디어 확인, 앱 사용, 웹 검색 등을 합니다.

On a typical day, how often do you use the internet?

일반적으로 하루에 얼마나 자주 특정 목적을 위해 인터넷 사용을 하십니까?

Would you say...

다음 중에서 선택해 주십시오...

- 01 Almost constantly,
- 01 거의 지속적으로
- 02 Many times a day,
- 02 하루에 여러번
- 03 A few times a day, or
- 03 하루에 몇번
- 04 Less than a few times a day?
- 04 매일 사용하는 것은 아님
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_F29’ [AG45] - On a typical day, how often do you use a computer or mobile device for social media? Would you say...

일반적으로 소셜 미디어를 위해 컴퓨터나 모바일 기기를 얼마나 자주 사용하십니까? 다음 중에서 선택해 주십시오...

[IF NEEDED: ‘Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc.]
[IF NEEDED: ‘소셜 미디어라 함은 Facebook, Instagram, Twitter, Snapchat, YouTube 등을 말합니다.’]
‘QA19_F30’ [AG46] - In the past 12 months, have you tried to get help from an on-line tool, including mobile apps or texting services, for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

지난 12개월 동안 모바일 앱이나 문자 서비스를 포함한 온라인을 통해 정신 건강, 감정, 신경 관련 문제나 알코올 또는 약물 남용에 관한 도움을 받으려고 시도하신 적이 있습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, go to ‘QA19_F32’
If =-7,-8 go to ‘QA19_F33’

‘QA19_F31’ [AG47] - How useful was this?

그러한 것이 얼마나 유용했습니까?

- 01 VERY
- 02 SOMEHwat
- 03 NOT AT ALL
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_F32’: IF ‘QA19_F30’ =2 AND ‘QA19_F11’ = 1  THEN CONTINUE WITH ‘QA19_F32’
ELSE SKIP TO AG49

‘QA19_F32’ [AG48] - What is the main reason you did not try to get help from an on-line tool, including mobile apps, or texting services?

모바일 앱 또는 문자 서비스 등을 포함한 온라인 도구를 이용하여 지원을 받으려고 하지 않으신 주된 이유는 무엇입니까?

- 1 GOT BETTER/NO LONGER NEEDED
- 2 WANTED TO HANDLE PROBLEM ON OWN
- 3 DON'T OWN A SMARTPHONE OR COMPUTER OR DON'T HAVE ENOUGH SPACE TO DOWNLOAD NEW APPS
- 4 DIDN'T KNOW ABOUT THESE APPS
- 5 DON'T TRUST MOBILE APPS
- 6 CONCERNS ABOUT PRIVACY AND SECURITY OF THE DATA
- 7 DON'T THINK IT WOULD BE HELPFUL OR WORK
- 8 COST
- 9 DON'T HAVE TIME
- 10 RECEIVED TRADITIONAL/FACE-TO-FACE SERVICES
- 91 DON'T THINK I NEEDED IT
- 12 DON'T HAVE ENOUGH SPACE TO DOWNLOAD NEW APPS
- 13 Other (Specify: _______________)
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_F33’ [AG49] - In the past 12 months, have you connected online with people that have mental health or alcohol/drug concerns similar to yours through methods such as social media, blogs, and online forums?

지난 12개월 동안 소셜 미디어나 블로그, 온라인 포럼 등과 같은 방법을 통해 본인과 유사한 정신 건강 문제나 술/약물 문제를 가진 사람들과 온라인으로 소통을 한 적이 있습니까?

[IF NEEDED: ‘Examples include online forums or closed social media groups on specific issues, doing hashtag searches on social media, or following people with similar health conditions.’]

[IF NEEDED: ‘온라인 포럼 또는 특정 주제를 다루는 비공개 소셜 미디어 그룹, 소셜 미디어 상에서 해시태그를 검색하거나, 유사한 건강 상태를 가진 사람들을 팔로잉하는 것 등이 포함됩니다.’]

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

‘QA19_F34’ [AG50] - In the past 12 months, have you used online tools to find, be referred to, contact, or connect with a mental health professional?

지난 12개월 동안 정신 건강 전문가를 찾거나, 진료 의뢰를 받거나, 연락하거나, 의사소통하기 위해 온라인 도구를 사용하셨습니까?

[IF NEEDED: ‘Examples of online tools include texting, on-line messaging, video chat, or a mental health or health-related mobile app.’]

[IF NEEDED: ‘예를 들어, 문자, 온라인 메시징, 비디오 채팅, 정신 건강이나 건강 관련 모바일 앱 이용 등의 방법을 포함시키십시오.’]

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
Section G: Demographic Information, Part II

PROGRAMMING NOTE ‘QA19_G1’:
IF CHILD INTERVIEW COMPLETED AND ‘QA19_A35’=1, MARK ‘QA19_G1’= CH11 AND GO TO ‘QA19_G2’;
IF CHILD INTERVIEW COMPLETED AND ‘QA19_A35’=2, MARK ‘QA19_G1’= CH14 AND GO TO ‘QA19_G2’;
ELSE CONTINUE WITH ‘QA19_G1’

‘QA19_G1’ [AH33] - Now a few more questions about your background.

In what country were you born?

귀하는 어느 나라에서 출생하셨습니까?

[SELECT FROM MOST LIKELY COUNTRIES]

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 5 EL SALVADOR
- 6 ENGLAND
- 7 FRANCE
- 8 GERMANY
- 9 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_G2’: IF ‘QA19_G1’ ≠ 1 (NOT BORN IN US) GO TO ‘QA19_A19’; ELSE IF ‘QA19_G1’ = 1, -7, OR -8 (BORN IN US, DON’T KNOW, REFUSED) CONTINUE WITH ‘QA19_G2’; IF CHILD INTERVIEW COMPLETED [‘QA19_A35’=1, 2] AND ‘QA19_G1’=1 DISPLAY ‘You previously mentioned you were born in the United States.’; ELSE DISPLAY ‘In what country was your mother born’ [AH34] – {You previously mentioned you were born in the United States}. In what country was your mother born? [SELECT FROM MOST LIKELY COUNTRIES] [FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 5 EL SALVADOR
- 6 ENGLAND
- 7 FRANCE
- 8 GERMANY
- 9 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: ______________)  
- 7 REFUSED
- 8 DON’T KNOW
'QA19_G3' [AH35] – In what country was your father born?

모친께서는 어느 나라에서 출생하셨습니까?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 5 EL SALVADOR
- 6 ENGLAND
- 7 FRANCE
- 8 GERMANY
- 9 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_G4’:  
IF ‘QA19_G1’ = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [ IF CHILD INTERVIEW COMPLETED AND ‘QA19_A35’=1,2] , GO TO PROGRAMMING NOTE ‘QA19_G7’ 
ELSE CONTINUE WITH ‘QA19_G4’

‘QA19_G4’ [AH39] - The next questions are about citizenship and immigration.

다음의 질문은 시민권과 이민에 대한 것입니다.

Are you a citizen of the United States?

귀하는 미국 시민권자이십니까?

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

If = 1, go to ‘QA19_G6’

‘QA19_G5’ [AH40] - Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

귀하는 그린카드가 있는 영주권자이십니까? 귀하의 응답은 비밀로 유지되고 이민국에 보고되지 않습니다.

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

[IF NEEDED, SAY: ‘사람들은 이것을 보통 ‘그린(초록색) 카드’ 라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다.’]

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

‘QA19_G6’ [AH41] - About how many years have you lived in the United States?

미국에 거주하신 지는 몇년이나 되셨습니까?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

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

- 7 REFUSED  
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_G7’:
IF [AAGE < 30 OR ‘QA19_A4’ = 1 (AGE 18-29)] AND ['QA19_A22' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR ‘QA19_A21’ = 3, 4, 5, 6, -7, OR -8 (WIDowed, DIVorced, Separated, NEVER MARRIed, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH],
CONTINUE WITH ‘QA19_G7’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_G8’

‘QA19_G7’ [AH43A] - Are you now living with either of your parents?
현재 본인의 부모님 중 한 분이라도 같이 살고 계십니까?

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

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

PROGRAMMING NOTE ‘QA19_G8’:
ANY CHILDREN IN ‘QA19_A34’ ARE AGE 13 OR LESS, CONTINUE WITH ‘QA19_G8’;
ELSE GO TO ‘QA19_G10’;
IF ANY CHILD IN ROSTER ‘QA19_A34’ < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY ‘for any children under age 14’;
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY ‘you or your spouse’;
ELSE IF ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY ‘you or your partner’;
ELSE DISPLAY ‘you’

‘QA19_G8’ [AH44A] - 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?
지난 달에, {귀하 본인이나 배우자/귀하 본인이나 동거인/귀하}의 직장이나 학교 때문에 혹은 구직 중에 {14 살 미만의 자녀를 돌보기 위해} 유료 차일드 카어를 이용한 적이 있습니까?

[IF NEEDED, SAY: ‘This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.’]
[IF NEEDED, SAY: ‘여기에는 헤드 스타트, 데이케어 센터, 방과전 또는 방과후 (애프터 스쿨) 프로그램, 그 밖에 모든 형태의 베이비 시팅 등이 포함됩니다.’]

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

If = 2, -7, -8, go to ‘QA19_G10’
‘QA19_G9’ [AH44B] - In the past month, how much did you pay for all child care arrangements and programs?

지난 달에, 자녀를 돌보기 위해 이용한 모든 형태의 차일드 케어나 프로그램에 지출한 비용은 총 얼마입니까?

[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, SAY: ‘지난 달에 귀하 본인이나 이 가구의 다른 어른이 일주일에 보통 얼마를 아이를 돌보기 위한 차일드 케어 비용으로 지불하셨는지 말씀해 주셔도 됩니다.’]

$________ AMOUNT LAST MONTH [HR: 0-8,000]

$________ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

☐ 3 NO PAYMENT IN LAST MONTH OR WEEK
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_G10’: IF CHILD INTERVIEW COMPLETE AND AR ≠ CHILD INTERVIEW RESPONDENT OR CHILD INTERVIEW NOT COMPLETE, CONTINUE WITH ‘QA19_G10’; ELSE GO TO ‘QA19_G11’

‘QA19_G10’ [AH47] - What is the highest grade of education you have completed and received credit for?

귀하는 교육을 어디까지 받으셨습니까?

- 30 NO FORMAL EDUCATION
- 2 GRADE SCHOOL
- 3 HIGH SCHOOL OR EQUIVALENT
- 4 4-YEAR COLLEGE OR UNIVERSITY
- 5 GRADUATE OR PROFESSIONAL SCHOOL
- 6 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- 7 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 7 REFUSED
- 8 DON'T KNOW (OUT OF RANGE)

GRADE
- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE

HIGH
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

COLLEGE
- 13 1ST YEAR (FRESHMAN)
- 14 2ND YEAR (SOPHOMORE)
- 15 3RD YEAR (JUNIOR)
- 16 4TH YEAR (SENIOR) (BA/BS)
- 17 5TH YEAR

GRADUATE
- 18 1ST YEAR GRAD OR PROF SCHOOL
- 19 2ND YEAR GRAD OR PROF SCHOOL (MA/MS)
- 20 3RD YEAR GRAD OR PROF SCHOOL
- 21 MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)

COMMUNITY
- 22 1ST YEAR
- 23 2ND YEAR (AA/AS)

BUSINESS
- 24 1ST YEAR
- 25 2ND YEAR
- 26 MORE THAN 2 YEARS
‘QA19_G11’ [AG22] - Did you ever serve on active duty in the Armed Forces of the United States?

미군에서 현역으로 복무한 적이 있으십니까?

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

*If = 2, -7, -8, go to ‘QA19_G16’*

‘QA19_G12’ [AG23] - When did you serve?

 언제 복무하셨습니까؟

FROM __________
TO __________

OR

[CHECK ALL THAT APPLY]

☐ 1 WORLD WAR II (SEPT 1940 TO JULY 1947)
☐ 2 KOREAN WAR (JUNE 1950 TO JAN 1955)
☐ 3 VIETNAM WAR (AUG 1964 TO APRIL 1975)
☐ 4 GULF WAR/OPERATION DESERT STORM (1990 TO 1991)
☐ 5 AFGHANISTAN/ OPERATION ENDURING FREEDOM (2001 TO PRESENT)
☐ 6 IRAQ WAR / OPERATION IRAQI FREEDOM (2003 TO PRESENT)
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_G13’ [AG24] - Altogether, how long did you serve?

 모두 합쳐서, 얼마나 오래 복무하셨습니까?

______ YEARS
______ MONTHS

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_G14’ [AG31] - Do you have a VA service-connected disability rating?

귀하는 퇴역군인 병역 관련 장애 등급을 받았습니까?

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_G15’ [AG32] - What is your service-connected disability rating?

귀하의 군복무로 인한 장애등급은 어떻게 됩니까?

- 01 0 PERCENT
- 02 10 OR 20 PERCENT
- 03 30 OR 40 PERCENT
- 04 50 OR 60 PERCENT
- 05 70 PERCENT OR HIGHER
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_G16’ [AK1] - Which of the following were you doing last week?

다음 중 자신이 지난 주에 하신 일을 골라 주시겠습니까?

- 01 Working at a job or business,
- 02 With a job or business but not at work,
- 03 Looking for work, or
- 04 Not working at a job or business?
- -7 REFUSED
- -8 DON’T KNOW

If = 1, -7, -8, go to ‘PN_QA19_G20’
‘QA19_G17’ [AK2] - What is the main reason you did not work last week?

지난 주에 일을 하지 않은 주된 이유는 무엇입니까?

[IF NEEDED, SAY: ‘Main reason is the most important reason.’]
[IF NEEDED, SAY: ‘주된 이유란 가장 중요한 이유를 말합니다.’]

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

If = 5, 6, go to ‘QA19_G19’

‘QA19_G18’ [AG10] - Do you usually work?

귀하는 평소에 일을 하십니까?

☐ 1 YES
☐ 2 NO
☐ 3 LOOKING FOR WORK
☐ -7 REFUSED
☐ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_G19’ :
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [‘QA19_G18’ = 2 (DOES NOT USUALLY WORK) OR ‘QA19_G17’ = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH ‘QA19_G19’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_G20’

‘QA19_G19’ [AL22] - Are you receiving Social Security Disability Insurance or SSDI?

SSDI라고 하는 사회 보장 장애 보험 혜택을 받고 계십니까?

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

If = 1, 2, -7, -8, go to ‘PN_QA19_G27’
PROGRAMMING NOTE 'QA19_G20':
IF 'QA19_G16' = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR 'QA19_G18' = 1 (usually works), CONTINUE WITH 'QA19_G20'; ELSE GO TO PROGRAMMING NOTE 'QA19_G27'

'QA19_G20' [AK4] - 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?

본인의 주된 직업에 대해서 말인데요, 귀하는 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 아니면 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

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

'options':
- 1 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- 2 GOVERNMENT
- 3 SELF-EMPLOYED
- 4 FAMILY BUSINESS OR FARM
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_G21’:
IF ‘QA19_G20’ = 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?’]’

‘QA19_G21’ [AK5] - {What kind of agency or department is this? / What kind of business or industry is this?}

{ 이것은 어떤 종류의 기관 또는 부서입니까? / 이것이 어떤 종류의 사업인지 또는 어떤 업종인지 말씀해 주시겠습니까?}

{{[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)

○ -7 REFUSED
○ -8 DON'T KNOW

‘QA19_G22’ [AK6] - What is the main kind of work you do?

본인이 주로 하시는 일을 무엇입니까?

[MAIN JOB = WHERE WORKS MOST HOURS.]
[INTERVIEWER: ENTER DESCRIPTION]

_____________ (OCCUPATION)

○ -7 REFUSED
○ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_G23’:
IF ‘QA19_G20’ = 2 (GOVERNMENT EMPLOYEE), CODE ‘QA19_G23’ = 8 AND GO TO ‘QA19_G24’;
IF ‘QA19_G20’ = 3 (SELF-EMPLOYED), CONTINUE WITH ‘QA19_G23’ AND DISPLAY ‘Including yourself, about’ and ‘you’;
ELSE CONTINUE WITH ‘QA19_G23’ AND DISPLAY ‘About’ and ‘your employer’;

‘QA19_G23’ [AK8] - {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

[IF NEEDED, SAY: ‘Your best guess is fine.’]
[IF NEEDED, SAY: ‘정확히 모르시면 비슷하게라도 말씀해 주시면 됩니다.’]

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

PROGRAMMING NOTE ‘QA19_G24’:
IF ‘QA19_A5’=2 (FEMALE AT BIRTH) AND sAAge < 48 THEN CONTINUE, ELSE SKIP TO PN ‘QA19_G27’;

‘QA19_G24’ [AG51] - In the last 12 months, were you fired or laid off from a job?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_G25’ [AG52] - In the last 12 months, were you unemployed and looking for a job for more than a month?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_G26’ [AG53] - In the last 12 months, have you experienced a major financial crisis, declared bankruptcy, or more than once been unable to pay your bills on time?

지난 12개월 이내에 중대한 재정적 위기를 겪었거나, 파산 선고를 했거나, 2회 이상 청구서 납부가 연체된 적이 있습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA19_G27’**:
IF ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1, CONTINUE WITH ‘QA19_G27’;
IF ‘QA19_A21’ = 1, THEN DISPLAY ‘spouse’;
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1, THEN DISPLAY ‘partner’;
ELSE GO TO ‘QA19_H1’

‘QA19_G27’ [AG8] – Which of the following was your {spouse/partner} doing last week?

다음 중에서 {배우자/동거인}께서 지난 주에 하신 일을 골라 주시겠습니까?

- 01 Working at a job or business,
- 01 직장이나 사업체에서 일을 하셨습니까,
- 02 With a job or business but not at work,
- 02 직업이나 사업체에 소속되어 있긴 했지만 일을 하지 않으셨습니까,
- 03 Looking for work, or
- 03 일자리를 구하고 계셨습니까, 아니면
- 04 Not working at a job or business?
- 04 직장이나 사업체에서 일하지 않았습니까?
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, go to ‘QA19_G29’

‘QA19_G28’ [AG11] - Does your {spouse/partner} usually work?

귀하의 {배우자/동거인}는 평소에 일을 하십니까?

- 1 YES
- 2 NO
- 3 LOOKING FOR WORK
- -7 REFUSED
- -8 DON'T KNOW

If = 2, 3, -7, -8, go to ‘QA19_H1’
‘QA19_G29’ [AG9] - On your {spouse's/partner’s} main job, is (he/she) employed by a private company, the government, or is (he/she) self-employed, or is (he/she) working without pay in a family business or farm?

{배우자/동거인}의 주된 직업에 대해서 말인데요, 그 분은 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 또는 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

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

‘QA19_H1’ [AH1] - The next topics are about health insurance and health care.

다음의 주제는 의료보험과 의료 서비스에 대한 것입니다.

Is there a place that you usually go to when you are sick or need advice about your health?

아프거나 건강에 대한 조언이 필요할 때 보통 가시는 곳이 있습니까?

[INTERVIEWER NOTE: SELECT ‘3’ OR ‘4’ ONLY IF VOLUNTEERED. DO NOT PROBE.]

- 1 YES
- 2 NO
- 3 DOCTOR/MY DOCTOR
- 4 KAISER
- 5 MORE THAN ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, go to ‘QA19_H3’

PROGRAMMING NOTE ‘QA19_H2’: IF ‘QA19_H1’ = 1 (YES) OR 5 (MORE THAN ONE PLACE)
DISPLAY ‘What kind of place do you go to most often—a medical’;
ELSE IF ‘QA19_H1’ = 3 (DOCTOR/MY DOCTOR), DISPLAY ‘Is your doctor in a private’;
ELSE IF ‘QA19_H1’ = 4 (KAISER) CIRCLE ‘1’ FOR ‘QA19_H2’ AND GO TO ‘QA19_H3’

‘QA19_H2’ [AH3] - (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?

{귀하께서 가장 자주 가시는 곳은 / 귀하의 담당의나 주치의가 있는 곳은} 개인 닥터 오피스, 클리닉이나 종합병원, 응급실, 또는 기타 다른 곳 중 어디입니까?

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

‘QA19_H3’ [AH12] - During the past 12 months, did you visit a hospital emergency room for your own health?

지난 12 개월 동안, 자신의 건강 때문에 응급실에 갔 적이 있습니까?

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

If = 2, -7, -8, go to ‘QA19_H5’
‘QA19_H4’ [AH95] - How many times did you do that?
몇 번이나 그렇게 하셨습니까?

[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: ‘지난 12 개월 동안, 귀하 본인의 건강 문제 때문에 병원 응급실에 간 적이 몇 번이나 되십니까?’]

________ NUMBER OF TIMES [HR: 0 - 200]

○  -7 REFUSED
○  -8 DON’T KNOW

‘QA19_H5’ [AI1] - 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?
.memo
메디케어는 65 세 이상이거나 특정 장애자분들을 위한 의료 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

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

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

If = 1, go to ‘QA19_H8’
If = -7, -8, go to ‘QA19_H14’

POST-NOTE ‘QA19_H5’ :
IF ‘QA19_H5’ = 1, SET ARM CARE = 1 AND SET ARINSURE = 1
‘QA19_H6’ [AI2] - Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

귀하께서 연세가 65 세이거나 아니면 65 세를 넘었다고 하셨는데 메디케어 혜택은 받지 않고 있다고 하셨습니까?

- 1 CORRECT, NOT COVERED BY MEDICARE
- 2 NOT CORRECT, R IS COVERED BY MEDICARE
- 93 AGE IS INCORRECT
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8, go to ‘PN_QA19_H14’
If = 2, go to ‘PN_QA19_H8’

POST NOTE ‘QA19_H6’:
If ‘QA19_H6’ = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

‘QA19_H7’ [AI3] - What is your age, please?

귀하의 나이를 말씀해 주시겠습니까?

_____ YEARS OF AGE [HR: 18-105]
If >=0, go to ‘PN_QA19_H14’
- 7 REFUSED
- 8 DON'T KNOW
If = -7, -8, go to ‘PN_QA19_H14’

‘POST_QA19_H7’ [POST_AI3] -

POST NOTE ‘QA19_H7’ : AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = ‘QA19_H7’;
IF AAGE < 18, CODE AS IA AND TERMINATE
PROGRAMMING NOTE ‘QA19_H8’:  
IF ARMCARE = 1, CONTINUE WITH ‘QA19_H8’;  
ELSE GO TO PROGRAMMING NOTE ‘QA19_H14’

‘QA19_H8’ [AH123] - Is this a MediCARE Advantage Plan?

이 보험은 메디케어 어드벤티지 (MediCARE Advantage) 플랜입니까?

[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: ‘메디케어 어드벤티지 플랜(MediCARE Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요, 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험 플랜입니다. 메디케어 어드벤티지 플랜은 메디케어 파트 A 와 메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다.’]

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

If=1, go to ‘QA19_H10’

POST-NOTE ‘QA19_H8’;  
IF ‘QA19_H8’ = 1, SET ARMADV= 1

‘QA19_H9’ [AI4] - 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?

메디케어로 혜택을 받을 수 있는 분들 중에는 메디갭(Medigap) 또는 메디케어 서플리먼트(Medicare Supplement)라는 민간 의료 보험을 추가로 갖고 있는 분들도 있는데요. 귀하는 이런 종류의 의료 보험이 있으십니까?

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

[IF NEEDED, SAY: ‘이러한 보험은 Medicare 만으로는 보장되지 않는 의료비를 보장합니다.’]

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

If = 2, -7, -8, go to ‘PN_QA19_H14’

POST-NOTE FOR ‘QA19_H9’:  
IF ‘QA19_H9’ = 1, SET ARSUPP = 1
PROGRAMMING NOTE ‘QA19_H10’:
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE ‘QA19_H14’;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY ‘MediCARE Advantage plan’;
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY ‘MediCARE Supplement plan’;

‘QA19_H10’ [AH126] - 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?

{MediCARE Advantage plan/MediCARE Supplement plan}의 경우, 귀하는 이 보험에 직접 가입하셨습니까? 또는 이전 혹은 현 직장, 노동 조합, 가족 운영 사업, AARP, 또는 다른 방법을 통해 가입하게 되셨습니까?

[IF NEEDED, SAY: ‘AARP stands for the American Association of Retired Persons.’]
[IF NEEDED, SAY: ‘AARP 란 미국 퇴직자 협회를 말합니다.’]
‘QA19_H11’ [AH53] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 이 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 부담했던 지불해야 하는 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

[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: ‘공동 부담액(copay) 이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다.’]

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

IF NEEDED, SAY: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]

[IF NEEDED, SAY: ‘보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다.’]

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

‘QA19_H12’ [AH54] - 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?

직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_H14’
‘QA19_H13’ [AH55] - Who is that?

그 다른 사람이 누구 입니까?

[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: ‘귀하 이외에 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까?’]

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘그 외에도 더 있습니까?’]

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

POST-NOTE FOR ‘QA19_H13’:
IF ‘QA19_H13’ = 7, SET ARMCAL = 1;

PROGRAMMING NOTE ‘QA19_H14’ :
IF ARMCAL = 1, DISPLAY ‘Is it correct that you are’;
ELSE DISPLAY ‘Are you’

‘QA19_H14’ [AI6] - {Is it correct that you are/Are you} covered by Medi-CAL?

{귀하는 Medi-CAL 혜택을 받고 계십니까?/귀하께서 Medi-CAL 혜택을 받고 있는 것이 맞습니까?}

[IF NEEDED, SAY: ‘A plan for certain low-income children and their families, pregnant women, and disabled or elderly people.’]
[IF NEEDED, SAY: ‘이것은 특정한 저소득층 자녀 및 가족, 임신부, 장애인 또는 노인들을 위한 플랜입니다.’]

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

POST-NOTE FOR ‘QA19_H14’:
IF ‘QA19_H14’ = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND ‘QA19_H14’ = 2, SET ARMCAL = 0
PROGRAMMING NOTE ‘QA19_H15’:  
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’

‘QA19_H15’ [AI8] - {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?

{말씀해 주신 메디케어 보조 프로그램 이외에/ 말씀해 주신 메디케어 어드벤티지 플랜 이외에}, 귀하께서는 지금 예전 직장이나 현재 직장, 또는 노조를 통해 가입한 또 다른 의료 보험이 있으심니까?

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

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

POST-NOTE FOR ‘QA19_H15’:  
IF ‘QA19_H15’ = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE ‘QA19_H16’:  
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH ‘QA19_H16’;  
ELSE GO TO PROGRAMMING NOTE ‘QA19_H18’

‘QA19_H16’ [AI11] - Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

[IF NEEDED, SAY: ‘Don’t include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you ‘extra cash’ if you are in a hospital.’]  
[IF NEEDED, SAY: ‘암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 ‘추가 현금’만을 제공하는 의료 보험은 포함시키지 마십시오.’]

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

If = 2, -7, -8, go to ‘PN_QA19_H18’  
POST-NOTE FOR ‘QA19_H16’:  
IF ‘QA19_H16’ = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE ‘QA19_H17’: 
IF ARDIRECT = 1, THEN CONTINUE WITH ‘QA19_H17’; 
ELSE GO TO PROGRAMMING NOTE ‘QA19_H18’

‘QA19_H17’ [AH104] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

귀하는 이 의료보험을 어떻게 구입하셨습니까?보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

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

POST-NOTE FOR ‘QA19_H17’:
IF ‘QA19_H17’ = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR ‘QA19_H18’:
IF ‘QA19_H15’ = 1 (EMPLOYER-BASED COVERAGE) OR ‘QA19_H16’ = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH ‘QA19_H18’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H20’

‘QA19_H18’ [AI9] - Was this plan obtained in your own name or in the name of someone else?

이 보험에는 자신의 이름으로 가입하셨습니까, 아니면 다른 분의 이름으로 가입하셨습니까?

[IF NEEDED, SAY: ‘Even someone who does not live in this household.’]
[IF NEEDED, SAY: ‘이 가구 내에 거주하는 사람이 아니라도 상관없습니다.’]

- 1 IN OWN NAME
- 2 IN SOMEONE ELSE’S NAME
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, go to ‘PN_QA19_H20’

POST-NOTE FOR ‘QA19_H18’:
IF ‘QA19_H15’ = 1 AND ‘QA19_H18’ = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF ‘QA19_H15’ = 1 AND ‘QA19_H18’ = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF ‘QA19_H16’ = 1 AND ‘QA19_H18’ = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF ‘QA19_H16’ = 1 AND ‘QA19_H18’ = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
‘QA19_H19’ [Al9A] - Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

이 의료보험에는 누구의 이름으로 가입하셨습니까? {귀하 배우자의 이름}입니까, {귀하 동거인의 이름}입니까, {부모님 이름}, 아니면 그 밖의 다른 사람의 이름입니까?

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

POST-NOTE FOR ‘QA19_H19’ :
IF ‘QA19_H15’ = 1 AND ‘QA19_H19’ = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF ‘QA19_H17’ = 2 AND ‘QA19_H19’ = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF ‘QA19_H15’ = 1 AND ‘QA19_H19’ = 2 SET AREMPPAR =1 AND AREMPOTH = 0;
IF ‘QA19_H16’ = 1 AND ‘QA19_H19’ = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF ‘QA19_H16’ = 1 AND ‘QA19_H19’ = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE ‘QA19_H20’ : IF ‘QA19_H20’ = 1 (EMPLOYER-BASED COVERAGE) AND ‘QA19_G23’ <= 5 (FIRM SIZE <=100), CONTINUE WITH ‘QA19_H20’ 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 ‘QA19_H20’ ;

‘QA19_H20’ [AH105] - 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?

{귀하는/ 그 분은}이 의료보험을 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서입니까, 아니면 커버드 캘리포니아의 숟(SHOP) 프로그램을 통해서입니까?

[IF NEEDED, SAY: ‘SHOP is the Small Business Health Options Program administered by Covered California’]
[IF NEEDED, SAY: ‘SHOP 은 Small Business Health Options Program (소기업 건강 혜택 옵션 프로그램)의 약자입니다.’]
PROGRAMMING NOTE ‘QA19_H21’
IF ARHBEX = 1, THEN CONTINUE WITH ‘QA19_H21’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H23’;

‘QA19_H21’ [AH106] - Was this a bronze, silver, gold or platinum plan?

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

PROGRAMMING NOTE ‘QA19_H22’:
IF ‘QA19_H20’ = 3, THEN GO TO ‘QA19_H23’;
ELSE CONTINUE WITH ‘QA19_H22’;

‘QA19_H22’ [AH107] - Was there a subsidy or discount on the premium for this plan?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_H23’:
IF ‘QA19_H15’ = 1 (EMPLOYER-BASED COVERAGE) OR ‘QA19_H16’ = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH ‘QA19_H23’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H28’

‘QA19_H23’ [AH57] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 이 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하의 가족이 부담해야하는 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

[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: ‘본인부담금(Copay)이란 다른 사람이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 이용할 때마다 가입자가 지불해야 하는 금액을 말합니다.’]

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’]
[IF NEEDED, SAY: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]
[IF NEEDED, SAY: ‘보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다.’]

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

If = 2, go to ‘PN_QA19_H26’
‘QA19_H24’ [AH128] - How much do you (does your family) pay each month for your (your family) health insurance plan? Your best guess is fine.

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay]

[IF NEEDED, SAY: 본인부담금(Copay)이란 다른 사람이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 이용할 때마다 가입자가 지불해야 하는 금액을 말합니다]

[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: '본인부담금(Copay)이란 다른 사람이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 이용할 때마다 가입자가 지불해야 하는 금액을 말합니다.]

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

[IF NEEDED, SAY: '본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.]

[IF NEEDED, SAY: 'Premium is the monthly charge for the cost of your health insurance plan.]

[IF NEEDED, SAY: '보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다.]

_______________________ (AMOUNT) [HR: 0-9997, SR: 0-2000]

○ -7 REFUSED
○ -8 DON'T KNOW

‘QA19_H25’ [AH58] - 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?

직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_H28’
PROGRAMMING NOTE ‘QA19_H26’:
IF ‘QA19_H23’ = 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’

‘QA19_H26’ [AH56] - {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

{귀하 이외에, 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까? / 누가 지불합니까?}

[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: ‘귀하 이외에, 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까?’]

[COPY ALL THAT APPLY]

[COPY ‘Any others?’]
[COPY ‘그 외에도 더 있습니까?’]

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

POST-NOTE ‘QA19_H26’:
IF ‘QA19_H26’ = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF ‘QA19_H26’ = 4 OR 5, THEN SET AREMPSP = 1;
IF ‘QA19_H26’ = 6, THEN SET AROTHER = 1;
IF ‘QA19_H26’ = 9, SET ARMCARe = 1 AND SET ARDIRECT = 0;
IF ‘QA19_H26’ = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF ‘QA19_H26’ = 11, SET ARHBEX = 1;
IF ‘QA19_H26’ = 91, THEN SET AROTHER = 1
‘QA19_H27’ [AH129] - How much do they contribute to your plan each month?
매달 보험료로 얼마나 내심니까?
________________________ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

○ -7 REFUSED
○ -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA19_H28’:**

*IF [‘QA19_G16’ = 1 OR 2 (R WORKED LAST WEEK) OR ‘QA19_G18’ = 1 (R USUALLY WORKS)]
AND ‘QA19_G20’ ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH ‘QA19_H28’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H32’*

‘QA19_H28’ [AI13] - Does your employer offer health insurance to any of its employees?
귀하의 직장에서는 직원들에게 의료 보험을 제공합니까?

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

*If = 2, -7, -8, go to ‘PN_QA19_H32’*

‘QA19_H29’ [AI14] - Are you eligible to be in this plan?
이 보험에 가입할 자격이 되십니까?

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

*If = 2, go to ‘QA19_H31’
If = -7, -8 go to ‘PN_QA19_H32’*

‘QA19_H30’ [AI15] - What is the one main reason why you aren't in this plan?
이 보험에 들어 있지 않은 가장 주된 한가지 이유는 무엇입니까?

○ 01 COVERED BY ANOTHER PLAN
○ 02 PLAN TOO EXPENSIVE
○ 03 DIDN’T LIKE PLAN OFFERED
○ 04 DON’T NEED OR BELIEVE IN HEALTH INSURANCE
○ 91 OTHER (SPECIFY: _____________)
○ -7 REFUSED
○ -8 DON’T KNOW

*If = 1, 2, 3, 4, 91, -7, -8, go to ‘PN_QA19_H32’*
‘QA19_H31’ [AI15A] - What is the one main reason why you are not eligible for this plan?

이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는 무엇입니까?

- 01 HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
- 02 CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN
- 03 DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_H32’ : IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDICAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH ‘QA19_H32’ ; ELSE GO TO PN ‘QA19_H33’

‘QA19_H32’ [AI16] - Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

귀하는 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른 군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

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

POST-NOTE ‘QA19_H32’ :
IF ‘QA19_H32’ = 1, SET ARMILIT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE ‘QA19_H33’ :IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDICAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH ‘QA19_H33’ ;ELSE GO TO PROGRAMMING NOTE ‘QA19_H34’

‘QA19_H33’ [AI17] - Are you covered by some other government health program, such as AIM, ‘Mister MIP,’ the Family PACT program, Healthy Kids, or something else?

귀하께서는 에임(AIM), ‘미스터 MIP (Mister MIP), 패밀리 팩트 프로그램 (Family PACT), 헬시 키즈 (Healthy Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

[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: ‘에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다.]

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

POST-NOTE ‘QA19_H33’ : IF ‘QA19_H33’ = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE ‘QA19_H34’ :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDICAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH ‘QA19_H34’ ; ELSE GO TO PROGRAMMING NOTE ‘QA19_H38’

‘QA19_H34’ [AI18] - Do you have any health insurance coverage through a plan that I missed?

귀하가 현재 가입한 다른 의료 보험이 있는데 제가 빼뜨린 것이 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_H38’
‘QA19_H35’ [AI19] - What type of health insurance do you have?

어떤 종류의 의료 보험을 가지고 있습니까?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]

[PROBE: ‘그 외에도 더 있습니까?’]

[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: ‘이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?’]

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

POST-NOTE ‘QA19_H35’:

IF ‘QA19_H35’ = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 4, SET ARMTCARE = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;

IF ‘QA19_H35’ = 8, SET ARIHS = 1;
IF ‘QA19_H35’ = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;
IF ‘QA19_H35’ = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
IF ‘QA19_H35’ = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE ‘QA19_H36’:
IF ‘QA19_H35’ = 1, 2, OR 3 CONTINUE WITH ‘QA19_H36’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H38’

‘QA19_H36’ [AH59] - Was this plan obtained in your own name or in the name of someone else?

이 의료 보험은 귀하의 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

[PROBE: ‘Even someone who does not live in this household?’]
[PROBE: ‘이 가구 내에 거주하는 사람이 아니라도 상관 없습니다.’]

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

If = 1, -7, -8, go to ‘PN_QA19_H38’

POST-NOTE ‘QA19_H36’:
IF (‘QA19_H35’ = 1 OR 2 OR KAI19 =11) AND ‘QA19_H36’ = 1 THEN SET AREMPOWN = 1 AND
SET AREMPOCH = 0 AND SET ARINSURE = 1;
IF (‘QA19_H35’ = 3 OR 10) AND ‘QA19_H36’ = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH =
0 AND SET ARINSURE = 1;
IF (‘QA19_H35’ = 1 OR 2) AND (‘QA19_H36’ = 2, -7, OR -8), SET AREMPOCH = 1 AND AREMPOWN
= 0 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 1 AND (‘QA19_H36’ = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND
SET ARINSURE = 1
PROGRAMMING NOTE ‘QA19_H37’:
IF ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 OR IF ‘QA19_G7’ = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH ‘QA19_H37’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H38’;
IF ‘QA19_A21’ = 1 THEN DISPLAY ‘spouse’s name’;
IF ‘QA19_A21’ ≠ 1 AND (‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1), THEN DISPLAY ‘partner’s name’;
IF ‘QA19_G7’ = 1 OR AAGE < 26, THEN DISPLAY ‘parent’s name’;

‘QA19_H37’ [AH60] - Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?

이 의료 보험에는 누구의 이름으로 가입하셨습니까? {귀하 배우자의 이름}입니까, {귀하 동거인의 이름}입니까, {부모님 이름}, 아니면 그 밖의 다른 사람의 이름입니까?

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

POST-NOTE ‘QA19_H37’:
IF ‘QA19_H37’ = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF ‘QA19_H37’ = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE ‘QA19_H38’:
IF ARIHS ≠ 1 AND ‘QA19_A11’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH ‘QA19_H38’;
ELSE GO TO PROGRAMMING NOTE AI37intro

‘QA19_H38’ [AI20] - Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

인디언 건강 서비스, 특정 부족을 위한 건강 프로그램 또는 도시거주 인디언 보건소를 통해 혜택을 받고 계십니까?

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

POST-NOTE ‘QA19_H38’:
IF ‘QA19_H38’ = 1, SET ARIHS = 1
PROGRAMMING NOTE AI37intro :
IF ['QA19_A21' = 1 (MARRIED) OR 'QA19_D12' = 1 OR 'QA19_D13' = 1] AND 'QA19_A22' = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;
IF 'QA19_A21' = 1, THEN DISPLAY 'spouse';
ELSE IF 'QA19_D12' = 1 OR 'QA19_D13' = 1, THEN DISPLAY 'partner';
ELSE GO TO PROGRAMMING NOTE 'QA19_H60'

'AI37intro' [AI37intro] - These next questions are about the type of health insurance your {spouse/partner} may have.

다음은 {배우자/동거인}의 의료보험 종류에 대한 질문들입니다.

PROGRAMMING NOTE ‘QA19_H39’: 
IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH ‘QA19_H39’ WITHOUT DISPLAY
ELSE IF ARMCARE = 1, CONTINUE WITH ‘QA19_H39’ AND DISPLAY ‘You said that you are covered by Medicare.’ AND ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H42’

‘QA19_H39’ [AI37] - {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

{본인께서 메디케어 혜택을 받으신다고 하셨는데요.} (귀하의 배우자/동거인) {도} 메디케어를 받으십니까?

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

POST-NOTE ‘QA19_H39’ :
IF ‘QA19_H39’ = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H40’:  
IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE ‘QA19_H41’;  
DISPLAYS;  
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH ‘QA19_H40’ WITHOUT DISPLAY;  
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH ‘QA19_H40’ AND DISPLAY ‘You said that you have a Medicare Advantage plan.’ AND ‘also’;  
IF ‘QA19_A21’ = 1 (MARRIED) THEN DISPLAY ‘spouse’s’;  
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 THEN DISPLAY ‘partner’s’; 

‘QA19_H40’ [AH127] - {You said that you have a Medicare Advantage plan.} Does your {spouse/partner} {also} have a Medicare Advantage plan?  

{본인께서 메디케어 어드벤티지 플랜에 가입되어 있다고 하셨는데요.} 귀하의 배우자/동거인도 (귀하처럼) 메디케어 어드벤티지 플랜에 들어 있으십니까?  

[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: ‘메디케어 어드벤티지 플랜(MediCARE Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요, 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험 플랜입니다. 메디케어 어드벤티지 플랜은 메디케어 파트 A 와 메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다.’]  

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

POST-NOTE ‘QA19_H40’:  
IF ‘QA19_H40’ = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H41’:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE ‘QA19_H42’;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH ‘QA19_H41’ WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH ‘QA19_H41’ AND DISPLAY ‘You said that you have a Medicare Supplement plan.’ AND ‘also’;
IF ‘QA19_A21’ = 1 (MARRIED), THEN DISPLAY ‘spouse’;
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 THEN DISPLAY ‘partner’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H42’

‘QA19_H41’ [AI37A] - (You said that you have a Medicare Supplement plan.) Does your {partner/spouse} {also} have a Medicare supplement plan?

{귀하 본인이 메디케어 보조 프로그램이 있다고 하셨는데요, 귀하의 {동거인/남편/아내/배우자}께서는(도) 이런 메디케어 보조 프로그램의 혜택을 받으십니까?

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

POST-NOTE ‘QA19_H41’:
IF ‘QA19_H41’ = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE ‘QA19_H42’:
IF ARMCAL = 1, CONTINUE WITH ‘QA19_H42’;
DISPLAY ‘also’ IF ARMCARE = 1;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H43’

‘QA19_H42’ [AI38] - You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

{본인(은/도) 메디-칼이 있다고 말씀하셨는데요, 귀하의 (배우자/동거인)께서도 메디-칼의 혜택을 받으십니까?

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

POST-NOTE ‘QA19_H42’:
IF ‘QA19_H42’ = 1, SET SPMCAL = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H43’:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH ‘QA19_H43’;
IF ARMHCARE = 1 OR ARMHCAL = 1, THEN DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H44’

‘QA19_H43’ [AI40]: You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) (also) covered by the insurance from your employer or union?

귀하는 자신의 현재 또는 예전 직장이나 노동 조합에서 나온 의료 보험이 있다고 말씀하셨는데요. 귀하의 (배우자/동거인)께서는(도) 귀하의 직장이나 노동조합에서 나온 의료 보험의 혜택을 받으십니까?

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

If = 1, go to ‘PN_QA19_H46’

POST-NOTE ‘QA19_H43’:
IF ‘QA19_H43’ = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE ‘QA19_H44’:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH ‘QA19_H44’;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H45’

‘QA19_H44’ [AH108] - You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) (also) covered by this health insurance?

귀하는 Covered California의 SHOP 프로그램을 통해서 구입한 의료 보험이 있다고 말씀하셨습니다. 귀하의 {배우자/동거인동거인}께서는(도)이 의료 보험의 혜택을 받습니까?

[IF NEEDED, SAY: ‘SHOP is the Small Business Health Options Program administered by Covered California’]
[IF NEEDED, SAY: ‘SHOP은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다.’]

☐ 1 YES
☐ 2 NO
☐ 91 OTHER
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 1, go to ‘PN_QA19_H46’

POST-NOTE ‘QA19_H44’:
IF ‘QA19_H44’ = 1, SET SPEMSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;
PROGRAMMING NOTE AI40A:
IF 'QA19_G27' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA19_G28' = 1 (USUALLY WORKS), CONTINUE WITH 'QA19_H45';
IF AREMPSP = 1 AND 'QA19_A21' = 1, DISPLAY 'You said you have insurance from your spouse's employer or union.';
ELSE IF AREMPSP = 1 AND ('QA19_D12' = 1 OR 'QA19_D13' = 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 'QA19_H46'

'QA19_H45' [AI40A] - (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?

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

POST-NOTE 'QA19_H45':
IF 'QA19_H45' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA19_H46':
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA19_H46';
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA19_H47'

'QA19_H46' [AI41] - You said you (also) have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) (also) covered by this plan?

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

POST-NOTE 'QA19_H46':
IF 'QA19_H46' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE ‘QA19_H47’:
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH ‘QA19_H47’;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H48’

‘QA19_H47’ [AH109] - You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

귀하는 Covered California로부터 직접 구입한 보험이 있다고 말씀하셨습니다. 귀하의(배우자/동거인)도 {또한} 이 보험의 혜택을 받습니까?

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

POST-NOTE ‘QA19_H47’:
IF ‘QA19_H47’ = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1 AND SPHBEX = 1;

PROGRAMMING NOTE ‘QA19_H48’:
IF ARMILIT = 1, CONTINUE WITH ‘QA19_H48’;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H49’

‘QA19_H48’ [AI42] - 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?

{귀하께서도} 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스를 통해 의료 보험을 갖고 계신했다고 하셨는데요, {배우자/동거인}께서도 이 보험 혜택을 받습니까?

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

POST-NOTE ‘QA19_H48’:
IF ‘QA19_H48’ = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1;
'QA19_H49' [AI42A] - You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

귀하는 {또한} {AIM/MRMIP/Family PACT/PCIP/some government health plan} 의료보험에 가입했다고 말씀하셨습니다. {배우자/동거인}도 이 보험의 혜택을 받으십니까?

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

POST-NOTE ‘QA19_H49’:
IF ‘QA19_H49’ = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

'QA19_H50' [AI46] – Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

배우자/동거인]께서 의료 보험을 가지고 있습니까? {지금까지 말씀드린 것 외의 다른 곳을} 통해 의료 보험을 가지고 있습니까?

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

If = 2, go to ‘PN_QA19_H52’
If = -7, -8, go to ‘PN_QA19_H56’
‘QA19_H51’ [AI47] - What type of health insurance does (he/she) have?

{그분은} 어떤 종류의 의료 보험을 가지고 있습니다か?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]

[PROBE: ‘다른 보험도 가지고 있습니까?’]

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

[IF NEEDED, SAY: ‘현재 또는 이전의 직장에서 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다.’]

[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: ‘그 분은 이 의료보험에 어떻게 드셨습니까?
현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?’]

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

POST-NOTE ‘QA19_H51’:
If ‘QA19_H51’ = 1, SET SPEMOTH = 1 AND SET SPINSURE = 1;
If ‘QA19_H51’ = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;
If ‘QA19_H51’ = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
If ‘QA19_H51’ = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
If ‘QA19_H51’ = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
If ‘QA19_H51’ = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
If ‘QA19_H51’ = 8, SET SPIHS = 1;
If ‘QA19_H51’ = 10, SET SPHBEX = 1 AND SPDIRECT =1 AND SPINSURE = 1 AND SPDIROTH = 1;
If ‘QA19_H51’ = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPTH = 1;
If ‘QA19_H51’ = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
If ‘QA19_H51’ = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H52’:
IF SPINSURE ≠ 1, CONTINUE WITH ‘QA19_H52’;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING
NOTE ‘QA19_H54’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H56’

‘QA19_H52’ [AI48] - You said that (SPOUSE/PARTNER) has no health insurance from any source. Is
this correct?

{배우자/동거인}께서 어떤 종류의 의료 보험도 전혀 없다고 하셨는데요. 맞습니까?

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

If = 1, -7, -8, go to ‘PN_QA19_H56’
‘QA19_H53’ [AI49] - What type of health insurance does {he/she} have? 

그분은 어떤 종류의 의료보험을 가지고 있습니까?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘그 외에도 더 있습니다?’]

[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?’]

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

POST-NOTE ‘QA19_H53’:
IF ‘QA19_H53’ = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 8, SET SPIHS = 1;
IF ‘QA19_H53’ = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIOOTH = 1;
IF ‘QA19_H53’ = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;
IF ‘QA19_H53’ = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1;
PROGRAMMING NOTE 'QA19_H54': IF 'QA19_H51' = (1, 2, 3, 10, 11) OR 'QA19_H53' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA19_H54'; IF 'QA19_A21' = 1 (MARRIED), THEN DISPLAY 'spouse’s'; ELSE IF 'QA19_D12' = 1 OR 'QA19_D13' = 1 THEN DISPLAY 'partner’s'; ELSE SKIP TO PROGRAMMING NOTE 'QA19_H56'.

'QA19_H54' [AH62] - Was this plan obtained in your (spouse’s/partner’s) name or in the name of someone else?

이보험에는 {배우자/동거인} 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

[IF NEEDED, SAY: ‘Even someone who does not live in this household.’]
[IF NEEDED, SAY: ‘이 가구 내에 거주하는 사람이 아니라도 상관 없습니다.’]

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

If = 1, -7, -8, go to ‘PN_QA19_H56’

POST-NOTE ‘QA19_H54’: IF ‘QA19_H54’ = 1 AND [‘QA19_H51’ = (1 OR 2) OR ‘QA19_H53’ = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;
IF ‘QA19_H54’ = 1 AND [‘QA19_H51’ = 3 OR ‘QA19_H53’ = 3], SET KSPDIROW = 1;
IF ‘QA19_H54’ = 1 AND [‘QA19_H51’ = 10 OR ‘QA19_H53’ = 10], SET SPHBEX = 1 AND SPDROW = 1;
IF ‘QA19_H54’ = 1 AND [‘QA19_H51’ = 11 OR ‘QA19_H53’ = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

‘QA19_H55’ [AH63] - Is the plan in your name, parent’s name, or someone else’s name?

이 의료 보험에는 누구의 이름으로 가입하셨습니까? 귀하입니까, 부모님의 이름입니까, 아니면 그 밖의 다른 사람의 이름입니까?

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

POST NOTE ‘QA19_H55’:

IF ‘QA19_H55’ = 1 AND [‘QA19_H51’ = (1 OR 2) OR ‘QA19_H53’ = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;
IF ‘QA19_H55’ = 1 AND [‘QA19_H51’ = 3 OR ‘QA19_H53’ = 3], SET SPDAR = 1 AND ARSAMES = 1;
IF ‘QA19_H55’ = 1 AND [‘QA19_H51’ = 10 OR ‘QA19_H53’ = 10], SET SPHBEX = 1 AND SPDAR = 1 AND ARSAMES = 1;
IF ‘QA19_H55’ = 1 AND [‘QA19_H51’ = 11 OR ‘QA19_H53’ = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;
IF ‘QA19_H55’ = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;
PROGRAMMING NOTE ‘QA19_H56’:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO ‘QA19_H60’;
ELSE IF [(‘QA19_G27’==1 OR 2) OR(‘QA19_G28’==1)] AND ‘QA19_G29’≠3 CONTINUE WITH
‘QA19_H56’;
IF ‘QA19_A21’ = 1 (MARRIED), THEN DISPLAY ‘spouse’s’;
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY
‘partner’s’
ELSE GO TO PROGRAMMING NOTE ‘QA19_H60’

‘QA19_H56’ [AI43] - Does your {spouse’s/partner’s} employer offer health insurance to any of its
employees?

☑ 1 YES
☑ 2 NO
☑ -7 REFUSED
☑ -8 DON’T KNOW
If = 2, -7, -8, go to ‘PN_QA19_H60’

‘QA19_H57’ [AI44] - Is {he/she} eligible to be in this plan?

☑ 1 YES
☑ 2 NO
☑ -7 REFUSED
☑ -8 DON’T KNOW
If = 2, go to ‘QA19_H59’
If = -7, -8, go to ‘PN_QA19_H60’

‘QA19_H58’ [AI45] - What is the ONE main reason why {he/she} isn’t in this plan?

☑ 1 COVERED BY ANOTHER PLAN
☑ 2 PLAN TOO EXPENSIVE
☑ 3 DOESN’T LIKE PLAN OFFERED
☑ 4 DOESN’T NEED OR BELIEVE IN HEALTH INSURANCE
☑ 91 OTHER (SPECIFY: ____________)
☑ -7 REFUSED
☑ -8 DON’T KNOW
If = 1, 2, 3, 4, 91, -7, -8, go to ‘PN_QA19_H60’
‘QA19_H59’ [AI45A] - What is the one main reason why (he/she) is not eligible for this plan?

그 분께서 이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는 무엇입니까?

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

PROGRAMMING NOTE ‘QA19_H60’: IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN ‘QA19_H63’;
IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO ‘QA19_H82’;
ELSE CONTINUE WITH ‘QA19_H60’ DISPLAY;
IF ['QA19_A21' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [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 MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘other’;
IF ['QA19_A21' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMILIT = 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), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY ‘Next, I have some questions about your own main health plan.’ AND ‘Medi-Cal’;
ELSE DISPLAY, ‘Is your health plan an HMO?’
'QA19_H60' [AI22C] - {Besides your 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.}

{앞서 말씀해 주신 메디케어 플랜 이외에도, 귀하의 다른 의료보험에 대해서도 몇가지 여쭤보겠습니다./다음에는 귀하의 주된 의료보험에 대해 몇 가지 여쭤보겠습니다.}

Is your {Medi-Cal/other} health plan an HMO?

귀하의 {Medi-Cal/다른} 의료 보험은 HMO 입니까?

[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 란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다.’]

[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.’]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: ‘귀하의 주 건강 플랜.’]

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

If = 1, go to ‘PN_QA19_H62’
PROGRAMMING NOTE ‘QA19_H61’:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO ‘QA19_H62’;
ELSE CONTINUE WITH ‘QA19_H61’;

‘QA19_H61’ [AH122] - Is your health plan a PPO or EPO?

귀하의 의료 보험은 PPO 입니까, EPO 입니까?

[IF NEEDED, SAY: ‘EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists directly without a referral from your primary care provider.’]
[IF NEEDED, SAY: ‘EPO는 Exclusive Provider Organization(특정적 의료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 의사와 전문의의 진료를 직접 받을 수 있습니다.’]

[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: ‘PPO는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.’]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: ‘Your MAIN health plan.’]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: ‘귀하의 주된 의료 보험.’]

- 1 PPO
- 2 EPO
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_H62’:
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH ‘QA19_H62’ AND DISPLAY ‘your main’;
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH ‘QA19_H62’ AND DISPLAY ‘this’

‘QA19_H62’ [AI22A] - What is the name of {your main/this} health plan?

{귀하의 주된/이} 의료보험의 이름은 무엇입니까?

[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 DIFFICULTY RECALLING NAME, PROBE: ‘플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?]

- 1 ACCESS SENIOR HEALTHCARE
- 2 AETNA
- 3 AETNA GOLDEN MEDICARE
- 4 AIDS HEALTHCARE FOUNDATION, LA
- 5 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 7 ANTHEM BLUE CROSS OF CALIFORNIA
- 8 ASPIRE HEALTH PLAN
- 9 BLUE CROSS CALIFORNIA CARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIA KIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS’ INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
POST NOTE 'QA19_H62':
IF 'QA19_H62' = 93, 87, OR 89 THEN SET ARMILIT=1
PROGRAMMING NOTE ‘QA19_H63’: IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARHBSX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE), DISPLAY ‘Next I have some questions about your own main health plan.’

‘QA19_H63’ [AI25]:  

Next, I have some questions about your own main health plan. Is your health plan covering your prescription drugs? That is, does some plan pay any part of the cost?

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_H64’:

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH ‘QA19_H64’;
ELSE GO TO ‘QA19_H69’

‘QA19_H64’ [AH71]:  Does your health plan have a deductible that is more than $1,000?

1 YES
2 NO
3 YES, ONLY WHEN I GO OUT OF NETWORK
-7 REFUSED
-8 DON’T KNOW

[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: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]
‘QA19_H65’ [AH72] - Does your health plan have a deductible for all covered persons that is more than $2,000?

귀하의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그 러나 디덕터블이 $2,000 이 넘습니까?

[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: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]

- 1 YES
- 2 NO
- 3 YES, ONLY WHEN I GO OUT OF NETWORK
- 7 REFUSED
- 8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_H66’ : IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX =1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH ‘QA19_H66’; ELSE CONTINUE WITH ‘QA19_H69’

‘QA19_H66’ [AH73B] - Do you have a special account or fund you can use to pay for medical expenses?

귀하는 의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이 있습니까?

[IF NEEDED, SAY: ‘The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).’]


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

If = 2, -7, -8, go to ‘QA19_H69’
‘QA19_H67’ [AH130] - Do you have money in this account?

귀하는 이 계정에 돈을 갖고 있습니까?

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

If = 2, -7, -8, go to ‘QA19_H69’

‘QA19_H68’ [AH131] - How much money do you have in this account? Your best guess is fine.

귀하는 이 계정에 얼마나 돈을 갖고 있습니까? 가장 근접한 추정치도 괜찮습니다.

_______________ (AMOUNT) [HR: 0 -9997]

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_H69’ [AI31] - Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

지난 12개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

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

If = 2, go to ‘QA19_H71’
If = -7, go to ‘QA19_H77’
If = -8, go to ‘QA19_H72’

‘QA19_H70’ [AH132] - How long have you had your current health insurance?

지난 12개월 동안 지금의 의료 보험이 없었던 때에는, 어떤 다른 의료 보험이 있었습니다?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF YEARS

If >=0, go to ‘QA19_H75’

_____ NUMBER OF MONTHS

If >=0, go to ‘QA19_H75’

☐ -7 REFUSED
☐ -8 DON'T KNOW

If =-7, -8, go to ‘QA19_H75’
‘QA19_H71’ [AH133] - Out of the last 12 months, how many months did you have your current health insurance plan?

지난 12 개월 중에서 몇 개월을 현재 건강 보험에 가입해 있었습니까?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

______ NUMBER OF MONTHS

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_H72’ [AI32] - During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

지난 12 개월 동안 지금의 건의료 보험이 없었던 때에는, 어떤 다른 의료 보험이 있었습니다?

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

If =2, -7, -8, go to ‘QA19_H75’

‘QA19_H73’ [AI33] - 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?

귀하가 들어있던 다른 의료 보험은 어떤 것이었습니까? 메디-칼, 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘다른 플랜이 또 있습니까?’]

☐ 1 MEDI-CAL
☐ 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
☐ 5 PURCHASED DIRECTLY
☐ 6 COVERED CALIFORNIA
☐ 91 OTHER HEALTH PLAN
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_H74’ [AH134] - Before your current plan, which health insurance did you have?

- 1 MEDI-CAL
- 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 5 PURCHASED DIRECTLY
- 6 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_H75’ [AH135] - Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

- 1 MEDI-CAL
- 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 5 PURCHASED DIRECTLY
- 6 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 95 NO OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_H76’:
IF ‘QA19_H75’ = 95, THEN SKIP TO ‘QA19_H77’, ELSE CONTINUE.
IF ONLY ONE RESPONSE FROM ‘QA19_H73’ THEN DISPLAY THAT RESPONSE
ELSE IF ‘QA19_H74’ >0 DISPLAY RESPONSE FROM ‘QA19_H74’
ELSE IF ‘QA19_H75’ >0 DISPLAY RESPONSE FROM ‘QA19_H75’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=1 DISPLAY ‘the medi-CAL plan’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=3 DISPLAY ‘plan through current or former employer or union’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=5 DISPLAY ‘plan you purchased directly’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=6 DISPLAY ‘the Covered California plan’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=91 DISPLAY ‘the other health plan’

‘QA19_H76’ [AH136] - How long did you have the {medi-CAL/ Covered California plan/other health} plan
{through current or former employer or union/ you purchased directly}?
귀하는 {현재 또는 이전의 고용주나 노동조합을 통해 가입한/귀하가 직접 구입한} {medi-CAL/ Covered California 플랜/기타 건강} 보험을 얼마나 오랫동안 가지고 계셨습니까?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF YEARS
_____ NUMBER OF MONTHS

If >=0, go to ‘QA19_H77’

☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_H77’ [AH137] - During the past 12 months, did you change your health insurance plan?
지난 12개월 동안, 귀하의 배우자는 귀하의 건강 보험 플랜을 변경했습니다か?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]
[IF NEEDED: 보험 회사가 바뀌었던 바뀌지 않았던 상관 없이 건강 보험 플랜의 변화가 있었는지를 묻는 질문입니다.]

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_H78’:
IF ‘QA19_H69’ = 2, -7,-8 OR ‘QA19_H72’ = 1, -7,-8 THEN CONTINUE,
ELSE SKIP TO ‘QA19_H79’

‘QA19_H78’ [AI34] - During the past 12 months, was there any time when you had no health insurance at all?

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

PROGRAMMING NOTE ‘QA19_H79’:
IF ‘QA19_H78’=1 OR ‘QA19_H72’=2, THEN CONTINUE WITH ‘QA19_H79’, ELSE SKIP TO PN ‘QA19_H88’.

‘QA19_H79’ [AI35] - For how many months of the past 12 months did you have no health insurance at all?

[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_QA19_H88’
○ -7 REFUSED
○ -8 DON’T KNOW

If = -7, -8, go to ‘PN_QA19_H88’

‘QA19_H80’ [AI36] - What is the one main reason why you did not have any health insurance during those months?

○ 1 CAN’T AFFORD/TOO EXPENSIVE
○ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
○ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
○ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
○ 5 FAMILY SITUATION CHANGED
○ 6 DON'T BELIEVE IN INSURANCE
○ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
○ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
○ 91 OTHER (SPECIFY: ______________)
○ -7 REFUSED
○ -8 DON’T KNOW
‘QA19_H81’ [AH74] - During the time that you were uninsured, did you try to find health insurance on your own?

의료 보험이 없으셨던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니까?

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

If = 1, 2, -7, -8, go to ‘PN_QA19_H88’
'QA19_H82' [AI24] - What is the one main reason why you do not have any health insurance?

아무런 의료 보험에도 들지 않으신 가장 주된 한 가지 이유는 무엇입니까?

[IF R SAYS NO NEED, PROBE WHY]

- 1 CAN'T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

'QA19_H83' [AH75] - During the time that you have been uninsured, have you tried to find health insurance on your own?

의료 보험이 없으셨던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니까?

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

'QA19_H84' [AI27] - Were you covered by health insurance at any time during the past 12 months?

지난 12 개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

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

If = 1, go to 'QA19_H86'

'QA19_H85' [AI28] - How long has it been since you last had health insurance?

의료 보험없이 지내신 기간은 얼마나 되었습니까?

- 1 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
- 2 MORE THAN 3 YEARS AGO
- 3 NEVER HAD HEALTH INSURANCE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to 'PN_QA19_H88'
‘QA19_H86’ [AI29] - For how many months out of the last 12 months did you have health insurance?

지난 12 개월 중 몇 개월 동안 의료 보험에 가입되어 있었습니다?

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If =0, go to ‘PN_QA19_H88’

☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_H87’ [AI30] - 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?

의료 보험이 있으면 기간 동안, 귀하가 들어있던 보험은 어떤 것이었습니까? 메디-칼, 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이였습니까?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘그 외에도 더 있습니까?’]

(7 maximum responses)

☐ 1 MEDI-CAL
☐ 3 THROUGH CURRENT OR FORMER EMPLOYER OR UNION
☐ 5 PURCHASED DIRECTLY
☐ 6 COVERED CALIFORNIA
☐ 91 OTHER HEALTH PLAN
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_H88’:
IF ARINSURE ≠ 1 OR ‘QA19_H72’ = 2 OR ARDIRECT = 1 OR ‘QA19_H87’ = (5, 6) OR ‘QA19_H73’ = (5, 6) OR ARHBEX = 1 OR SPHBEX = 1; THEN CONTINUE WITH ‘QA19_H88’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H105’

IF PROXY=1, GO TO ‘QA19_H106’

‘QA19_H88’ [AH103h] - 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?

지난 12 개월 이내에, 귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 의료 보험을 구입하려고 시도한 적이 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_H105’
‘QA19_H89’ [AH110h] - Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

그것은 어떻게 구입하셨습니까? 보험회사나 HMO로부터 직접, 커버드 캘리포니아를 통해, 보험 회사와 커버드 캘리포니아 양쪽 모두를 통해 구입 중에서 골라 주십시오.

- 1 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- 2 THROUGH COVERED CALIFORNIA, OR
- 3 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- -7 REFUSED
- -8 DON'T KNOW

If = -7, -8, go to ‘QA19_H92’

PROGRAMMING NOTE ‘QA19_H90’:
IF ‘QA19_H89’ = 1; THEN CONTINUE WITH ‘QA19_H90’;
IF ‘QA19_H89’ = 3; THEN CONTINUE WITH ‘QA19_H90’ AND DISPLAY ‘First, think about your experience trying to purchase insurance directly from an insurance company or HMO.’
ELSE GO TO PROGRAMMING NOTE ‘QA19_H94’;

‘QA19_H90’ [AH98h] - {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed? Was it…

귀하에게 필요한 혜택을 제공하는 의료 보험을 찾기가 얼마나 어려웠습니까?

- 01 Very difficult,
- 01 매우 어려웠음
- 02 Somewhat difficult,
- 02 약간 어려웠음
- 03 Not too difficult, or
- 03 별로 어렵지 않았음
- 04 Not at all difficult?
- 04 전혀 어렵지 않았음
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_H91’ [AH99h] - How difficult was it to find a plan you could afford? Was it…

귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

- 01 Very difficult, 매우 어렵음
- 02 Somewhat difficult, 약간 어려웠음
- 03 Not too difficult, or 03 별로 어렵지 않았음
- 04 Not at all difficult? 04 전혀 어렵지 않았음
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_H92’ [AH100h] - Did anyone help you find a health plan?

귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_H94’

‘QA19_H93’ [AH101h] - Who helped you?

누가 도움을 주었습니까?

- 1 BROKER
- 2 FAMILY MEMBER/FRIEND
- 3 INTERNET
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_H94’ : IF ‘QA19_H89’ = 2; THEN CONTINUE WITH ‘QA19_H94’ ;
IF ‘QA19_H89’ = 3; THEN CONTINUE WITH ‘QA19_H94’ AND DISPLAY ‘Now, think about your experience with Covered California.’ ELSE GO TO PROGRAMMING NOTE ‘QA19_H98’ ;

‘QA19_H94’ [AH111h] - {Now, think about your experience with Covered California.}

지금부터는 Covered California에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

Covered California를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나 어려웠습니까?

- 01 Very difficult,
- 02 Somewhat difficult,
- 03 Not too difficult, or
- 04 Not at all difficult?
- 05 Not at all difficult?
- 06 Very difficult,
- 07 REFUSED
- 08 DON’T KNOW

‘QA19_H95’ [AH112h] - How difficult was it to find a plan you could afford? Was it...

귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

- 01 Very difficult,
- 02 Somewhat difficult,
- 03 Not too difficult, or
- 04 Not at all difficult?
- 05 Not at all difficult?
- 06 Very difficult,
- 07 REFUSED
- 08 DON’T KNOW

‘QA19_H96’ [AH113h] - Did anyone help you find a health plan?

귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

- 1 YES
- 2 NO
- 07 REFUSED
- 08 DON’T KNOW

If = 2, -7, -8, go to ‘QA19_H98’
‘QA19_H97’ [AH114h] - Who helped you?

누가 도움을 주었습니까?

- 1 BROKER
- 2 FAMILY MEMBER / FRIEND
- 3 INTERNET
- 4 CERTIFIED ENROLLMENT COUNSELOR
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_H98’ [AH115h] - Did you have all the information you felt you needed to make a good decision on a health plan?

귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고 생각하는 모든 정보를 가지고 있었습니까?

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

PROGRAMMING NOTE ‘QA19_H99’:

IF ‘QA19_A20’ > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH ‘QA19_H99’;
ELSE GO TO ‘QA19_H100’;

‘QA19_H99’ [AH116h] - Were you able to get information about your health plan options in your language?

귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로 제공받을 수 있었습니까?

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

‘QA19_H100’ [AH117h] - Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

의료 보험을 선택하는 데 있어서, 의료 보험 비용은 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음을 중에서 선택해 주십시오.

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_H101’ [AH118h] - Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_H102’ [AH119h] - Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

귀하가 원하는 병원에서 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_H103’ [AH120h] - Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

플랜의 네트워크 내에서 의사를 선정하는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_H104’: 
IF ‘QA19_H21’ = 1 THEN DISPLAY ‘Bronze’
ELSE IF ‘QA19_H21’ = 2 THEN DISPLAY ‘Silver’
ELSE IF ‘QA19_H21’ = 3 THEN DISPLAY ‘Gold’
ELSE IF ‘QA19_H21’ = 4 THEN DISPLAY ‘Platinum’
ELSE IF ‘QA19_H21’ = 6 THEN DISPLAY ‘Minimum coverage’
ELSE DISPLAY ‘;’;

‘QA19_H104’ [AH121h] – Finally, what was the most 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?

마지막으로 귀하가 {브론즈/실버/골드/플래티넘/최소 보장} 플랜을 선택하신 가장 중요한 이유는 무엇입니까? 비용, 원하는 의사, 원하는 병원, 네트워크 내에 속한 의사들 때문입니까, 아니면 다른 이유가 있습니까?

- 1 COST
- 2 SPECIFIC DOCTOR
- 3 SPECIFIC HOSPITAL
- 4 CHOICE OF DOCTORS IN NETWORK
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_H105’:
IF ARINSURE = 1, CONTINUE WITH ‘QA19_H105’;
ELSE SKIP TO ‘QA19_H106’;
IF PROXY=1, GO TO ‘QA19_H107’

‘QA19_H105’ [AH139] - Overall, how satisfied are you with your current health insurance plan? Are you…

현재 가입해 있는 건강 보험 플랜에 대해 전반적으로 어느 정도로 만족하십니까? 귀하의 만족도는?

- 01 Very satisfied
- 01 매우 만족
- 02 Somewhat satisfied
- 02 다소 만족
- 03 Somewhat dissatisfied, or
- 03 다소 불만족
- 04 Very dissatisfied?
- 04 매우 불만족
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_H106’ [AH14] - During the past 12 months, were you a patient in a hospital overnight or longer?

지난 12 개월 동안, 환자로서 하룻밤 이상 병원에 입원했던 적이 있습니까?

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

PROGRAMMING NOTE ‘QA19_H107’:
IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO ‘QA19_H109’;
ELSE IF ‘QA19_H72’ = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY ‘The following questions are about your current health plan’, AND CONTINUE WITH ‘QA19_H107’

‘QA19_H107’ [AH79B] - (The following questions are about your current health plan.) While you’ve had your current health plan, have you ever reached the limit of what your insurance company would pay for?

{다음 질문은 현재 건강보험에 대한 것입니다.) 현재 건강보험에 가입한 후, 보험회사의 의료비 지불 한도까지 도달한 적이 있습니까?

[IF NEEDED, SAY: ‘EVER for your current health plan.’]
[IF NEEDED, SAY: ‘현재 건강보험에 가입한 이후로 한 번이라도.’]

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

If = 2, -7, -8, go to ‘QA19_H109’

‘QA19_H108’ [AH80B] - Did this happen in the past 12 months?

이런 일이 지난 12개월 동안에 있었습니까?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
'QA19_H109' [AH81B] - During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

지난 12개월 동안, 본인이나 가족 구성원의 의료비를 지불하기 어려웠거나 지불할 수 없었던 적이 있었습니까?

[IF NEEDED, SAY: ‘Dental bills should be included.’]
[IF NEEDED, SAY: ‘치과비도 포함시키십시오.’]

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

If = 2, -7, -8, go to PN_'QA19_I1'

‘QA19_H110’ [AH83B] - What is the total amount of medical bills?

의료비 총액이 얼마입니까?

[IF NEEDED, SAY: ‘The bills can be from earlier years as well as this year.’]
[IF NEEDED, SAY: ‘올해뿐 아니라 올해 이전의 의료비도 포함됩니다.’]

- 1 LESS THAN $1,000
- 2 $1,000 TO LESS THAN $2,000
- 3 $2,000 TO LESS THAN $4,000
- 4 $4,000 TO LESS THAN $8,000
- 5 $8,000 OR MORE
- 6 NONE
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_H111’ [AH84B] - Were you or your family member uninsured at the time care was provided?

치료를 받을 당시에 본인이나 가족 구성원이 보험에 미가입된 상태였습니까?

- 1 YES
- 2 NO
- 3 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS, SOME UNINSURED AND SOME INSURED.
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_H112’ [AH85B] - Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

그런 의료비 부담으로 인해 식료품비나 난방비, 주택 임대료와 같은 기본적 지출을 할 수 없었습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
'QA19_H113' [AH86B] - Because of these medical bills, did you take on credit card debt?

그런 의료비 부담으로 인해 귀하는 신용 카드 빚을 쌓았습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
Section I: Child Adolescent Health Insurance

PROGRAMMING NOTE ‘QA19_I1’ :
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE ‘QA19_I36’ TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE ‘QA19_I2’;
ELSE CONTINUE WITH ‘QA19_I1’
IF PROXY=1, GO TO PN_‘QA19_I77’

‘QA19_I1’ [CF10A] - These next questions are about health insurance (CHILD) may have.

다음은 (CHILD)(이)의 의료 보험에 대한 질문입니다.

Does (CHILD) have the same insurance as you?

(CHILD)(이)가 귀하와 같은 의료 보험을 갖고 있습니까?

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

If = 1, go to ‘QA19_I18’

POST-NOTE ‘QA19_I1’ :
IF ‘QA19_I1’ = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AROTH = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND ARIHS = 1, SET CHIHS = 1
IF ‘QA19_I1’ = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
PROGRAMMING NOTE ‘QA19_I2’:
IF SPINSURE ≠ 1, THEN SKIP TO ‘QA19_I3’;
ELSE IF ‘QA19_I1’ = 2 AND ARSAMESP = 1, THEN SKIP TO ‘QA19_I3’;
ELSE CONTINUE WITH ‘QA19_I2’

‘QA19_I2’ [MA1] - Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

(CHILD)이(가) {귀하의 배우자/ 귀하의 동거인/ 배우자 이름/ 동거인 이름}과 같은 보험을 갖고 있습니까?

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

If = 1, go to ‘QA19_I18’

IF ‘QA19_I2’ = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPIHS = 1, SET CHIHS = 1
IF ‘QA19_I2’ = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1
IF ‘QA19_I2’ = 1 AND SPEMSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPEMOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

POST-NOTE ‘QA19_I2’ :
IF ‘QA19_I2’ = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
‘QA19_I3’ [CF1] - Is (he/she) currently covered by Medi-CAL?

이 자녀는 현재 메디칼 (Medi-CAL)에 들어 있습니까?

[IF NEEDED, SAY: ‘Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people.’]
[IF NEEDED, SAY: ‘메디-칼은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다.’]

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

POST-NOTE ‘QA19_I3’:
IF ‘QA19_I3’ = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

‘QA19_I4’ [CF3] - Is (CHILD) covered by a health insurance plan or HMO through your own or someone else’s employment or union?

(CHILD)는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해 제공되는 의료 보험이나 HMO에 가입되어 있습니까?

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

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

If = 2, -7, -8, go to ‘PN_QA19_I6’

POST-NOTE ‘QA19_I4’:
IF ‘QA19_I4’ = 1, SET CHEMP = 1 AND CHINSURE = 1
‘QA19_I5’ [AI90] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 입니까, 아니면 커버드 캘리포니아의 숏(SHOP) 프로그램을 통해서입니까?

[IF NEEDED, SAY: ‘SHOP is the Small Business Health Options Program administered by Covered California’]

[IF NEEDED, SAY: ‘SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다’]

- 1 EMPLOYER
- 2 UNION
- 3 SHOP / COVERED CALIFORNIA
- 91 OTHER (SPECIFY: ___________)
- 7 REFUSED
- 8 DON'T KNOW

**POST-NOTE FOR ‘QA19_I5’:**

*IF ‘QA19_I5’ = 3, THEN SET CHHBEX = 1*
PROGRAMMING NOTE ‘QA19_I6’:
IF CHINSURE = 1 THEN GO TO ‘QA19_I8’;
ELSE CONTINUE WITH ‘QA19_I6’

‘QA19_I6’ [CF4] - Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

(CHILD) (이)는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

[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’]

POST-NOTE ‘QA19_I6’:
IF ‘QA19_I6’ = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE ‘QA19_I7’:
IF CHDIRECT = 1, THEN CONTINUE WITH ‘QA19_I7’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_I8’

‘QA19_I7’ [AI91] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

귀하는 이 의료 보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

POST-NOTE FOR ‘QA19_I7’:
IF ‘QA19_I7’ = 2, THEN SET CHHBEX = 1
PROGRAMMING NOTE 'QA19_I8':
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA19_I8';
ELSE GO TO PROGRAMMING NOTE 'QA19_I9';

'QA19_I8' [AI93] - Was there a subsidy or discount on the premium for this plan?

이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니까?

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

PROGRAMMING NOTE 'QA19_I9':
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA19_I9';
ELSE GO TO 'QA19_I12'

'QA19_I9' [AI54] - 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.

귀하는 (CHILD) 의 의료보험료나 관련 비용의 전부 혹은 일부를 지불하고 계십니까? 귀하의 가족이 지불해야 하는 공동 부담액(co-pays)이나 본인 부담금(deductibles)에 대한 비용은 포함시키지 마십시오.

[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: '공통 부담액(co-pay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비용의 일부를 말합니다.]

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

[IF NEEDED, SAY: '공제액(deductibles)이란 보험회사에서 지불해주기 전에 본인이 지불하는 의료비용입니다.]

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

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_I10’ [AI50] - 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?

직장 노동조합, 전문인 단체 등 다른 사람이 아이의 의료보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_I12’

‘QA19_I11’ [AI51] - Who else pays all or some portion of the cost for (CHILD)’s health plan?

그 외에 또 누구 (CHILD) (이)의 의료 보험비용의 전부 또는 일부를 지불합니까?

[CODE ALL THAT APPLY.]

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

POST-NOTE ‘QA19_I11’:

IF ‘QA19_I11’ = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF ‘QA19_I11’ = 7, SET CHMCAL = 1
IF ‘QA19_I11’ = 10, SET CHHBEX = 1;
PROGRAMMING NOTE ‘QA19_I12’: IF ‘QA19_I1’=1 AND ARMCARE=1 THEN CONTINUE WITH ‘QA19_I18’;
IF CHINSURE = 1, GO TO PN ‘QA19_I18’; ELSE CONTINUE WITH ‘QA19_I12’

‘QA19_I12’ [CF6] - Is (he/she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

자녀분은 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른 군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

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

If = 1, go to ‘PN_QA19_I18’

POST-NOTE ‘QA19_I12’:
IF ‘QA19_I12’ = 1, SET CHMILIT = 1 AND CHINSURE = 1

‘QA19_I13’ [CF7] - Is (he/she) covered by some other government health plan such as AIM, ‘Mister MIP’, Healthy Kids, or something else?

{자녀/ 이 아이} (은)는 에임(AIM), ‘미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Health Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

[IF NEEDED, SAY: ‘AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.’]
[IF NEEDED, SAY: ‘에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP) 또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다.’]

- 1 AIM
- 2 MISTER MIP/MRMIP
- 3 HEALTHY KIDS
- 4 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: _____________)
- 7 REFUSED
- 8 DON’T KNOW

If = 1, 2, 3, 91, go to ‘PN_QA19_I18’

POST-NOTE ‘QA19_I13’:
IF ‘QA19_I13’ = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1
‘QA19_I14’ [CF8] - Does (he/she) have any health insurance coverage through a plan that I missed?

자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빼뜨린 것이 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_I17’

‘QA19_I15’ [CF9] - What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?

자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

[CIRCLE ALL THAT APPLY.]

[PROBE: ‘Any others?’]

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

POST-NOTE ‘QA19_I15’:

IF ‘QA19_I15’ = 1, SET CHEMP = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 2, SET CHEMP = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 4, SET CHMHCARE = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 8, SET CHIHS = 1
IF ‘QA19_I15’ = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF ‘QA19_I15’ = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF ‘QA19_I15’ = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = -7 OR -8, SET CHINSURE = 1
PROGRAMMING NOTE ‘QA19_I16’:
IF ‘QA19_I15’ = 4 (CHILD HAS MEDICARE), CONTINUE WITH ‘QA19_I16’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I17’

‘QA19_I16’ [CF9VER] - Just to verify, you said that (CHILD) gets health insurance through Medicare?
재확인하는 차원에서 다시 여쭤봅니다. (CHILD)가 메디케어 혜택을 받는다고 하셨습니까?
☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_I17’:
IF CHINSURE ≠ 1 CONTINUE WITH ‘QA19_I17’;
ELSE GO TO ‘QA19_I18’;

‘QA19_I17’ [CF1A] - What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?
(CHILD)이(가) 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는 무엇입니까?
☐ 1 PAPERWORK TOO DIFFICULT
☐ 2 DIDN’T KNOW IF ELIGIBLE
☐ 3 INCOME TOO HIGH, NOT ELIGIBLE
☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
☐ 5 OTHER NOT ELIGIBLE
☐ 6 DON’T BELIEVE IN HEALTH INSURANCE
☐ 7 DON’T NEED INSURANCE BECAUSE HEALTHY
☐ 8 ALREADY HAVE INSURANCE
☐ 9 DIDN’T KNOW ABOUT IT
☐ 10 DON’T LIKE / WANT WELFARE
☐ 91 OTHER (SPECIFY: ___________)
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_I18’: IF ‘QA19_I11’=1 AND ARMCARE=1, THEN CONTINUE WITH ‘QA19_I18’;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH ‘QA19_I18’;
ELSE GO TO PN ‘QA19_I22’

‘QA19_I18’ [MA3] - Is (CHILD)’s main health plan an HMO, that is, a Health Maintenance Organization?

(CHILD) (이)의 주된 의료 보험이 HMO, 즉 건강 관리 기구입니까?

[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 란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다.’]

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

If = 1, go to ‘QA19_I20’
PROGRAMMING NOTE ‘QA19_I19’:
IF CHMCAL = 1 (CHILD HAS MEDICAL), GO TO ‘QA19_I20’;
ELSE CONTINUE WITH ‘QA19_I19’;

‘QA19_I19’ [AI115] - Is (CHILD)’s health plan a PPO or EPO?

(CHILD)의 건강 보험은 PPO 또는 EPO입니까?

[IF NEEDED, SAY: ‘EPO stands for Exclusive Provider Organization. With an EPO, you must use
the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists
directly without a referral from your primary care provider.’]
[IF NEEDED, SAY: ‘EPO는 Exclusive Provider Organization(독점적 의료 제공자 기구)의 약자입니다.
EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가
의뢰하지 않더라도 의사와 전문의의 진료를 직접 받을 수 있습니다.’]

[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 see doctors and specialists directly without a referral from your
primary care provider.’]
[IF NEEDED, SAY: ‘PPO는 Preferred Provider Organization(선호 의료 제공자 기구)의 약자입니다.
PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는
경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를
받을 수 있습니다.’]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: ‘{His/Her} MAIN health plan.’]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: ‘자녀분의 주된 의료 보험.’]

● 1 PPO
● 2 EPO
● 91 OTHER (SPECIFY: ___________)
● -7 REFUSED
● -8 DON’T KNOW
'QA19_I20' [MA2] - What is the name of (CHILD)'s main health plan?

(CHILD) (이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

[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: '혹시 (CHILD) (이)의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?']

- 1 ACCESS SENIOR HEALTHCARE
- 2 AETNA
- 3 AETNA GOLDEN MEDICARE
- 4 AIDS HEALTHCARE FOUNDATION, LA
- 5 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 7 ANTHEM BLUE CROSS OF CALIFORNIA
- 8 ASPIRE HEALTH PLAN
- 9 BLUE CROSS CALIFORNIA
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIA KIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDER'S INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
82 HEALTH ADVANTAGE
47 KAISER PERMANENTE
48 KAISER PERMANENTE SENIOR ADVANTAGE
49 KERN FAMILY HEALTH CARE
50 L.A. CARE HEALTH PLAN
51 MD CARE
54 MOLINA HEALTHCARE OF CALIFORNIA
55 MONARCH HEALTH PLAN
56 ON LOK SENIOR HEALTH SERVICES
57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
58 PIH HEALTH CARE SOLUTIONS
59 PREMIER HEALTH PLAN SERVICES
60 PRIMECARE MEDICAL NETWORK
61 PROVIDENCE HEALTH NETWORK
68 SCRIPPS HEALTH PLAN SERVICES
69 SEASIDE HEALTH PLAN
84 SAN FRANCISCO HEALTH PLAN
90 SANTA CLARA FAMILY HEALTH PLAN
86 SAN MATEO HEALTH COMMISION
88 SANTA BARBARA
92 SATELLITE HEALTH PLAN
67 SCAN HEALTH PLAN
70 SHARP HEALTH PLAN
71 SUTTER HEALTH PLAN
72 SUTTER SENIOR CARE
73 UNITED HEALTHCARE
74 UNITED HEALTHCARE SECURE HORIZON
75 UNIVERSITY HEALTHCARE ADVANTAGE
76 VALLEY HEALTH PLAN
77 VENTURA COUNTY HEALTH CARE PLAN
78 WESTERN HEALTH ADVANTAGE
93 CHAMPUS/CHAMP-VA
87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
89 VA HEALTH CARE SERVICES
52 MEDI-CAL
53 MEDICARE
85 OTHER (SPECIFY: _____________)
-7 REFUSED
-8 DON’T KNOW

POST NOTE ‘QA19_I20’:
IF ‘QA19_I20’ = 93, 87, OR 89 THEN SET CHMILIT=1

‘QA19_I21’ [CF14] - Is (CHILD) covered for prescription drugs?

(CHILD)의 보험은 처방약도 보장해 줄니까?

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW
PROGRAMMING NOTE FOR ‘QA19_I22’:
IF (ARINSURE ≠ 1 OR ‘QA19_I1’ ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1),
THEN
CONTINUE WITH ‘QA19_I22’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I25’

‘QA19_I22’ [AI79] - Does (CHILD)'s health plan have a deductible that is more than $1,000?

(CHILD) (이)의 의료 보험의 본인 부담금, 그 러니까 디덕터블이 $1,000이 넘습니까?

[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 ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]

- 1 YES
- 2 NO
- 3 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_I23’ [AI80] - Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

(CHILD) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러나 디덕터블이 $2,000이 넘습니까?

[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: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]

- 1 YES
- 2 NO
- 3 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I24’: IF (‘QA19_I22’ = 1 OR 3) OR (‘QA19_I23’ = 1 OR 3), CONTINUE WITH ‘QA19_I24’; ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I25’

‘QA19_I24’ [AI81] - Do you have a special account or fund you can use to pay for (CHILD)’s medical expenses?

(CHILD)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

[IF NEEDED, SAY: ‘The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).’]

[IF NEEDED, SAY: ‘이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 있습니다.’]

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

PROGRAMMING NOTE ‘QA19_I25’: IF CHINSURE = 1, GO TO ‘QA19_I30’; ELSE CONTINUE WITH ‘QA19_I25’

‘QA19_I25’ [CF18] - What is the one main reason (CHILD) does not have any health insurance?

(CHILD) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

☐ 1 CAN’T AFFORD/TOO EXPENSIVE
☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
☐ 5 FAMILY SITUATION CHANGED
☐ 6 DON’T BELIEVE IN INSURANCE
☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
☐ 91 OTHER (SPECIFY: ____________)
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_I26’ [CF20] - Was (CHILD) covered by health insurance at any time during the past 12 months?

(CHILD) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

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

If = 1, go to ‘QA19_I28’
‘QA19_I27’ [CF21] - How long has it been since (CHILD) last had health insurance?

(CHILD) (이)가 의료 보험 없이 지난 기간은 얼마나 되었습니까?

- 1 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 2 MORE THAN 3 YEARS AGO
- 3 NEVER HAD HEALTH INSURANCE COVERAGE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to ‘PN_QA19_I36’

‘QA19_I28’ [CF22] - For how many of the last 12 months did (he/she) have health insurance?

지난 12 개월 동안 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If = 0, go to ‘PN_QA19_I36’

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_I29’ [CF23] - 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?

(CHILD) (이)가 의료 보험이 있던 기간 동안 들어있던 보험이 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까? 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CIRCLE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘그 외에도 더 있습니까?’]

(7 maximum responses)

- 1 MEDI-CAL
- 3 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 5 PURCHASED DIRECTLY
- 6 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

If =1, 3, 5, 6, 91, -7, -8, go to ‘PN_QA19_I36’
‘QA19_I30’ [CF24] - Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

(CHILD) (은)는 지난 12개월 내내 현재와 같은 의료 보험에 들어 있었습니까?

☐ 1 YES
☐ 2 NO
☐ 3 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, 3, go to ‘PN_QA19_I36’

‘QA19_I31’ [CF25] - When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

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

If = 2, -7, -8, go to ‘QA19_I33’

‘QA19_I32’ [CF26] - 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?

다른 의료보험은 Medi-CAL, 직장을 통해 가입한 보험, 보험회사를 통해 직접 가입한 보험, Covered California를 통해 가입한 보험 플랜, 또는 기타 다른 보험이었습니까?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘기타 다른 보험이었습니까?’]

(7 maximum responses)

☐ 1 MEDI-CAL
☐ 4 THROUGH CURRENT OR FORMER EMPLOYER/UNION
☐ 5 PURCHASED DIRECTLY
☐ 6 COVERED CALIFORNIA
☐ 91 OTHER HEALTH PLAN
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_I33’ [CF27] - During the past 12 months, was there any time when (he/she) had no health insurance at all?

지난 12개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_I36’

‘QA19_I34’ [CF28] - For how many of the past 12 months did (he/she) have no health insurance?

지난 12개월 동안 (CHILD)이(가) 의료보험이 없었던 기간은 몇 개월입니까?

[IF < 1 MONTH, ENTER ‘1’]

______MONTHS  [RANGE: 1-12]

☐ 7 REFUSED  ☐ 8 DON'T KNOW

‘QA19_I35’ [CF29] - What is the one main reason (CHILD) did not have any health insurance during the time (he/she) wasn’t covered?

(CHILD) (이)가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

[IF R SAYS, ‘No need,’ PROBE WHY]

☐ 1 CAN'T AFFORD/TOO EXPENSIVE
☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
☐ 5 FAMILY SITUATION CHANGED
☐ 6 DON'T BELIEVE IN INSURANCE
☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
☐ 91 OTHER (SPECIFY: ____________)
☐ -7 REFUSED  ☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I36’:
IF NO TEEN SELECTED, GO TO PN ‘QA19_I72’;
IF ARINSURE = 1, CONTINUE WITH ‘QA19_I36’;
IF ARINSURE ≠ 1, GO TO PN ‘QA19_I37’;
ELSE CONTINUE WITH ‘QA19_I36’

‘QA19_I36’ [IA10A] - These next questions are about health insurance (TEEN) may have. Does (TEEN) have the same insurance as you?

다음은 (TEEN)(이)가 가입했을 수 있는 의료 보험에 대한 질문입니다. (TEEN)(이)는 (귀하/성인 응답자 이름 (님))와(와) 같은 의료 보험을 가지고 있습니까?

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

If = 1, go to ‘QA19_I54’

POST-NOTE ‘QA19_I36’:
IF ‘QA19_I36’ ≠ 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF ‘QA19_I36’ ≠ 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF ‘QA19_I36’ ≠ 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF ‘QA19_I36’ ≠ 1 AND ARIHS = 1, SET TEIHS = 1
IF ‘QA19_I36’ ≠ 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
PROGRAMMING NOTE ‘QA19_I37’: 
IF SPINSURE ≠ 1 THEN SKIP TO ‘QA19_I38’;
ELSE IF ‘QA19_I36’ = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE ‘QA19_I38’;
ELSE CONTINUE WITH ‘QA19_I37’

‘QA19_I37’ [MA5] - Does (TEEN) have the same insurance as your spouse?

<TEEN>(이)가 귀하의 배우자와 같은 보험을 갖고 있습니까?

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

If = 1, go to ‘QA19_I54’

POST-NOTE ‘QA19_I37’:
IF ‘QA19_I37’ = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPIHS = 1, SET TEIHS = 1;
IF ‘QA19_I37’ = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND
SPSAMETE = 1
PROGRAMMING NOTE ‘QA19_I38’:
IF TEINSURE ≠ 1 OR CHINSURE ≠ 1, THEN SKIP TO ‘QA19_I39’;
ELSE IF (‘QA19_I36’ = 2 AND ARSAMECH = 1) OR (‘QA19_I37’ = 2 AND SPSAMECH = 1), THEN
SKIP TO ‘QA19_I39’;
ELSE CONTINUE WITH ‘QA19_I38’;

‘QA19_I38’ [MA6] - Does (TEEN) have the same insurance as (CHILD)?

<TEEN> (이)는 <CHILD> (이)와 같은 보험을 갖고 있습니까?

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

If = 1, go to ‘QA19_I66’

POST-NOTE ‘QA19_I38’:
IF ‘QA19_I38’ = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF ‘QA19_I38’ = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF ‘QA19_I38’ = 1 AND CHEMP = 1, SET TEMPEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I38’ = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF ‘QA19_I38’ = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF ‘QA19_I38’ = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF ‘QA19_I38’ = 1 AND CHIHS = 1, SET TEIHS = 1;
IF ‘QA19_I38’ = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF ‘QA19_I38’ = 1 AND CHHBEX = 1, SET TEHBEX = 1

‘QA19_I39’ [IA1] - Is (he/she) currently covered by Medi-Cal?

<TEEN> (이)는 현재 메디칼(Medi-Cal)에 들어 있습니까?

[IF NEEDED, SAY: ‘Medi-Cal is a plan for certain low income children and their families, pregnant
women, and disabled or elderly people.’]
[IF NEEDED, SAY: ‘메디-칼(Medi-Cal)은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고
장애자나 노령자들을 위한 보험입니다.’]

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

POST-NOTE ‘QA19_I39’:
IF ‘QA19_I39’ = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
‘QA19_I40’ [IA3] - Is (TEEN) covered by a health insurance plan or HMO through your own or someone else’s employment or union?

<TEEN>이(이)는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해서 가입한 의료 보험이나 HMO에 들어 있습니까?

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

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

If = 2, -7, -8, go to ‘QA19_I42’

POST-NOTE ‘QA19_I40’ : IF ‘QA19_I40’ = 1, SET TEEMP = 1 AND SET TEINSURE = 1

‘QA19_I41’ [AI94] - Is this plan through an employer, through a union, or through Covered California’s SHOP program?

이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 있니까, 아니면 커버드 캘리포니아의 슈(SHOP) 프로그램을 통해서입니까?

[IF NEEDED, SAY: ‘SHOP is the Small Business Health Options Program administered by Covered California’]
[IF NEEDED, SAY: ‘SHOP은 커버드 캘리포니아가 주관하는 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다.’]

- 1 EMPLOYER
- 2 UNION
- 3 SHOP / COVERED CALIFORNIA
- 91 OTHER (SPECIFY: __________________)
- 7 REFUSED
- 8 DON'T KNOW

POST-NOTE FOR ‘QA19_I41’ :  
IF ‘QA19_I41’ = 3, THEN SET TEHBEX = 1
PROGRAMMING NOTE ‘QA19_I42’:
IF TEINSURE = 1 THEN GO TO ‘QA19_I43’;
ELSE CONTINUE WITH ‘QA19_I42’

‘QA19_I42’ [IA4] - Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

<TEEN>(이)는 귀하가 보험회사나 HMO로부터 직접 구입했거나, Covered California를 통해서 구입한 의료보험의 혜택을 받습니까?

[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: ‘암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 ‘추가 현금’만을 제공하는 의료보험은 포함시키지 마십시오.’]

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

If = 2, -7, -8, go to ‘QA19_I48’

POST-NOTE ‘QA19_I42’:
IF ‘QA19_I42’ = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
PROGRAMMING NOTE ‘QA19_I43’:
IF TEDIRECT = 1, THEN CONTINUE WITH ‘QA19_I43’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_I44’

‘QA19_I43’ [AI95] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

귀하는 이 의료보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

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

POST-NOTE FOR ‘QA19_I43’:
IF ‘QA19_I43’ = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE ‘QA19_I44’
IF ‘QA19_I41’ = 3, THEN GO TO PN ‘QA19_I45’;
ELSE CONTINUE WITH ‘QA19_I44’;

‘QA19_I44’ [AI97] - Was there a subsidy or discount on the premium for this plan?

이 의료보험의 보험료에는 보조금이나 할인이 제공되었습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I45’:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH ‘QA19_I45’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_I48’

‘QA19_I45’ [AI55] - 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.

[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: ‘공동 부담액(copay) 이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다.’]

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

[IF NEEDED, SAY: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]
[IF NEEDED, SAY: ‘보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다.’]

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW

‘QA19_I46’ [AI52] - 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?

직장, 노동조합, 또는 전문인 단체와 같은 다른 사람이 (TEEN) (이)의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW

If = 2, -7, -8, go to ‘PN_QA19_I48’
‘QA19_I47’ [AI53] - Who else pays all or some portion of the cost for (TEEN)’s health plan?

그 외에 또 누가 (TEEN) (이)의 의료 보험 비용의 전부 또는 일부를 지불합니까?

[CODE ALL THAT APPLY.]

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

POST-NOTE ‘QA19_I47’:
IF ‘QA19_I47’ = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF ‘QA19_I47’ = 7, SET TEMCAL = 1;
IF ‘QA19_I47’ = 10, SET TEHBEX =1;

PROGRAMMING NOTE ‘QA19_I48’:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE ‘QA19_I53’;
ELSE CONTINUE WITH ‘QA19_I48’

‘QA19_I48’ [IA6] - Is (he/she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

자녀분이 CHAMPUS/CHAMP VA, Tricare, 또는 군인이나 군인가족을 위한 의료혜택을 받고 있습니까?

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

If = 1, go to ‘PN_QA19_I54’

POST-NOTE ‘QA19_I48’:
IF ‘QA19_I48’ = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
‘QA19_I49’ [IA7] - Is {he/she} covered by some other government health plan such as AIM, ‘Mister MIP’, Family PACT, Healthy Kids or something else?

{자녀분/ 이 아이} (은)는 에임(AIM), ‘미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Healthy Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

[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: ‘에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP) 또는 MRMIP는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다. ’]

☐  1 AIM
☐  2 MISTER MIP/MRMIP
☐  3 Family PACT
☐  4 HEALTHY KIDS
☐  5 NO OTHER PLAN
☐  91 SOMETHING ELSE (SPECIFY: ____________)
☐  -7 REFUSED
☐  -8 DON'T KNOW

If = 1, 2, 3, 4, 91, go to ‘PN_QA19_I54’

POST-NOTE ‘QA19_I49’ :
IF ‘QA19_I49’ = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

‘QA19_I50’ [IA8] - Does {he/she} have any health insurance coverage through a plan that I missed?

이 자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빼트린 것이 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_I54’
‘QA19_I51’ [IA9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

Medi-CAL이나 직장, 노동조합, 아니면 그 밖의 다른 곳을 통해서 가입했습니까?

[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: ‘이 의료보험에는 현재 또는 이전의 직장/노동조합, 학교, 전문인 협회나 실업단체, 또는 기타 다른 단체를 통해서 가입하셨습니까, 아니면 의료보험회사를 통해 직접 가입하셨습니까?’]

[CIRCLE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘외에도 더 있습니까?’]

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

POST-NOTE ‘QA19_I51’:

IF ‘QA19_I51’ = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 2, SET TEEMP = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 4, SET TEMCARE = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 5, SET TEMCAL = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 7, SET TEMILIT = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 8, SET TEIHS = 1;
IF ‘QA19_I51’ = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
IF ‘QA19_I51’ = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
IF ‘QA19_I51’ = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 92, SET TEOTHER = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = -7 OR -8, SET TEINSURE = 1
PROGRAMMING NOTE ‘QA19_I52’: IF ‘QA19_I51’ = 4 (TEEN HAS MEDICARE), CONTINUE WITH ‘QA19_I52’; ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I53’

‘QA19_I52’ [IA9VER] - Just to verify, you said that (TEEN) gets health insurance through Medicare?

재확인 하는 차원에서 다시 여쭈어 봅니다. <TEEN>(이)가 메디케어 혜택을 받는다고 하셨습니까?

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

PROGRAMMING NOTE ‘QA19_I53’: IF TEINSURE ≠ 1 CONTINUE WITH ‘QA19_I53’; ELSE GO TO ‘QA19_I54’;

‘QA19_I53’ [IA1A] - What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

<TEEN>(이)가 메디-칼에 들어 있지 않은 가장 주된 b한 가지 이유는 무엇입니까?

- 1 PAPERWORK TOO DIFFICULT
- 2 DIDN’T KNOW IF ELIGIBLE
- 3 INCOME TOO HIGH, NOT ELIGIBLE
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 OTHER NOT ELIGIBLE
- 6 DON’T BELIEVE IN HEALTH INSURANCE
- 7 DON’T NEED INSURANCE BECAUSE HEALTHY
- 8 ALREADY HAVE INSURANCE
- 9 DIDN’T KNOW ABOUT IT
- 10 DON’T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: ___________)
- 7 REFUSED
- 8 DON’T KNOW
### PROGRAMMING NOTE ‘QA19_I54’:

If ‘QA19_I38’ = 1, then ‘QA19_I54’ = ‘QA19_I18’ and ‘QA19_I56’ = ‘QA19_I20’ and ‘QA19_I57’ = ‘QA19_I21’ and go to PN ‘QA19_I58’;

Else if TEINSURE = 1, then continue with ‘QA19_I54’;

Else go to PROGRAMMING NOTE ‘QA19_I58’

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‘QA19_I54’ [MA8] - Is (TEEN)’s main health plan an HMO, that is, a Health Maintenance Organization?

<TEEN>(이)의 주된 의료 보험은 HMO, 즉 건강 관리 기구(Health Maintenance Organization)입니까?

[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: ‘HMO는 Health Maintenance Organization (건강 관리 기구)의 약자입니다. 귀하의 의료보험이 HMO라면, 기본적으로 HMO에 속한 의사에게서만 진료를 받아야 합니다. 그렇지 않으면, 응급 상황이 아닌 한, 의료비가 보험에서 지불되지 않습니다.’]

**[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: ‘(his/her) MAIN health plan.’]**

**[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: 자녀분의 주된 의료 보험.’]**

**[IF R SAYS ‘POS’ OR ‘POINT OF SERVICE,’ CODE AS ‘YES.’ IF R SAYS ‘PPO,’ CODE AS ‘NO.’]**

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

*If = 1, go to ‘QA19_I56’*
PROGRAMMING NOTE ‘QA19_I55’:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO ‘QA19_I56’;
ELSE CONTINUE WITH ‘QA19_I55’;

‘QA19_I55’ [AI116] - Is (TEEN)’s health plan a PPO or EPO?
(TEEN)의 건강 보험은 PPO 또는 EPO입니까?

[IF NEEDED, SAY: ‘EPO stands for Exclusive Provider Organization. With an EPO, you must use
the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists
directly without a referral from your primary care provider.’]
[IF NEEDED, SAY: ‘EPO는 Exclusive Provider Organization(독점적 의료 제공자 기구)의 약자입니다.
EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가
의뢰하지 않더라도 의사와 전문의의 진료를 직접 받을 수 있습니다. 응급 상황일 경우, 주치의의 진료 의뢰가
없어도 직접 의사와 전문의의 진료를 받을 수 있습니다.’]

[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: ‘PPO는 Preferred Provider Organization (선호 의료 제공자 기구)의 약자입니다.
PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는
경우, 가입자가 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 의사와 전문의의 진료를 직접
받을 수 있습니다.’]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: ‘{His/Her} MAIN health plan.’]

- 1 PPO
- 2 EPO
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW
'QA19_I56' [MA7] - What is the name of (TEEN)'s main health plan?

<TEEN>이가 가입한 주된 의료 보험의 이름은 무엇입니까?

- 1 ACCESS SENIOR HEALTHCARE
- 2 AETNA
- 3 AETNA GOLDEN MEDICARE
- 4 AIDS HEALTHCARE FOUNDATION, LA
- 5 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 7 ANTHEM BLUE CROSSOF CALIFORNIA
- 8 ASPIRE HEALTH PLAN
- 9 BLUE CROSS CALIFORNIA
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIA KIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 23 CENTRAL HEALTH PLAN
- 26 CHINESE COMMUNITY HEALTH PLAN
- 29 CHINA HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
POST NOTE ‘QA19_I56’ :
IF ‘QA19_I56’ = 93, 87, OR 89 THEN SET TEMILIT=1

‘QA19_I57’ [IA14] - Is (TEEN) covered for prescription drugs?

<TEEN>(이)의 보험은 처방약도 보장해 줍니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE FOR ‘QA19_I58’:

IF ((ARINSURE ≠ 1 OR 'QA19_I36' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH ‘QA19_I58’;
ELSE SKIP TO PN ‘QA19_I61’;

‘QA19_I58’ [AI82] - Does (TEEN)'s health plan have a deductible that is more than $1,000?

(TEEN) (이)의 의료 보험의 본인 부담금, 그러니가 디덕터블이 $1,000 이 넘습니까?

[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: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]

○ 1 YES
○ 2 NO
○ 3 YES, ONLY WHEN GO OUT OF NETWORK
○ -7 REFUSED
○ -8 DON'T KNOW

‘QA19_I59’ [AI83] - Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

(TEEN) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니가 디덕터블이 $4,000 이 넘습니까?

[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: ‘본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.’]

○ 1 YES
○ 2 NO
○ 3 YES, ONLY WHEN GO OUT OF NETWORK
○ -7 REFUSED
○ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I60’ :
IF (‘QA19_I58’ = 1 OR 3) OR (‘QA19_I59’ = 1 OR 3), CONTINUE WITH ‘QA19_I60’ ;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I61’

‘QA19_I60’ [AI84] - Do you have a special account or fund you can use to pay for (TEEN)’s medical expenses?

<TEEN>(이)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

[IF NEEDED, SAY: ‘The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).’]


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

PROGRAMMING NOTE ‘QA19_I61’ :
IF TEINSURE = 1, GO TO ‘QA19_I66’ ;
ELSE CONTINUE WITH ‘QA19_I61’

‘QA19_I61’ [IA18] - What is the one main reason (TEEN) does not have any health insurance?

(TEEN) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

.choice
1 CAN’T AFFORD/TOO EXPENSIVE
2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
5 FAMILY SITUATION CHANGED
6 DON’T BELIEVE IN INSURANCE
7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
91 OTHER (SPECIFY: ______________)
-7 REFUSED
-8 DON’T KNOW
‘QA19_I62’ [IA20] Was (TEEN) covered by health insurance at any time during the past 12 months?

(TEEN) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

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

If = 1, go to ‘QA19_I64’

‘QA19_I63’ [IA21] - How long has it been since (TEEN) last had health insurance?

(TEEN) (이)가 의료 보험 없이 지낸 기간은 얼마나 되었습니까?

- 1 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 2 MORE THAN 3 YEARS AGO
- 3 NEVER HAD HEALTH INSURANCE COVERAGE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to ‘PN_QA19_I72’

‘QA19_I64’ [IA22] - For how many of the last 12 months did {he/she} have health insurance?

지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If = 0, go to ‘PN_QA19_I72’

- -7 REFUSED
- -8 DON'T KNOW
‘QA19_I65’ [IA23] - 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?

(TEEN)가 의료 보험이 있던 기간 동안, 들어있던 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직장 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY.][PROBE: ‘Any others?’][PROBE: ‘그 외에도 더 있습니까?’]

☐ 1 MEDI-CAL
☐ 3 THROUGH CURRENT OR FORMER EMPLOYER UNION
☐ 5 PURCHASED DIRECTLY
☐ 6 COVERED CALIFORNIA
☐ 91 OTHER HEALTH PLAN
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 1, 3, 5, 6, 91, -7, -8, go to ‘PN_QA19_I72’

‘QA19_I66’ [IA24] - Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

(TEEN) (은)는 지난 12 개월 내내 현재와 같은 의료 보험에 들어 있었습니까?

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

If = 1, go to ‘PN_QA19_I72’

‘QA19_I67’ [IA25] - When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있습니까?

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

If = 2, -7, -8, go to ‘QA19_I69’
‘QA19_I68’ [IA26] - 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?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘그 외에도 더 있습니까?’]

(7 maximum responses)

❑ 1 MEDI-CAL
❑ 4 THROUGH CURRENT OR FORMER EMPLOYER/UNION
❑ 5 PURCHASED DIRECTLY
❑ 6 COVERED CALIFORNIA
❑ 91 OTHER HEALTH PLAN
❑ -7 REFUSED
❑ -8 DON’T KNOW

‘QA19_I69’ [IA27] - During the past 12 months, was there any time when (he/she) had no health insurance at all?

지난 12 개월 동안, {CHILD NAME/AGE/SEX}에게 의료 보험이 전혀 없던 때가 있었습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_I72’

‘QA19_I70’ [IA28] - For how many of the past 12 months did (he/she) have no health insurance?

지난 12 개월 동안 자녀분에게 의료보험이 없었던 기간은 몇 개월입니까?

[IF < 1 MONTH, ENTER ‘1’]

______ MONTHS [RANGE: 1-12]

❑ -7 REFUSED
❑ -8 DON’T KNOW
‘QA19_I71’ [IA29] - What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn’t covered?

(TEEN) (이)가 보험에 들어 있지 않았던 동안, 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

[IF R SAYS, ‘No need,’ PROBE WHY]

- 1 CAN'T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 9 1 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW
**PROGRAMMING NOTE 'QA19_I72':**

IF NO TEEN SELECTED, GO TO SECTION J;

IF 'QA19_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';

IF 'QA19_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father';

IF 'QA19_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA19_A23' Sex =1 DISPLAY 'father' OR If 'QA19_A23' =2 DISPLAY 'mother'

ELSE IF DISPLAY 'other parent'

‘QA19_I72’ [AI56] - In what country was (TEEN)’s {mother/father} born?

(TEEN)의 {어머니/ 아버지}는 어느 나라에서 출생하셨습니까?

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

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 5 EL SALVADOR
- 6 ENGLAND
- 7 FRANCE
- 8 GERMANY
- 9 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I73’: 
IF ‘QA19_I72’ = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO ‘QA19_I77’;
ELSE CONTINUE WITH ‘QA19_I73’;
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’
IF ‘QA19_A5’ = 3 (REFUSED/DON’T KNOW) AND ‘QA19_A23’ Sex =1 DISPLAY ‘father’ OR IF 
‘QA19_A23’ =2 DISPLAY ‘mother’
ELSE IF DISPLAY ‘other parent’

‘QA19_I73’ [AI57] - Does (TEEN)’s {mother/father} now live in the U.S.?

(CHILD)의 {어머니/ 아버지}는 현재 미국에 살고 계십니까?

- 1 YES
- 2 NO
- 3 MOTHER/FATHER DECEASED
- 4 MOTHER/FATHER NEVER LIVED IN US
- 7 REFUSED
- 8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_I74’:
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’;
IF ‘QA19_A5’ = 3 (REFUSED/DON’T KNOW) AND ‘QA19_A23’ Sex =1 DISPLAY ‘father’ OR IF 
‘QA19_A23’ =2 DISPLAY ‘mother’
ELSE IF DISPLAY ‘other parent’
IF ‘QA19_I73’ = 3 (MOTHER/FATHER DECEASED), DISPLAY ‘Was’;
ELSE DISPLAY ‘Is’

‘QA19_I74’ [AI58] - {Is/Was} (TEEN)’s {mother/father} a citizen of the United States?

(TEEN)의 {어머니/ 아버지}는 미국 시민권자 {이십니까?/ 였습니까?}

- 1 YES
- 2 NO
- 3 APPLICATION PENDING
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_I75’:
IF ‘QA19_I74’ =1 SKIP TO PN_‘QA19_I76’
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’;
IF ‘QA19_A5’ = 3 (REFUSED/DON'T KNOW) AND ‘QA19_A23’ Sex =1 DISPLAY ‘father’ OR If ‘QA19_A23’ =2 DISPLAY ‘mother’
ELSE IF DISPLAY ‘other parent’
IF ‘QA19_I73’ = 3 (MOTHER/FATHER DECEASED), DISPLAY ‘Was’;
ELSE DISPLAY ‘Is’

‘QA19_I75’ [AI59] - {Is/Was} (TEEN)’s {mother/father} a permanent resident with a green card?

(TEEN)의 {어머니/ 아버지}는 그린 카드를 소지한 영주권자{여심니까? /있습니까?}

[IF NEEDED, SAY: ‘People usually call this a ‘Green Card’ but the color can also be pink, blue, or white.’]
[IF NEEDED, SAY: ‘흔히들 그린 카드’라고는 하지만, 실제 색깔은 분홍색이나 파란색, 흰색일 수도 있습니다.’]

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

PROGRAMMING NOTE ‘QA19_I76’:
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’

‘QA19_I76’ [AI60] - About how many years has (TEEN)’s {mother/father} lived in the United States?

(TEEN)의 {어머니/ 아버지}는 미국에서 대략 몇 년이나 사셨습니까?

______NUMBER OF YEARS
______YEAR FIRST COME AND LIVE IN U.S.

- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_I77’: IF SELECTED TEEN IN HOUSEHOLD, CONTINUE TO ‘QA19_I77’; ELSE SKIP TO ‘QA19_J1’
IF PROXY=1, GO TO ‘QA19_J1’

‘QA19_I77’ [AI117] - During the past 12 months, At [TEEN]’s last preventive check-up, did (he/she/he or she) speak with a doctor or other health care provider privately, without you or another adult in the room?

[IF NEEDED: A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit]

[IF NEEDED: 예방 건강검진은 연례 검진이나 스포츠 신체검사 또는 Well-Child 방문과 같이 자기거나 아프거나 부상이 없을 경우의 검진입니다.

- 01 YES
- 02 NO
- 03 DID NOT HAVE A PREVENTIVE CHECK-UP VISIT IN THE LAST 12 MONTHS
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_I78’ [AI118] - Do any of [TEEN]’s doctors or other health care providers treat only children/teens?

[TEEN](이)의 의사나 다른 의료 서비스 제공자는 아동/청소년만 치료합니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_I79’: IF ‘QA19_I78’ =1 CONTINUE WITH ‘QA19_I79’; ELSE SKIP TO ‘QA19_I80’

‘QA19_I79’ [AI119] - Have they talked with you about having [TEEN] eventually see doctors or other health care providers who treat adults?

[TEEN](이)가 성인을 치료하는 의사나 다른 의료 서비스 제공자에게 진료를 받는 것에 대해 귀하와 이야기했습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_I80’ [AI120] - Has this doctor or other health care provider actively worked with [TEEN] to... think about and plan for (his/her/his or her) future?

이 의사나 다른 의료 서비스 제공자는 귀자녀의 미래에 대해 생각하고 계획을 세우기 위해 [TEEN](이)와 적극적으로 협력했습니까?

[IF NEEDED: For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?]
[IF NEEDED: 예를 들어, 미래의 교육, 직업, 관계, 독립적인 생활 기술 개발에 대한 계획에 대해 상담하는 것이 포함됩니다.]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_I81’ [AI121] - Has this doctor or other health care provider actively worked with [TEEN] to... make positive choices about (his/her/his or her) health?

이 의사나 다른 의료 서비스 제공자는 [TEEN](이)가 자신의 건강에 관해 긍정적인 선택을 할 수 있도록 귀자녀와 적극적으로 협력했습니까?

[IF NEEDED: For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?]
[IF NEEDED: 예를 들어, 건강한 식사, 규칙적인 운동, 금연, 금주, 약물남용 금지 또는 성생활 절제를 통해?]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_I82’ [AI122] - Has this doctor or other health care provider actively worked with [TEEN] to gain skills to manage (his/her/his or her) health and health care?

이 의사나 다른 의료 서비스 제공자는 귀자녀의 건강을 관리하기 위해 \(\text{[TEEN]}(이)\)와 적극적으로 협력했습니까?

[IF NEEDED: For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?]  
[IF NEEDED: 예를 들어, 현재 건강 문제를 이해하거나, 의학적 응급 상황에서 해야 할 일을 이해하거나, 자녀에게 필요할 수 있는 약을 복용하는 것이 포함됩니다.]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_I83’ [AI123] - Has this doctor or other health care provider actively worked with [TEEN] to understand the changes in health care that happen at age 18?

이 의사나 다른 의료 서비스 제공자는 \(\text{[TEEN]}(이)\)가 18세가 되었을 때 예상되는 의료 서비스의 변경사항을 이해하기 위해 적극 협력하셨습니까?

[IF NEEDED: ‘For example, by understanding changes in privacy, consent, access to information, or decision-making?’]  
[IF NEEDED: ‘예를 들어, 개인정보 취급방침, 동의, 정보 접근 또는 의사결정의 변경 사항을 이해함으로써?’]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
Section J: Health Care Utilization and Access

PROGRAMMING NOTE ‘QA19_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’

‘QA19_J1’ [AH5] - (Now, I’d like to ask about the health care you receive.) During the past 12 months, how many times have you seen a medical doctor?

여제는 받고 계시는 의료 서비스에 대해 여쭤보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 방문하셨습니까?

_____ TIMES [HR: 0-365]

○ -7 REFUSED
○ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_J2’: IF ‘QA19_J1’ = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH ‘QA19_J2’; ELSE GO TO PROGRAMMING NOTE ‘QA19_J3’

‘QA19_J2’ [AH6] - About how long has it been since you last saw a doctor about your own health?

자신의 건강 문제 때문에 가장 최근에 의사를 본 게 얼마나 전이었습니까?

○ 0 ONE YEAR AGO OR LESS
○ 1 MORE THAN 1 UP TO 2 YEARS AGO
○ 2 MORE THAN 2 UP TO 5 YEARS AGO
○ 3 MORE THAN 5 YEARS AGO
○ 4 NEVER
○ -7 REFUSED
○ -8 DON’T KNOW
‘QA19_J3’ [AJ114] - About how long has it been since you last saw a doctor or medical provider for a routine check-up?

귀하가 일상적인 검진을 받기 위해 의사나 외래 제공자를 마지막으로 방문한 지가 대략 얼마나 되었습니다

[IF NEEDED: 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: ‘일상적인 검진은 병이나 건강 문제가 없을 때 의사를 방문하는 것을 말합니다. 일상적인 검진을 할 때는 흡연과 같은 건강과 관련된 행동에 대한 질문을 할 수도 있습니다.’]

- 0 ONE YEAR AGO OR LESS
- 1 MORE THAN 1 UP TO 2 YEARS AGO
- 2 MORE THAN 2 UP TO 5 YEARS AGO
- 3 MORE THAN 5 YEARS AGO
- 4 NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_J4’ [AJ115] - During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

지난 12개월 동안 질병이나 부상, 장애 등을 이유로 결근하거나 일하지 않은 날은 며칠입니까?

[IF NEEDED: ‘Do not include family or maternity/paternity leave’]

[IF NEEDED: ‘육아 간호 휴가, 출산/보육 휴가는 포함되지 않습니다.’]

_______ DAYS (0 - 365)

- 1 DID NOT HAVE JOB IN PAST 12 MONTHS
- -7 REFUSED
- -8 DON'T KNOW
- Other (specify) __________________________
PROGRAMMING NOTE ‘QA19_J5’:
IF ‘QA19_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH ‘QA19_J5’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_J6’

‘QA19_J5’ [AJ77] - Do you have a personal doctor or medical provider who is your main provider?
귀하의 담당 의사 역할을 하는 주치의나 외료 제공자이 있습니까?

IF NEEDED, SAY: ‘This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.’
[IF NEEDED, SAY: ‘여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 다른 외료 제공자가 포함될 수 있습니다.’]

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

PROGRAMMING NOTE ‘QA19_J6’:
IF ARINSURE =1 OR ‘QA19_H1’ = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH ‘QA19_J6’
ELSE GO TO PROGRAMMING NOTE ‘QA19_J8’
IF ‘QA19_J5’ = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY ‘your’;
ELSE DISPLAY ‘a’;

‘QA19_J6’ [AJ102] - 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?
지난 12 개월 동안, 귀하가 아프거나 다쳐서 담당의사 또는 외료 제공자와이틀 안에 진료 예약을 잡으려고 시도했던 적이 있었습니다?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]
[IF NEEDED, SAY: ‘어진트 케어 (urgent care), 즉 긴급 진료나 응급실에 가게 된 경우는 제외해 주십시오. 이 질문에는 진료 예약에만 해당됩니다.’]

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

IF = 2, -7, -8 go to ‘PN_QA19_J8’
‘QA19_J7’ [AJ103] - How often were you able to get an appointment within two days? Would you say…

예약을 이틀 안에 할 수 있었던 경우가 얼마나 자주 있었습니까?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 DON’T KNOW
- 8 REFUSED

PROGRAMMING NOTE ‘QA19_J8’:
IF ‘QA19_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND ‘QA19_J5’ = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND ([’QA19_B3’ = 1 OR ‘QA19_B4’ = 1 (HAS ASTHMA)] OR ’QA19_B7’ = 1 (HAS DIABETES) OR ’QA19_B23’ = 1 (HAS HEART DISEASE)), THEN CONTINUE WITH ‘QA19_J8’;
ELSE GO TO ‘QA19_J9’

‘QA19_J8’ [AJ80] - Is there anyone at your doctor’s office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

귀하가다니는병원이나클리닉에는다른의사에게진료나검사를받거나,같은의료서비스를받을수있도록도와 주는 사람이 있습니까?

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

‘QA19_J9’ [AJ152B] - During the past 12 months, did you receive care while in a health facility, from a doctor at another location, by use of a video device?

지난 12개월 동안의료 시설에 있는 동안 다른 장소에서 화상으로 의사의 진료를 받았습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_J11’
'QA19_J10' [AJ153B] - Was the care for a skin or eye problem, mental or emotional health problem, dental health problem or some other health problem?

이 진료는 피부나 눈에 생긴 문제에 대한 것이었습니까, 정신 건강이나 정서 문제에 대한 것이었습니까, 아니면 기타 다른 건강문제와 관련된 것이었습니까?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘그 외에도 더 있습니까?’]

☐ 1 SKIN PROBLEM
☐ 2 EYE PROBLEM
☐ 3 MENTAL OR EMOTIONAL HEALTH PROBLEM
☐ 12 DENTAL HEALTH PROBLEM
☐ 91 OTHER HEALTH PROBLEM (SPECIFY: ________________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE AJ8:
IF 'QA19_A20' >=2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH AJ8;
ELSE GO TO PROGRAMMING NOTE 'QA19_J16'

IF PROXY=1, GO TO 'QA19_J17'

'QA19_J11' [AJ8B] - The last time you saw a doctor, did you have a hard time understanding the doctor?

지난 번에 의사들 보았을 때 의사가 하는 말이 알아듣기 힘들었습니까?

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

If = 1, go to ‘QA19_J13’
If = -7, -8, go to ‘PN_QA19_J16’
PROGRAMMING NOTE 'QA19_J12':
IF 'QA19_J11' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA19_A19' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA19_J12'; ELSE GO TO PN_'QA19_J16'
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA19_J12' WAS ASKED;

'QA19_J12' [AJ50] - In what language did the doctor speak to you?

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

If = 1, go to 'QA19_J14'
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, go to 'PN_QA19_J16'

'QA19_J13' [AJ9] - Was this because you and the doctor spoke different languages?

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

'QA19_J14' [AJ10] - Did you need someone to help you understand the doctor?

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

If = 2, -7, -8, go to 'PN_QA19_J16'
‘QA19_J15’ [AJ11] - Who was this person who helped you understand the doctor?

의사의 말을 알아 들도록 도와 주었던 사람이 누구였습니까?

[IF R RESPONDS ‘MY CHILD,’ PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS ‘ADULT FAMILY MEMBER’.]

☐ 1 MINOR CHILD (UNDER AGE 18)
☐ 2 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
☐ 3 NON-MEDICAL OFFICE STAFF
☐ 4 MEDICAL STAFF INCLUDING NURSES/DOCTORS
☐ 5 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
☐ 6 OTHER (PATIENTS, SOMEONE ELSE)
☐ 7 DID NOT HAVE SOMEONE TO HELP
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_J16’ : IF ‘QA19_A20’ = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH ‘QA19_J16’ ; ELSE GO TO ‘QA19_J17’

‘QA19_J16’ [AJ105] - In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

캘리포니아 주에서는 병원에서 진료를 받는 동안 통역 서비스를 무료로 받을 권리가 있습니다. 지금까지 이러한 권리가 있다는 것을 알고 계셨습니까?

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

‘QA19_J17’ [AH16] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

지난 12 개월 동안 의사가 처방해준 약을 사는 것을 미루거나 아예 사지 않은 적이 있습니까?

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

If = 2, -7, -8, go to ‘QA19_J20’

‘QA19_J18’ [AJ19] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

비용 문제나 보험이 없던 것이 처방약을 늦게 받거나 받지 못한 이유였습니까?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_J19’:
IF ARINSURE = 1, THEN CONTINUE WITH ‘QA19_J19’;
ELSE GO TO ‘QA19_J20’

‘QA19_J19’ [AJ176] - Did you delay or not get a medicine while you had your current insurance plan?
현재 건강보험 플랜에 가입한 후로 미루거나 받지 않은 의료 혜택이 있었습니까?
- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_J20’ [AH22] - 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?
지난 12개월 동안 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것과 같은 귀하가 필요하다고 느끼신 진료를 미루거나 받지 않은 적이 있습니까?
- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, go to ‘QA19_J26’

‘QA19_J21’ [AJ129] - Did you get the care eventually?
귀하는 결국 진료를 받았습니까?
- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_J22’ [AJ20] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
비용 문제나 보험이 없던 것이 필요한 진료를 연기했거나 받지 못한 이유였습니까?
- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, go to ‘QA19_J24’
‘QA19_J23’ [AJ130] - Was that the main reason?

 그것이 주된 이유였습니까?

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

If = 1, -7, -8, go to ‘QA19_J25’

‘QA19_J24’ [AJ131] - What was the one main reason why you delayed getting the care you felt you needed?

귀하가 필요하다고 느낀 진료받기를 연기한 한 가지 주된 이유는 무엇이었습니까?

 - 1 COULDN’T GET APPOINTMENT
 - 2 MY INSURANCE NOT ACCEPTED
 - 3 MY INSURANCE DID NOT COVER
 - 4 LANGUAGE UNDERSTANDING PROBLEMS
 - 5 TRANSPORTATION PROBLEMS
 - 6 HOURS NOT CONVENIENT
 - 7 THERE WAS NO CHILD CARE FOR CHILDREN AT HOME
 - 8 I FORGOT OR LOST REFERRAL
 - 9 I DIDN’T HAVE TIME
 - 10 TOO EXPENSIVE
 - 11 I HAVE NO INSURANCE
 - 91 OTHER (SPECIFY: ____________)
 - 7 REFUSED
 - 8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_J25’:
IF ARINSURE = 1, THEN CONTINUE WITH ‘QA19_J25’;
ELSE GO TO ‘QA19_J26’

‘QA19_J25’ [AJ177] - Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

현재 건강보험 플랜에 가입한 후로 필요하다고 생각되지만 미루거나 받지 않은 다른 의료 혜택이 있었습니까?

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

다음의 질문들은 전문의에 대한 것입니다. 전문의란 외과의사, 심장과의사, 알레르지의사, 피부과의사 같은 의료 서비스의 한 분야를 전문적으로 진료하는 의사를 말합니다.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

지난 12 개월 동안, 귀하 또는 주치의가 귀하가 전문의의 진료를 받을 필요가 있다고 생각한 적이 있습니까?

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

PROGRAMMING NOTE ‘QA19_J27’:
IF ‘QA19_J26’ = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH ‘QA19_J27’;
ELSE GO TO ‘QA19_J30’

During the past 12 months, did you have any trouble finding a medical specialist who would see you?

지난 12 개월 동안, 귀하를 진료할 전문의를 찾는 데 문제가 있었습니까?

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

During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?

지난 12 개월 동안, 전문의의 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_J29’: IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH ‘QA19_J29’; ELSE SKIP TO ‘QA19_J30’

‘QA19_J29’ [AJ139] - During the past 12 months, did a medical specialist’s office tell you that they did not take your main health insurance?

지난 12 개월 동안, 전문의 병원에서 자기들은 귀하의 주 의료 보험을 받지 않는다고 말한 적이 있습니까?

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

‘QA19_J30’ [AJ133] - Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

이제 일반의에 대해 답변해 주십시오. 지난 12 개월 동안, 귀하를 진료해 줄 일반의를 찾는 데 문제가 있었습니까?

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

‘QA19_J31’ [AJ134] - During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?

지난 12 개월 동안, 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

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

PROGRAMMING NOTE ‘QA19_J32’: IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH ‘QA19_J32’; ELSE SKIP TO AD13

‘QA19_J32’ [AJ135] - During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance?

지난 12 개월 동안, 병원에서 귀하의 주 의료 보험을 받지 않겠다고 말한 적이 있습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE AD13:
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), THEN GO TO ‘QA19_J42’;
IF AGE > 45, THEN GO TO ‘QA19_J42’;
DISPLAY;
IF [‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND AD66 = 2 (IDENTIFIES AS FEMALE)], DISPLAY
‘These next questions are about women’s health.’;
IF [‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND AD66 = 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 we will skip them.’

‘AD13’ [AD13]—{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.}

{다음에 드릴 질문은 여성 건강에 대한 것입니다. / 귀하께서 출생 당시는 여성이셨기 때문에 이 질문들은
귀하에게 해당될 수도 있습니다. 그렇지 않다면, 제게 말씀해 주십시오. 그러면 그 다음 질문으로
넘어가겠습니다.}

To your knowledge, are you now pregnant?
본인이 아시기로, 현재 임신 중이심니까?

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

PROGRAMMING NOTE ‘QA19_J33’:
IF AGE > 44 YEARS GO TO ‘QA19_J49’;
ELSE IF ‘QA19_A5’=1 (MALE AT BIRTH) THEN GO TO ‘QA19_J42’;
ELSE CONTINUE WITH ‘QA19_J33’
IF PROXY=1, GO TO ‘QA19_J49’

‘QA19_J33’ [AJ169] - Which of the following statements best describes your pregnancy plans? Would
you say…
귀하의 임신 계획을 가장 잘 설명한 문장은 다음 중 어느 것입니까? 다음 중에서 선택하십시오.

- 1 You do not plan to get pregnant within the next 12 months,
- 1 현재 12개월 내에 임신할 계획이 없습니다.
- 2 You are not sexually active
- 2 성행위를 하지 않습니다.
- 3 You are planning to get pregnant within the next 12 months, or
- 3 현재 12개월 내에 임신할 계획입니다.
- 4 You are currently pregnant?,
- 4 현재 임신 중입니다.
- 5 You are not able to get pregnant?
- 5 임신할 수 없음
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_J34’:
IF AD13 = 1 (PREGNANT), GO TO ‘QA19_J49’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND ‘QA19_D11’ = 2 (GAY, LESBIAN, OR HOMOSEXUAL),
GO TO ‘QA19_J49’; IF ‘QA19_J33’ = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO
‘QA19_J37’;
ELSE CONTINUE WITH ‘QA19_J34’

‘QA19_J34’ [AF40B] - Are you or your male sex partner currently using a birth control method to prevent
pregnancy? This includes male or female sterilization.

본인께서나, 아니면 상대방 남자분께서 임신을 예방하기 위해 피임을하시나요? 여기엔 남성 또는 여성
불임 수술도 포함됩니다.

[IF NEEDED, SAY: ‘Sterilization includes having your tubes tied, getting a vasectomy, or having an
operation so you cannot have children.’]
[IF NEEDED, SAY: ‘불임 수술에는 난관을 묶는 난관 피임술, 정관 절제술, 또는 아이를 가질 수 없도록
하는 기타 수술 등이 있습니다.’]

❖ 1 YES
❖ 2 NO
❖ 3 NO MALE SEXUAL PARTNER
❖ -7 REFUSED
❖ -8 DON'T KNOW

If = 3, -7, -8, go to ‘PN_QA19_J37’
If = 2, go to ‘PN_QA19_J36’

PROGRAMMING NOTE ‘QA19_J35’:
IF IF ‘QA19_J34’ = 2 , GO TO ‘QA19_J36’;
IF ‘QA19_J34’ =3, -7, -8, GO TO ‘QA19_J37’;
ELSE CONTINUE WITH ‘QA19_J35’

‘QA19_J35’ [AJ154B] - Which birth control method or methods are you using?

귀하께서는 어떤 방법으로 피임을 하십니까?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘다른 보험도 있습니다가?’]

❖ 1 TUBAL LIGATION (TUBES TIED, CUT)
❖ 2 VASECTOMY (MALE STERILIZATION)
❖ 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
❖ 4 IMPLANT (IMPLANON, NEXPLANON, ETC.)
❖ 5 BIRTH CONTROL PILLS
❖ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL
RING/NUVA RING)
❖ 7 CONDOMS (MALE)
❖ 91 OTHER (SPECIFY: _______________)
❖ -7 REFUSED
❖ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_J36’:
IF ‘QA19_J34’ = 1, GO TO ‘QA19_J37’;
ELSE CONTINUE WITH ‘QA19_J36’

‘QA19_J36’ [AJ170] - What is the main reason you are not currently using birth control?
귀하가 현재 피임을 하지 않는 주된 이유는 무엇입니까?

- 1 TRYING TO GET PREGNANT/WANT A BABY
- 2 HAVEN'T FOUND A METHOD I LIKE
- 3 COST
- 4 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- 5 NO TRANSPORTATION
- 6 DON'T KNOW WHERE TO GET IT
- 7 DON'T BELIEVE IN BIRTH CONTROL
- 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 9 PARTNER WON'T LET ME
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_J37’:
IF ‘QA19_J35’ = 3 (IUD) OR 4 (IMPLANT), GO TO ‘QA19_J38’;
ELSE CONTINUE WITH ‘QA19_J37’

‘QA19_J37’ [AJ171] - Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant?
의사, 의료 서비스 제공자, 또는 가족 계획 상담사가 IUD 또는 임플란트(팔에 이식하는 것)에 대해 설명해준 적이 있습니까?

- 1 YES
- 2 NO
- 3 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_J38’ [AJ179] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?
지난 12개월 동안 의사 또는 의료 서비스 제공자로부터 남성 또는 여성 피임에 대한 상담이나 정보를 받으셨습니까?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_J39’ [AJ180] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

지난 12개월 동안 의사, 의료 제공자 또는 가족 계획 클리닉으로부터 피임 처방이나 피임 조치를 받은 적이 있습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

*If = 2, -7, -8, go to ‘PN_QA19_J42’*

‘QA19_J40’ [AJ181] - What main birth control method or prescription did you receive?

어떤 주된 피임 조치나 처방을 받으셨습니까?

- 1 TUBAL LIGATION (TUBES TIED, CUT)
- 2 VASECTOMY (MALE STERILIZATION)
- 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- 4 IMPLANT (IMPLANON, NEXPLANON, ETC.)
- 5 BIRTH CONTROL PILLS
- 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- 7 CONDOMS (MALE)
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_J41’ [AJ182] - Where did you receive the main birth control method or prescription?

주 피임법 또는 처방을 어디에서 받으셨습니까?

- 1 PRIVATE DOCTOR'S OFFICE
- 2 HMO FACILITY
- 3 HOSPITAL OR HOSPITAL CLINIC
- 4 PLANNED PARENTHOOD
- 5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC
- 6 SCHOOL OR SCHOOL-BASED CLINIC
- 7 EMPLOYER OR COMPANY CLINIC
- 8 INDIAN HEALTH SERVICE
- 9 PHARMACY
- 10 SOME OTHER PLACE (SPECIFY:_______)
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_J42’:
IF ‘QA19_A5’=2 (FEMALE AT BIRTH) THEN GO TO ‘QA19_J49’;
ELSE IF ‘QA19_A5’=1 (MALE AT BIRTH) CONTINUE WITH ‘QA19_J42’;

‘QA19_J42’ [AJ144B] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

지난 12개월 동안, 귀하는 의사나 의료 제공자로부터 남성 또는 여성의 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

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

‘QA19_J43’ [AJ172] - Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

본인께서나, 아니면 상대방 여성분께서임신을 예방하기 위해 피임을 하시나요? 여기엔 남성 또는 여성 불임 수술도 포함됩니다.

☐ 1 YES
☐ 2 NO
☐ 3 NO FEMALE SEXUAL PARTNER
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 3, -7, -8, go to ‘PN_QA19_J46’
If = 2, go to ‘PN_QA19_J45’

‘QA19_J44’ [AJ174] - Which birth control method or methods are you using?

귀하께서는 어떤 방법으로 피임을 하십니까?

[CENTER] [CODE ALL THAT APPLY]
[PROBE: ‘Any others?’]
PROBE: ‘다른 문제와 관련된 것은 없으셨습니까?’

☐ 01 TUBAL LIGATION (TUBES TIED, CUT)
☐ 02 VASECTOMY (MALE STERILIZATION)
☐ 03 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
☐ 04 IMPLANT (IMPLANON, NEXPLANON, ETC.)
☐ 05 BIRTH CONTROL PILLS
☐ 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
☐ 07 CONDOMS (MALE)
☐ 09 OTHER (SPECIFY: ________________)
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_J45’ [AJ175] - What is the **main** reason you are **not** currently using birth control?

귀하가 현재 피임을 하지 않는 주된 이유는 무엇입니까?

- 1 TRYING TO GET PREGNANT/WANT A BABY
- 2 HAVEN’T FOUND A METHOD I LIKE
- 3 COST
- 4 HAVEN’T HAD TIME TO GO IN FOR BIRTH CONTROL
- 5 NO TRANSPORTATION
- 6 DON’T KNOW WHERE TO GET IT
- 7 DON’T BELIEVE IN BIRTH CONTROL
- 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 9 PARTNER WON’T LET ME
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_J46’ [AJ183] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

지난 12개월 동안 의사, 의료 제공자 또는 가족 계획 클리닉으로부터 피임 처방이나 피임 조치를 받은 적이 있습니까?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

*If = 2, -7, -8 go to ‘PN_QA19_J49’*
‘QA19_J47’ [AJ184] - What main birth control method or prescription did you receive?

어떤 주된 피임 조치나 처방을 받으셨습니까?

- 1 TUBAL LIGATION (TUBES TIED, CUT)
- 2 VASECTOMY (MALE STERILIZATION)
- 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- 4 IMPLANT (IMPLANON, NEXPLANON, ETC.)
- 5 BIRTH CONTROL PILLS
- 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- 7 CONDOMS (MALE)
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_J48’ [AJ185] - Where did you receive the main birth control method or prescription?

주 피임법 또는 처방을 어디에서 받으셨습니까?

- 1 PRIVATE DOCTOR'S OFFICE
- 2 HMO FACILITY
- 3 HOSPITAL OR HOSPITAL CLINIC
- 4 PLANNED PARENTHOOD
- 5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC
- 6 SCHOOL OR SCHOOL-BASED CLINIC
- 7 EMPLOYER OR COMPANY CLINIC
- 8 INDIAN HEALTH SERVICE
- 9 PHARMACY
- 91 SOME OTHER PLACE (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_J49’ [AG1] - These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

다음 질문들은 치아 건강에 관한 것입니다. 귀하가 마지막으로 치과 의사나 치과 클리닉을 방문한 지 다락 얼마나 되었습니까? 치 위생사와 모든 종류의 치과 전문가들을 포함시키십시오.

- 0 HAVE NEVER VISITED
- 1 6 MONTHS AGO OR LESS
- 2 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 3 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 4 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 5 MORE THAN 5 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

If = 0, -7, -8, go to ‘QA19_J51’
‘QA19_J50’ [AJ167] - Was it for a routine checkup or cleaning, or was it for a specific problem?

치과에 간 이유는 정기 검진이나 클리닝을 위해서였습니까? 아니면, 치아에 어떤 문제가 생겨서였습니까?

- 1 ROUTINE CHECKUP OR CLEANING
- 2 SPECIFIC PROBLEM
- 3 BOTH
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_J51’ [AG3] - Do you now have any type of insurance that pays for part or all of your dental care?

귀하는 현재 치과 진료비를 전부 혹은 일부를 보조해 주는 보험이 있습니까?

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

‘QA19_J52’ [AJ168] - How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

귀하의 치아 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그다지로 편찮습니까, 아니면 좋지 않습니까?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 6 HAS NO NATURAL TEETH
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_J53’_INTRO:
IF PROXY=1, GO TO ‘QA19_K1’

‘AJ189_INTRO’ [AJ189_INTRO] - The next questions are about unwanted sexual experiences. This information will help us to better understand the problem of unwanted sexual contact and may help others in the future. This is a sensitive topic. Your answers will be kept confidential. If any question upsets you, you don’t have to answer it. At the end of this section, we will give you contact information to an organization that can provide information and referral for these issues. Are you in a private enough space to answer these questions?

다음 질문은 원치 않는 성경험에 대한 것입니다. 이 정보를 통해 원치 않는 성적 접촉 문제를 더욱 잘 이해하여 향후 다른 사람들에게 도움을 줄 수 있을 것으로 생각됩니다. 이 주제는 민감한 사항이므로, 귀하의 답변은 비밀이 보장됩니다. 불쾌한 질문이 있다면 답변하지 않으셔도 됩니다. [1][1]이 색션의 마지막 부분에서 이러한 문제에 관한 정보를 제공하고 추천을 해줄 기관의 연락처 정보를 알려드릴 것입니다. 귀하는 이러한 질문에 답변할 수 있는 개별 공간에 있으십니까?

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 2, -7, -8 go to ‘QA19_J55’

‘QA19_J53’ [AJ189] - Unwanted sex includes things like someone putting anything into your {vagina,} anus, or mouth or making you do these things to them after you said or showed that you didn’t want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused. Since you turned 18, has anyone ever had sex with you after you said or showed that you didn’t want them to or without your consent?

원치 않는 성행위에는 귀하의 {A65A=2 질} 항문 또는 입에 특정 물체를 넣거나, 거부 의사의 받은 후에도 그러한 행동을 하도록 하는 것이 포함됩니다. 여기에는 귀하가 술에 취해 있거나 잡자는 동안, 귀하가 거절할 경우, 다치거나 보복을 당한다고 생각하는 경우와 같이 동의할 수 없는 경우가 포함됩니다. 귀하가 18세가 된 후, 귀하가 거부 의사의 받은 후 또는 동의하지 않은 상태에서 귀하와 성관계를 가진 사람이 있었습니까?

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 2, -7, -8 go to ‘QA19_J55’
‘QA19_J54’ [AJ190] - Think about the most recent time that a person had sex with you after you said or showed that you didn’t want to or without your consent. What was that person’s relationship to you at that time?

귀하가 거부 의사를 밝혔거나, 동의하지 않은 상태에서 귀하와 성관계를 가진 사람과 관련된 최근의 사건에 대해 생각해 주십시오. 그 사람은 귀하와 어떤 관계였습니까?

[CHECK ALL THAT APPLY]

- 1 CURRENT BOYFRIEND/GIRLFRIEND
- 2 FORMER BOYFRIEND/GIRLFRIEND
- 3 FIANCE
- 4 SPOUSE OR LIVE-IN PARTNER
- 5 FORMER SPOUSE OR FORMER LIVE-IN PARTNER
- 6 SOMEONE YOU WERE DATING
- 7 FIRST DATE
- 8 FRIEND
- 9 ACQUAINTANCE
- 10 A PERSON KNOWN FOR LESS THAN 24 HOURS
- 11 COMPLETE STRANGER
- 12 PARENT
- 13 STEP-PARENT
- 14 PARENT’S PARTNER
- 15 PARENT IN-LAW
- 16 OTHER RELATIVE
- 17 NEIGHBOR
- 18 CO-WORKER
- 19 OTHER NON-RELATIVE
- 20 MORE THAN ONE PERSON
- -7 DON’T KNOW
- -8 REFUSED

‘SVRESOURCE’ [SVRESOURCE] - We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

2명 이상 이 주제는 상담하고 싶은 과거의 경험을 떠올리게 할 수 있음을 이해합니다. 본인이나 아는 사람이 교육을 받은 상담원과 이야기하기를 원한다면 1-800-656-HOPE(4673)으로 전화하거나 www.rainn.org를 방문해 주십시오.

[IF CATI, DISPLAY: Would you like me to repeat this information?]  
[IF CATI, DISPLAY: 이 정보를 다시 한 번 말씀드릴까요?]
‘QA19_J55’ [AJ87] - Now I’d like to ask about care giving. Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.

During the past 12 months, did you provide any such help to a family member or friend?

[IF NEEDED, SAY: This may include help with baths, medicines, household chores, paying bills, driving to doctor’s visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing.]

If = 2, -7, -8 go to ‘PN_QA19_K1’

‘QA19_J56’ [AJ101B] - For the next set of questions, please think about the person for whom you provided the most care.

Do you currently provide care for this person?

PROGRAMMING NOTE ‘QA19_J57’: IF ‘QA19_J56’ =1 THEN DISPLAY ‘How’ and ‘is’, ELSE DISPLAY ‘At the time you provided care’ and ‘was’.

‘QA19_J57’ [AJ201] - (How/At the time you provided care, how) old (is/was) this person? Your best estimate is fine.

‘QA19_J57’ [AJ201] - (How/At the time you provided care, how) old (is/was) this person? Your best estimate is fine.

If = 2, -7, -8 go to ‘PN_QA19_K1’

‘QA19_J56’ [AJ101B] - For the next set of questions, please think about the person for whom you provided the most care.

Do you currently provide care for this person?

PROGRAMMING NOTE ‘QA19_J57’: IF ‘QA19_J56’ =1 THEN DISPLAY ‘How’ and ‘is’, ELSE DISPLAY ‘At the time you provided care’ and ‘was’.

‘QA19_J57’ [AJ201] - (How/At the time you provided care, how) old (is/was) this person? Your best estimate is fine.

If = 2, -7, -8 go to ‘PN_QA19_K1’

‘QA19_J56’ [AJ101B] - For the next set of questions, please think about the person for whom you provided the most care.

Do you currently provide care for this person?

PROGRAMMING NOTE ‘QA19_J57’: IF ‘QA19_J56’ =1 THEN DISPLAY ‘How’ and ‘is’, ELSE DISPLAY ‘At the time you provided care’ and ‘was’.

‘QA19_J57’ [AJ201] - (How/At the time you provided care, how) old (is/was) this person? Your best estimate is fine.

If = 2, -7, -8 go to ‘PN_QA19_K1’

‘QA19_J56’ [AJ101B] - For the next set of questions, please think about the person for whom you provided the most care.

Do you currently provide care for this person?

PROGRAMMING NOTE ‘QA19_J57’: IF ‘QA19_J56’ =1 THEN DISPLAY ‘How’ and ‘is’, ELSE DISPLAY ‘At the time you provided care’ and ‘was’.

‘QA19_J57’ [AJ201] - (How/At the time you provided care, how) old (is/was) this person? Your best estimate is fine.
‘QA19_J58’ [AJ90] - What is this person’s relationship to you?

그 사람은 귀하와 어떤 관계였습니까?

- 1 HUSBAND
- 2 WIFE
- 3 SPOUSE/PARTNER
- 4 FATHER/ FATHER-IN-LAW
- 5 MOTHER/ MOTHER-IN-LAW
- 6 BROTHER/ BROTHER-IN-LAW
- 7 SISTER/ SISTER-IN-LAW
- 8 GRANDFATHER
- 9 GRANDMOTHER
- 10 SON/SON-IN-LAW
- 11 DAUGHTER/DAUGHTER-IN-LAW
- 12 OTHER RELATIVE
- 13 FRIEND/NEIGHBOR
- 14 OTHER NON-RELATIVE
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_J59’: IF ‘QA19_J56’=1 THEN DISPLAY ‘do’; ELSE DISPLAY ‘did’; IF ‘QA19_J58’=-7,-8 THEN DISPLAY ‘family member/friend’; ELSE DISPLAY {‘QA19_J58’}

‘QA19_J59’ [AJ93] - In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

일반적인 주에 귀하가 {AJ90/IF NO RESPONSE AT AJ90 INSERT ‘가족 구성원을/친구를’} 돕는 데 보내는 시간은 평균적으로 얼마나 됨니까?

___________ HOURS [HR: 0-125]

- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE AJ191: IF ‘QA19_J56’ =1 OR 2 CONTINUE WITH AJ191; ELSE GO TO ‘QA19_J61’; IF ‘QA19_J56’ =1 DISPLAY ‘Are you paid for any of the hours you help your ‘J61’? ’; IF ‘QA19_J56’ =2 DISPLAY ‘Were you paid for any of the hours you helped your ‘J61’? ’

‘AJ191’ [AJ191] - {Are you paid for any of the hours you help your ‘J61’/Were you paid for any of the hours you helped your ‘J61’}?

귀하는 본인이 [AJ90/IF NO RESPONSE AT AJ90 INSERT ‘가족 구성원/친구를’] 도와(주는) 것에 대한 금전적 대가를 받았습니까?

[IF NEEDED: ‘This could be payment from a public program, family member, or directly from the care recipient.’]
[IF NEEDED: ‘이것은 공공 프로그램, 가족 구성원, 또는 수혜자가 직접 지불하는 대금이 될 수 있습니다.’]

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_J61’: IF ‘QA19_J56’=1 THEN DISPLAY ‘is’; ELSE DISPLAY ‘was’;

‘QA19_J61’ [AJ193] - How much of a financial stress would you say that caring for your {AJ90} {is/was} for you? {Is/Was} it…

귀하의 [AJ90/IF NO RESPONSE AT AJ90 INSERT ‘가족 구성원/친구’를(을) 돌보는 것에 대한 재정적 스트레스는 얼마나 {크다고/컷다고} 생각하십니까? 다음 중에서 선택해 주십시오.

○ 01 Extremely stressful
○ 01 극히 스트레스가 많(았)다
○ 02 Somewhat stressful
○ 02 다소 스트레스를 받았(다)받는다
○ 03 A little stressful
○ 03 약간 스트레스를 받았(다)받는다
○ 04 Not at all stressful?
○ 04 전혀 스트레스가 없었다(없다)
○ -7 REFUSED
○ -8 DON’T KNOW
‘QA19_J62’ [AJ91B] - During the past 12 months, did your {AJ90} live..?

지난 12개월 동안 귀하의 {AJ90/IF NO RESPONSE AT AJ90 INSERT ‘가족 구성원/친구’}은(는) 어떻게 생활했습니까?

…[CHECK ALL THAT APPLY]

- 1 Alone,
- 1 혼자 생활
- 2 With you,
- 2 귀하와 함께 생활,
- 3 With some other family member,
- 3 다른 가족 구성원과 생활,
- 4 In a nursing home,
- 4 요양원에 입원
- 5 In an assisted-living facility, or
- 5 생활 지원 시설에 거주
- 6 In some other living situation?
- 6 다른 생활환경
- 7 REFUSED
- 8 DON'T KNOW


‘QA19_J63’ [AJ194] - {What/At the time you provided care, what} disabilities or illnesses {does/did} (he/she/he or she) have that {requires/required} your help?

귀하가 간병을 했을 때) 귀하의 도움을 {필요로 하는/필요로 했던} 장애나 질병은 어떤 것이었습니까?

[CHECK ALL THAT APPLY.]

- 1 ALZHEIMER’S, CONFUSION, DEMENTIA, FORGETFULNESS
- 2 ARTHRITIS
- 3 BACK PROBLEMS
- 4 BROKEN BONES
- 5 CANCER
- 6 DIABETES
- 7 FEEBLE, UNSTEADY, FALLING
- 8 LUNG DISEASE, EMPHYSEMA, COPD
- 9 MENTAL ILLNESS, EMOTIONAL ILLNESS, DEPRESSION
- 10 MOBILITY PROBLEM, CAN’T GET AROUND
- 11 OLD AGE, AGING
- 12 STROKE
- 13 SURGERY, WOUNDS
- 91 OTHER (SPECIFY:____________________)
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE "QA19_J64": IF AJ191 =1 CONTINUE WITH "QA19_J64", ELSE GO TO "QA19_J65"; IF 'QA19_J56' =1 DISPLAY 'Do you have all of the support and services you need to care for your {J61}'; IF 'QA19_J56' =2 DISPLAY 'Did you have all of the support and services you needed to care for your {J61}?'

"QA19_J64" [AJ197] - (Do you have all of the support and services you need to care for your {J61}?) Did you have all of the support and services you needed to care for your {J61}?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

"QA19_J65" [AJ199] - During the past 12 months, have you suffered any physical or mental health problems yourself as a result of providing care to your {AJ90}?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

"QA19_J66" [AJ200] - Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

- 1 NO CHANGE IN JOB STATUS
- 2 CHANGED JOB
- 3 TOOK A SECOND JOB/INCREASED HOURS WITH CURRENT JOB
- 4 REDUCED NUMBER OF WORK HOURS
- 5 TEMPORARY LEAVE OF ABSENCE
- 6 QUIT JOB
- 7 RETIRED/RETIRED EARLY
- 8 RECEIVED PAID FAMILY LEAVE
- 9 I DON'T WORK
- 91 OTHER (SPECIFY: ___________________)
- -7 REFUSED
- -8 DON'T KNOW
Section K: Employment, Income, Poverty Status

PROGRAMMING NOTE ‘QA19_K1’:
IF ‘QA19_G16’ = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR ‘QA19_G18’ = 1 (R USUALLY WORKS) CONTINUE WITH ‘QA19_K1’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_K4’

‘QA19_K1’ [AK3] - The next questions are about your employment.
다음의 질문들은 귀하의 고용 상태에 대한 것입니다.

How many hours per week do you usually work at all jobs or businesses?
귀하는 자신의 모든 직장 또는 사업체에서 보통 주당 몇 시간씩 일하십니까?

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

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

‘QA19_K2’ [AK7] - How long have you worked at your main job?
지금 주로 나가시는 직장에서 근무하신 지는 얼마나 됐습니까?

[IF NEEDED, SAY: ‘That is, for your current employer.’]
[IF NEEDED, SAY: ‘지금 다니시는 직장을 말합니다.’]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 0-12]
_____ YEARS [HR: 0-50]
*m -7 REFUSED
*m -8 DON'T KNOW
‘QA19_K3’ [AK10] - What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

지난달, 귀하가 시간당 임금과 월급, 팀, 커미션 등을 포함한 모든 직장과 비즈니스에서 벌어진 소득은 모두 얼마였습니까? 세금이나 다른 공제를 하지 않은 액수로 이시는 대로 말씀해 주십시오.

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$_____________ AMOUNT [HR: 0-999995]

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_K4’ [AK20] - The next question is about your spouse’s employment.

{다음 질문은 귀하의 배우자의 고용 상태에 대한 것입니다.}

How many hours per week does your {husband/wife/spouse/partner} usually work at all jobs or businesses?

귀하의 {남편/부인/배우자}는 그 분의 모든 직장 또는 사업체에서 보통 주당 몇 시간씩 일하십니까?

_____ HOURS [HR: 0-95]

☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_K5’:  
IF ‘QA19_K4’ ≠ 0 CONTINUE WITH ‘QA19_K5’;  
IF ‘QA19_A21’ = 1 (MARRIED), THEN DISPLAY ‘spouse’s’;  
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1, THEN DISPLAY ‘partner’s’;  
ELSE GO TO ‘QA19_K6’

‘QA19_K5’ [AK10A] - What is your best estimate of all your {spouse’s/partner’s} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

지난 달, 귀하의 {배우자/동거인} (이/가) 시간당 임금과 월급, 팀, 커미션 등을 포함한 모든 직장과 비즈니스에서 번 소득은 모두 얼마입니까? 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

-7 REFUSED  
-8 DON’T KNOW  

‘QA19_K6’ [AK22] - What is your best estimate of your household’s total annual income from all sources before taxes in 2018?

세금을 공제하기 전 2018 년 귀하 가구의 연간 총 수입은 얼마나 되었나? 아시는 대로 말씀해 주십시오.

[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: ‘직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 지원 등을 포함해 주십시오. 아울러, 이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의 수입도 포함해 주십시오.’]  

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$_____________ AMOUNT  [HR: 0-999995]  
-7 REFUSED  
-8 DON’T KNOW  

If = -7, -8, go to ‘PN_QA19_K8’
‘QA19_K7’ [AK22A] - PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?

귀하의 총 가구수입을 (AMOUNT) 라고 기록했는데, 맞습니까?

☐ 1 YES
☐ 2 NO

If = 1, go to ‘PN_QA19_K14’
If = 2, Go back to ‘QA19_K6’

PROGRAMMING NOTE ‘QA19_K8’ :IF ‘QA19_K6’ = -7 OR -8 CONTINUE WITH ‘QA19_K8’ ;ELSE GO TO PROGRAMMING NOTE ‘QA19_K14’

‘QA19_K8’ [AK11] - We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

저희가 정확하게 알 필요는 없습니다. 그렇지만, 귀댁의 세금 공제전 연간 가구당 총수입이 $20,000 이상입니까, 이하입니까?

☐ 1 MORE
☐ 2 EQUAL TO $20K OR LESS
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 1, go to ‘QA19_K10’
If = -7, -8, go to ‘PN_QA19_K14’

‘QA19_K9’ [AK12] - Is it …

수입이...

☐ 1 $5,000 or less
☐ 1 $5,000 이하
☐ 2 $5,001 to $10,000
☐ 2 $5,001 - $10,000
☐ 3 $10,001 to $15,000
☐ 3 $10,001 - $15,000
☐ 4 $15,001 to 20,000
☐ 4 $15,001 -20,000
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 1, 2, 3, 4, -7, -8, go to ‘PN_QA19_K14’
'QA19_K10' [AK13] - Is it more or less than $70,000 per year?
수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?
- 1 MORE
- 2 EQUAL TO $70K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, go to 'QA19_K12'
If = -7, -8, go to 'PN_QA19_K14'

'QA19_K11' [AK14] - Is it ...
수입이 ...
- 1 $20,001 to $30,000
- 2 $30,001 to $40,000
- 3 $40,001 to $50,000
- 4 $50,001 to $60,000
- 5 $60,001 to $70,000
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 5, -7, -8, go to 'PN_QA19_K14'

'QA19_K12' [AK15] - Is it more or less than $135,000 per year?
수입이 연 $135,000 이상입니까, 이하입니까?
- 1 MORE
- 2 EQUAL TO $135K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, go to 'PN_QA19_K14'

'QA19_K13' [AK16] - Is it ...
수입이 ...
- 1 $70,001 to $80,000
- 2 $80,001 to $90,000
- 3 $90,001 to $100,000
- 4 $100,001 to $135,000
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_K14’: IF R IS ONLY MEMBER OF HH, SET ‘QA19_K14’=1 AND GO TO PROGRAMMING NOTE ‘QA19_K15’ ; ELSE CONTINUE WITH ‘QA19_K14’

‘QA19_K14’ [AK17] - Including yourself, how many people living in your household are supported by your total household income?

가구 구성원 중 이 총 가구 수입으로 부양받는 사람들이 본인을 포함하며 몇 명입니까?

_____ NUMBER OF PEOPLE [HR: 1-20]

-7 REFUSED
-8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_K15’:
‘QA19_K15’ MUST BE LESS THAN ‘QA19_K14’;
IF R IS ONLY MEMBER OF HH, GO TO ‘QA19_K16’;
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) = ‘QA19_K14’ GO TO PROGRAMMING NOTE ‘QA19_K16’;
ELSE CONTINUE WITH ‘QA19_K15’

‘QA19_K15’ [AK18] - How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

{INSERT NUMBER FROM QA15_K15} 중 몇 명이 18 세 미만의 자녀분이십니까?

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

-7 REFUSED
-8 DON’T KNOW

‘QA19_K16’ [AK32] - Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

현재 함께 살고 있지만 미국에 살고 있고, 이 총 가구 수입에 의존하는 다른 사람들이 있습니까?

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW

If= 2,-7,-8 go to ‘PN_QA19_K18’

‘QA19_K17’ [AK33] - How many?

그러한 사람들이 몇 명이나 됩니까?

_____ NUMBER OF PEOPLE [HR: 1-20]

-7 REFUSED
-8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_K18’:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH ‘QA19_K18’;
ELSE GO TO ‘QA19_L7’;
PROGRAMMING NOTE ‘QA19_K18’:
IF ‘QA19_K14’ = 1, THEN DISPLAY ‘I’;
ELSE IF ‘QA19_K14’ > 1 DISPLAY ‘We’;
IF PROXY=1, GO TO ‘QA19_L1’

‘QA19_K18’ [AM1] - These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

다음 질문들은 지난 12 개월 동안 닝 재산 음식에 대해, 그리고 식비를 부담하실 수 있었는지에 관한 글입니다.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 구하 본인과 구하 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.

'The food that {I/we} bought just didn't last, and (I/we) didn't have money to get more.'

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

첫번째 문장은 '{I}이/가 산 음식은 금방 떨어졌고, {I}은/는 음식을 더 살 돈이 없었다’입니다. 지난 12 개월 동안의 구하 본인과 구하 가정의 경우에, 이 말이 여러번 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

○ 1 OFTEN TRUE
○ 2 SOMETIMES TRUE
○ 3 NEVER TRUE
○ -7 REFUSED
○ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_K19’ :IF ‘QA19_K14’ = 1, THEN DISPLAY ‘I’, ELSE IF ‘QA19_K14’ > 1 DISPLAY ‘We’

‘QA19_K19’ [AM2] - The second statement is: ‘(I/We) couldn’t afford to eat balanced meals.’

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

두번째 문장은 ‘(내/우리)가 골고루 영양분을 섭취할 수 있는 식사를 할 금전적 여유가 없었다’입니다. 지난 12개월 동안 귀하와 귀가구를 생각할 때, 이것은 흔히 있는 일, 가끔 있는 일, 전혀 일어나지 않은 일이 무엇입니까?

- 1 OFTEN TRUE
- 2 SOMETIMES TRUE
- 3 NEVER TRUE
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_K20’ [AM3] - 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?

귀하의 가정에서 귀하나 다른 성인이 지난 12개월 동안 음식을 살 충분한 돈의 여유가 없었기 때문에 식사의 양을 줄이거나 식사를 거른적이 있습니까?

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

If = 2, -7, -8, go to ‘QA19_K22’

‘QA19_K21’ [AM3A] - How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2개월 동안만 있었습니까?

- 1 ALMOST EVERY MONTH
- 2 SOME MONTHS BUT NOT EVERY MONTH
- 3 ONLY IN 1 OR 2 MONTHS
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_K22’ [AM4] - In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

지난 12 개월 동안 음식을 삶 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

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

‘QA19_K23’ [AM5] - In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

지난 12 개월 동안 귀하가 음식을 살 충분한 돈이 없었기 때문에 배가 고했지만 음식을 걸렀던 적이 있습니까?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
Section L: Public Program Participation

**PROGRAMMING NOTE ‘QA19_L1’:**
IF HOUSEHOLD INCOME IS ≤ 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR AРИINSURE ≠ 1)] CONTINUE WITH SECTION L;
ELSE GO TO PN ‘QA19_L31’

‘QA19_L1’ [AL2] - Are you now receiving TANF or CalWORKs?
귀하는 현재 탠프(TANF)나 캘웍스(CalWORKs)를 받고 있습니까?

[IF NEEDED, SAY: ‘TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.’]

[IF NEEDED, SAY: ‘TANF는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC를 대체한 것입니다.’]

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

**PROGRAMMING NOTE ‘QA19_L2’:**
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH ‘QA19_L2’;
ELSE GO TO ‘QA19_L3’;
IF PROXY=1, GO TO ‘QA19_L3’

‘QA19_L2’ [IAP1] – Is (TEEN) now receiving TANF or CalWORKs?
{청년,남/여}(이)가 AFDC나 TANF나 캘워크스를 현재 받고 있습니까?

[IF NEEDED, SAY: ‘TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.’]

[IF NEEDED, SAY: ‘TANF는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC를 대체한 것입니다.’]

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_L3’ [AL5] - Are you receiving Food Stamp benefits, also known as CalFresh?
귀하는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고 계십니까?

[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: ‘이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드벤티지 카드라고도 합니다.’]

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

PROGRAMMING NOTE ‘QA19_L4’:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH ‘QA19_L4’;
ELSE GO TO ‘QA19_L5’
IF PROXY=1, GO TO ‘QA19_L5’

‘QA19_L4’ [IAP2] - Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
(이)는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고 있습니까?

[IF NEEDED, SAY: ‘You may receive benefits as stamps or through an EBT card.’ EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: ‘이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드벤티지 카드라고도 합니다.’]

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

‘QA19_L5’ [AL6] - Are you receiving Supplemental Security Income (SSI)?
SSI 를 받고 계십니까?

[IF NEEDED, SAY: ‘SSI means Supplemental Security Income. This is different from Social Security’]
[IF NEEDED, SAY: ‘SSI는 생활보조금을 말합니다. 사회보장금과 다릅니다.’]

☑ 1 YES
☑ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_L6’ :
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND (AD13 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)) CONTINUE WITH ‘QA19_L6’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_L7’

‘QA19_L6’ [AL7] - Are you on WIC?

WIC(위) 혜택을 받고 계십니까?

[IF NEEDED, SAY: ‘WIC is the Supplemental Food Program for Women, Infants and children.’]
[IF NEEDED, SAY: ‘WIC(위)은 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다.’]

○ 1 YES
○ 2 NO
○ -7 REFUSED
○ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_L7’:
IF ‘QA19_D4’ = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR ‘QA19_A4’ = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH ‘QA19_L7’; ELSE SKIP TO PROGRAMMING NOTE ‘QA19_L8’;
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM ‘QA19_K14’.
IF ‘QA19_K14’ IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).
IF ‘QA19_K14’ = 1 DISPLAY $2000;
IF ‘QA19_K14’ = 2 DISPLAY $3000;
IF ‘QA19_K14’ = 3 DISPLAY $3150;
IF ‘QA19_K14’ = 4 DISPLAY $3300;
IF ‘QA19_K14’ = 5 DISPLAY $3450;
IF ‘QA19_K14’ = 6 DISPLAY $3600;
IF ‘QA19_K14’ = 7 DISPLAY $3750;
IF ‘QA19_K14’ = 8 DISPLAY $3900;
IF ‘QA19_K14’ = 9 DISPLAY $4050;
IF ‘QA19_K14’ ≥ 10 DISPLAY $4200;
IF ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE), DISPLAY ‘your family’s’;
ELSE DISPLAY ‘your’

‘QA19_L7’ [AL9] - 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}? 

☑ 1 YES
☑ 2 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_L8’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your spouse’;
ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY ‘you or your partner’;
ELSE DISPLAY ‘you’

‘QA19_L8’ [AL15B] - Did (you or your spouse/you or your partner/you) receive any money last month for child support?

{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하} 은(는) 지난 달에 자녀 양육비 조로 받으신 돈이 조금이라도 있습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_L10’

PROGRAMMING NOTE ‘QA19_L9’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘combined’ AND ‘and your spouse’;
ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘combined’ AND ‘and your partner’;
ELSE CONTINUE WITHOUT DISPLAYS

‘QA19_L9’ [AL16B] - What was the {combined} total amount that you (and your spouse/and your partner) received from child support last month (for both you and your spouse/partner)?

{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하} (이) 가 지난 달에 자녀 양육비로 받은 것은 모두 합해서 총 얼마였습니까?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$________________ AMOUNT [000001-999995]

☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_L10’:  
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your spouse or both of you’;  
ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your partner or both of you’  
ELSE DISPLAY ‘you’

‘QA19_L10’ [AL17] - Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

{귀하나 귀하의 동거인 또는 두 분 모두/귀하의 배우자 또는 두 분 모두/귀하} 이(가) 지난 달에 자녀 양육비 조로 보내신 돈이 조금이라도 있습니까?

☐ 1 YES, RESPONDENT PAID
☐ 2 YES, SPOUSE/PARTNER PAID
☐ 3 YES, BOTH PAID
☐ 4 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 4, -7, -8, go to ‘PN_QA19_L12’
PROGRAMMING NOTE ‘QA19_L11’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
DISPLAY ‘you or your spouse or both of you’;
ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1
(LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
DISPLAY ‘you or your partner or both of you’;
ELSE DISPLAY ‘you’

‘QA19_L11’ [AL18] - 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?

{귀하나 귀하의 동거인 또는 두 분 모두/귀하나 귀하의 배우자 또는 두 분 모두/귀하}이(가) 지난 달에 자녀 양육비로 지불한 돈은 총 얼마입니까?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

_________________ AMOUNT [000001-999995]

○ -7 REFUSED
○ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_L12’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
DISPLAY ‘you or your spouse’;
ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1
(LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY
‘you or your partner’;
ELSE DISPLAY ‘you’

‘QA19_L12’ [AL32] - Did {you or your spouse/you or your partner/you} receive any money last month for
workers compensation?

{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하}이(가) 지난 달에 종업원 상해 보상금, 즉 워커스
컴펜세이션(Workers compensation) 금액을 조금이라도 받으셨습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_L14’
PROGRAMMING NOTE ‘QA19_L13’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPouse/PARTNER LIVES IN HH), THEN
DISPLAY ‘combined’ AND ‘and your spouse’;
ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1
(LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPouse/PARTNER LIVES IN HH), THEN
DISPLAY ‘combined’ AND ‘and your partner’;
ELSE CONTINUE WITHOUT DISPLAYS

‘QA19_L13’ [AL33] - What was the {combined} total amount that you {and your spouse/and your partner}
received from workers compensation last month?

{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하}가 지난달에 받은 종업원 상해 보상금의
합산 총액은 얼마였습니까?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$_________________ AMOUNT          [000001-999995]

○ -7 REFUSED
○ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_L14’:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND ‘QA19_A21’ = 1 (MARRIED) AND
‘QA19_A22’ = 1 (SPouse/PARTNER LIVING IN SAME HH) CONTINUE WITH ‘QA19_L14’ AND
DISPLAY ‘you or your spouse’;
ELSE IF AGE ≥ 65 AND ‘QA19_A22’ = 1 (SPouse/PARTNER LIVING IN SAME HH), THEN
CONTINUE WITH ‘QA19_L14’ AND DISPLAY ‘you or your partner’;
ELSE IF AGE ≥ 65, THEN CONTINUE WITH ‘QA19_L14’ AND DISPLAY ‘you’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_L16’

‘QA19_L14’ [AL18A] - Did {you or your spouse/you or your partner/you} receive any Social Security or
Pension payments last month?

{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하}는 지난달 소셜 시큐리티(Social Security), 즉
사회보장금이나 연금 (Pension payments)을 받았습니까?

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

If = 2, -7, -8, go to ‘PN_QA19_L16’
PROGRAMMING NOTE ‘QA19_L15’:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY ‘you or your spouse’;
ELSE IF AGE ≥ 65 AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY ‘you or your partner’;
ELSE IF AGE ≥ 65, DISPLAY ‘you’;

‘QA19_L15’ [AL18B] - What was the total amount {you} received last month from Social Security and Pensions {for both you and your spouse/partner}?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

______________ AMOUNT [000001-999995]
☐ -7 REFUSED
☐ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_L16’:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH ‘QA19_L16’;
ELSE GO TO ‘QA19_L17’

‘QA19_L16’ [AL19] - What is the one main reason why you are not enrolled in the Medi-Cal program?

☐ 1 PAPERWORK TOO DIFFICULT
☐ 2 DO NOT KNOW IF ELIGIBLE
☐ 3 INCOME TOO HIGH, NOT ELIGIBLE
☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
☐ 5 OTHER NOT ELIGIBLE
☐ 6 DO NOT BELIEVE IN HEALTH INSURANCE
☐ 7 DO NOT NEED INSURANCE BECAUSE HEALTHY
☐ 8 ALREADY HAVE INSURANCE
☐ 9 DID NOT KNOW ABOUT IT
☐ 10 DO NOT LIKE / WANT WELFARE
☐ 91 OTHER (SPECIFY: ___________)  
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_L17’:
IF AH134 = 1 OR AH135 = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH AL40 AND DISPLAY ‘You previously said you had Medi-Cal. How long did you have Medi-Cal?’;
IF ARMCAL = 1 (MEDI-CAL) OR ‘QA19_H73’ = 1, CONTINUE WITH ‘QA19_L17’ AND DISPLAY ‘(You previously said you have Medi-Cal. How long have you had Medi-Cal?)’
ELSE GO TO ‘QA19_L31’

‘QA19_L17’ [AL40] - (You previously said you had Medi-Cal. How long did you have Medi-Cal?){You previously said you have Medi-Cal. How long have you had Medi-Cal?}

Medi-Cal에 가입한 지는 얼마나 되셨습니까?/귀하는 앞서 메디-칼을 갖고 있었다고 답변해 주셨습니다. 메디-칼을 얼마나 오래 갖고 계셨습니까?

_____ YEARS
_____ MONTHS
○ -7 REFUSED
○ -8 DON’T KNOW

‘QA19_L18’ [AL86] - During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

지난 12개월 이내에 본인의 Medi-Cal 혜택에 관해 카운티 사무소에 최근에 연락했을 때 담당자와 상담할 때까지 얼마나 기다리셨습니까?

○ 01 5 MINUTES OR LESS
○ 02 MORE THAN 5 MINUTES, UP TO 15 MINUTES
○ 03 MORE THAN 15, UPS TO 30 MINUTES
○ 04 MORE THAN 30 MINUTES
○ 05 NEVER CONTACTED THE COUNTY OFFICE
○ -7 REFUSED
○ -8 DON’T KNOW

If = 5, -7, -8 go to ‘QA19_L23’

‘QA19_L19’ [AL87] - Most recently, how did you contact the County office?

가장 최근에, 카운티 사무소에 어떻게 연락하셨습니까?

○ 01 VISITED OFFICE IN PERSON
○ 02 CALLED OFFICE
○ 03 DIRECTLY CONTACTED ELIGIBILITY WORKER
○ 04 ONLINE
○ 05 MAIL
○ 91 OTHER (SPECIFY:_________________
○ -7 REFUSED
○ -8 DON’T KNOW
‘QA19_L20’ [AL88] - How long did it take for the County representative to take care of your problem?
카운티 담당 직원이 귀하의 문제를 처리하는 데 얼마나 걸렸습니까?

☐ 01 A WEEK OR LESS
☐ 02 MORE THAN 1 WEEK UP TO 2 WEEKS
☐ 03 MORE THAN 2 WEEKS UP TO A MONTH
☐ 04 MORE THAN A MONTH
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_L21’ [AL89] - Tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree(s) with the following statements.
제가 읽어드릴 문장에 대해, 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.

The County representative was able to answer all of my questions. Do you…
카운티 담당자가 모든 질문에 답변해주었다.

☐ 01 Strongly agree
☐ 01 매우 동의함
☐ 02 Agree
☐ 02 동의함
☐ 03 Neither agree or disagree
☐ 03 동의도, 반대도 하지 않음
☐ 04 Disagree
☐ 04 반대함
☐ 05 Strongly disagree
☐ 05 매우 반대함
☐ -7 REFUSED
☐ -8 DON'T KNOW
'QA19_L22' [AL90] - The County representative treated me with dignity and respect. Do you…

카운티 담당자는 나를 존중해주었다.

- 01 Strongly agree
- 01 매우 동의함
- 02 Agree
- 02 동의함
- 03 Neither agree or disagree
- 03 동의도, 반대도 하지 않음
- 04 Disagree
- 04 반대함
- 05 Strongly disagree
- 05 매우 반대함
- -7 REFUSED
- -8 DON'T KNOW

'QA19_L23' [AL91] - What areas should the County office consider improving?

카운티 사무소가 개선해야 할 점은 무엇입니까?

[CHECK ALL THAT APPLY]

- 01 Reduce wait times
- 01 대기 시간 단축
- 02 Spend more time with me
- 02 방문자에게 더 많은 시간 할애
- 03 Explain things so I can understand
- 03 이해할 수 있도록 설명
- 04 Tell me what the next steps are
- 04 다음 절차에 대해 설명
- 05 No improvement needed
- 05 개선할 점이 없음
- -7 REFUSED
- -8 DON'T KNOW
- Other (specify) 

기타(구체적으로 기입)
‘QA19_L24' [AL92] - How satisfied are you with the County office? Would you say...

귀하는 카운티 사무소에 대해 얼마나 만족하십니까? 다음 중에서 선택해 주십시오.

- 01 Very satisfied
- 01 매우 만족스럽다
- 02 Somewhat satisfied
- 02 다소 만족스럽다
- 03 Neither satisfied or dissatisfied
- 03 만족스럽지도 실망스럽지도 않다
- 04 Dissatisfied
- 04 실망스럽다
- 05 Very dissatisfied
- 05 매우 실망스럽다
- 06 Not applicable
- 06 해당 사항 없음
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_L25' [AL93] - Have you renewed your Medi-Cal in the last 12 months?

지난 12개월 이내에 귀하는 본인의 Medi-Cal에 대해 검토를 했습니까.

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

If = 2, -7, -8 go to ‘QA19_L28'

‘QA19_L26’ [AL94] - When renewing your Medi-Cal, did you have any issues or problems?

본인의 Medi-Cal을 검토할 때 문제점을 발견하셨습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, go to ‘QA19_L30'
‘QA19_L27’ [AL95] - Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

1-2개월 동안 보험 보장을 일시적으로 상실했거나 완전히 상실했거나 재가입을 해야 했습니까?

- 01 YES, LOST COVERAGE FOR 1-2 MONTHS
- 02 YES, LOST COVERAGE
- 03 YES, HAD TO REAPPLY
- 04 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_L28’ [AL96] - Before you had Medi-Cal, what health coverage did you have?

Medi-Cal 보장을 받기 전에 귀하가 가지고 있었던 건강 보장은 무엇이었습니까?

- 01 No insurance
- 02 Employer-based
- 03 Private
- 04 Covered California
- 05 Other
- -7 REFUSED
- -8 DON'T KNOW

If = 1,2,3, -7, -8, go to ‘QA19_L31’

‘QA19_L29’ [AL97] - Did you have a problem changing to Medi-Cal?

Medi-Cal로 바꾸는 데 문제가 있었습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, go to ‘QA19_L31’
‘QA19_L30’ [AL98] - What was the problem?
어떤 종류의 문제입니까?

[CHECK ALL THAT APPLY]

- 01 Had to pay premiums while waiting for Medi-Cal decision
- 01 Medi-Cal 결정을 기다리는 동안 보험료를 납부해야 했음
- 02 Received conflicting eligibility notices
- 02 내용이 상반되는 자격 통지서를 받음
- 03 Delay in receiving Medi-Cal
- 03 Medi-Cal 혜택 이용의 지연
- 04 Could not see my provider
- 04 서비스 제공자를 만날 수 없음
- 05 Required to provide a lot of paperwork
- 05 서류 작업이 많음
- 06 Had to file an appeal
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_L31’:
IF ‘QA19_G1’ ≠ 1, 2, 9, 22 OR 26 CONTINUE WITH ‘QA19_L31’;
ELSE SKIP TO ‘QA19_M1’;

‘QA19_L31’ [AL99] - Was there ever a time when you decided not to apply for one or more non-cash
government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it
would disqualify you or a family member, from obtaining a green card or becoming a U.S. citizen?
귀하 본인이나 가족이 영주권을 얻지 못하거나 미국 시민권을 받지 못할까봐 염려되어 Medi-Cal, 푸드
스탬프 또는 주택 보조금과 같은 한 가지 이상의 비현금성 정부 서비스를 신청하지 않기로 결정하신 적이
있습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If= 2, 7, 8 then go to ‘QA19_L33’

‘QA19_L32’ [AL104] - Did this happen in the last 12 months?
이 일이 지난 12개월 이내에 있었습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_L33’ [AL100] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

의료 서비스를 받으려고 했을 때 사회보장 번호를 제시하라고 요구 받거나 시민권이나 법적 상태 증명서를 제시하라는 요구를 받은 적이 있습니까?

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW

If =2,-7,-8, go to ‘QA19_L35’

‘QA19_L34’ [AL101] - Did this happen in the past 12 months?

이 일이 지난 12개월 이내에 있었습니까?

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW

‘QA19_L35’ [AL102] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

본인이나 자녀를 학교에 등록하려고 했을 때 귀하의 사회보장 번호를 제시하라고 요구 받거나 시민권이나 법적 상태 증명서를 제시하라는 요구를 받은 적이 있습니까?

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW

If =2,-7,-8, go to ‘QA19_M1’

‘QA19_L36’ [AL103] - Did this happen in the past 12 months?

이 일이 지난 12개월 이내에 있었습니까?

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW
Section M: Housing and Social Cohesion

‘QA19_M1’ [AK23] - These next questions are about your housing and neighborhood.

다음의 질문들은 귀하의 주거지와 이웃에 관한 것입니다.

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

단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

[IF NEEDED, SAY: ‘A duplex is a building with 2 units.’]
[IF NEEDED, SAY: ‘두 가구가 사는 연립 주택(듀플렉스)은 한 건물 안에 두 가구가 사는 구조입니다.’]

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

‘QA19_M2’ [AK25] - Do you own or rent your home?

현재 사시는 집은 본인 소유입니까, 아니면 렌트입니까?

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

PROGRAMMING NOTE ‘QA19_M3’: If AAGE >= 65 AND ‘QA19_M2’ = 1, ASK ‘QA19_M3’

‘QA19_M3’ [AM37] - Are you currently paying off a mortgage or loan on this home?

귀하는 이 집에 대해 현재 주택 담보 대출금을 갚고 있습니까?

[IF SPOUSE/PARTNER IS PAYING, CODE AS ‘YES’]

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_M4’: IF ‘QA19_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH ‘QA19_M4’ ELSE GO TO ‘QA19_M5’

‘QA19_M4’ [AJ178] - Is there anyone at your doctor’s or healthcare provider’s office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

담당 의사의 진료소나 의료제공자의 진료실이나 클리닉에 귀하가 필요로 하는 주거 지원, 식품 지원 또는 사회적 지원과 같은 지역사회 기반의 서비스를 가족에게 연결해주는 사람이 있습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_M5’:
IF ‘QA19_M5’ THROUGH ‘QA19_M8’ NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH ‘QA19_M5’; ELSE GO TO ‘QA19_M9’

IF PROXY=1, GO TO ‘QA19_M9’

‘QA19_M5’ [AM19] - Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

제가 읽어드릴 문장에 대해, 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오:

People in my neighborhood are willing to help each other.

우리 동네 사람들은 서로 돕고 지내고 싶어한다.

[IF NEEDED, SAY: ‘Do you strongly agree, agree, disagree, or strongly disagree?’]

[DO NOT PROBE A ‘DON’T KNOW’ RESPONSE.]

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_M6’ [AM20] - People in this neighborhood generally do not get along with each other.

이 동네 사람들은 보통 서로 친하게 지내지 않는다.

[IF NEEDED, SAY: ‘Do you strongly agree, agree, disagree, or strongly disagree?’]
[IF NEEDED, SAY: ‘전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.’]

[DO NOT PROBE A ‘DON’T KNOW’ RESPONSE.]

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_M7’ [AM21] - People in this neighborhood can be trusted.

이 동네 사람들은 믿을 수 있다.

[IF NEEDED, SAY: ‘Do you strongly agree, agree, disagree, or strongly disagree?’]
[IF NEEDED, SAY: ‘전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.’]

['DO NOT PROBE A ‘DON’T KNOW’ RESPONSE.]

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_M8’ [AK28] - Do you feel safe in your neighborhood...

귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오.

- 01 All of the time,
- 01 항상 안전함
- 022 Most of the time,
- 022 대부분 안전함
- 033 Some of the time, or
- 033가끔 안전함 혹은
- 044 None of the time
- 04 전혀 안전하지 않음
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_M9’ [AM39] - In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

지난 12개월 동안 지역사회의 문제를 해결할 수 있도록 방법을 구성하거나 주도한 적이 있습니까?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_M10’ [AM44] - Imagine that you find out about a problem in your community and you want to do something about it. For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water. Do you think you could express your views in front of a group of people?

지역사회의 문제점을 발견했으며 원가 조치를 취하고 싶다고 가정합시다. 예를 들어, 학교 근처에서 불법 약물판매가 있었거나, 지역의 음용수에서 다량의 납이 발견되는 경우가 있을 수 있습니다. 많은 사람들 앞에서 본인의 의견을 말할 수 있으십니까?

- 1 Definitely could not
- 1 절대 불가능하다
- 2 Probably could not
- 2 아마 불가능할 것이다
- 3 Maybe could
- 3 아마 가능할 것이다
- 4 Probably could
- 4 가능할 것이다
- 5 Definitely could
- 5 당연히 가능하다
- 6 REFUSED
- 7 DON'T KNOW
‘QA19_M11’ [AM45] - Do you think you could contact an elected official or someone else in government who represents your community?

귀하는 선출 공직자나 지역사회를 대표하는 정부 기관의 담당자에게 연락하실 수 있습니까?

- 1 Definitely could not
- 2 Probably could not
- 3 Maybe could
- 4 Probably could
- 5 Definitely could
- 6 REFUSED
- 7 DON'T KNOW

‘QA19_M12’ [AM48] - In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

지난 12개월 이내에 정당을 제외하고 공공 정책이나 정부에 영향을 주려는 그룹에 참여하신 적이 있습니까?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
Section P: Voter Engagement

PROGRAMMING NOTE ‘QA19_P1’:
IF ‘QA19_G4’=1 (CITIZEN) OR ‘QA19_G1’ = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH ‘QA19_P1’;
ELSE GO TO ‘QA19_P3’

‘QA19_P1’ [AP73] - How often do you vote in presidential elections?

대통령 선거 투표에 얼마나 자주 참여하셨습니까?

- 01 Always,
- 01 항상
- 02 Sometimes, or
- 02 가끔
- 03 Never?
- 03 전혀 없었음
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_P2’ [AP74] - How often do you vote in state elections, such as for Governor or state proposition?

주지사 또는 주정부 인사 등의 주 선거 투표에 얼마나 자주 참여하셨습니까?

- 01 Always,
- 01 항상
- 02 Sometimes, or
- 02 가끔
- 03 Never?
- 03 전혀 없었음
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_P3’ [AP75] - How often do you vote in local elections, such as for Mayor or school board?

시장 또는 교육 위원회와 같은 지역 선거 투표에 얼마나 자주 참여하셨습니까?

- 01 Always,
- 01 항상
- 02 Sometimes, or
- 02 가끔
- 03 Never?
- 03 전혀 없었음
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_P4’:
IF ‘QA19_P1’ or ‘QA19_P2’ or ‘QA19_P3’ = 2 OR 3, CONTINUE WITH ‘QA19_P4’;
ELSE SKIP TO ‘QA19_S1’;

‘QA19_P4’ [AP80] - For the most recent election that you did not vote in, what is the main reason why you did not vote?

귀하가 투표하지 않은 최근 선거에서 귀하가 투표하지 않은 주요 이유는 무엇이었습니까?

- 1 I dislike politics
- 2 Voting has little to do with the way real decisions are made
- 3 I did not like any of the candidates on the ballot.
- 4 My one vote is not going to affect how things turn out.
- 5 I was not informed enough about the candidates or issues to make a good decision.
- 6 I did not see a difference between the candidates or parties.
- 7 I was not interested in what is happening in government.
- 8 I just did not think about doing it.
- 9 I forgot
- 10 I had to work
- 11 I did not have transportation
- 11 교통편이 없어서
- 91 Other (Specify:________)
- 91 기타(구체적으로 기입)
- -7 REFUSED
- -8 DON’T KNOW
Section S: Suicide Ideation and Attempts

PROGRAMMING NOTE 'QA19_S1':
IF PROXY=1, GO TO PN_AM10B

'QA19_S1' [AF86] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.

Have you ever seriously thought about committing suicide?

다음은 자해, 즉 자기 자신을 해치려는 생각들에 대한 것입니다. 앞서 말씀드렸듯이, 불편한 질문에 대해서는 대답하지 않으셔도 됩니다.

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

If = 2, -7, -8, go to 'PN_AM10B'

'QA19_S2' [AF87] - Have you seriously thought about committing suicide at any time in the past 12 months?

지난 12개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

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

If = 2, -7, -8, go to 'QA19_S4'

'QA19_S3' [AF91] - Have you seriously thought about committing suicide at any time in the past 2 months?

지난 2개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

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

'QA19_S4' [AF88] - Have you ever attempted suicide?

자살을 기도해본 적이 있습니까?

○ 1 YES
○ 2 NO
○ -7 REFUSED
○ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_S5’:
IF ‘QA19_S2’ = (2, -7, -8) AND ‘QA19_S4’ = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF ‘QA19_S3’ = (2, -7, -8) AND ‘QA19_S4’ = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF ‘QA19_S3’ = 1 AND ‘QA19_S4’ = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH ‘QA19_S5’

‘QA19_S5’ [AF89] - Have you attempted suicide at any time in the past 12 months?

지난 12 개월 동안, 한 번이라도 실제로 자살을 기도했던 적이 있었습니까?

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

‘SUICIDE RESOURCE:’ [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.]

지사에 대한 생각이나 자살 기도와 관련해 누군가와 이야기하고 싶다면 통화 가능한 전화번호를 알려드리고 싶습니다. 사람마다 모드를 주기 위해 24 시간 대기하고 있습니다. 전화번호는 1-800-273-TALK (8255)입니다. 아니면, 도움이 될 만한 정보가 있는 인터넷 사이트를 방문하실 수도 있습니다. 인터넷 사이트 주소는 www.suicidepreventionlifeline.org 입니다.

POST-NOTE FOR SUICIDE RESOURCE:
IF ‘QA19_S2’ = (2, -7, -8) AND ‘QA19_S4’ = (2, -7, -8) THEN SKIP TO PN_AM10B (NEXT SECTION);
ELSE CONTINUE
‘QA19_S6’ [AF90] - Would you like to discuss your thoughts with this person or would you like to continue with the survey?

이 곳의 상담원과 이야기를 해 보고 싶으십니까?

- 1 DISCUSS THOUGHTS WITH PERSON
- 2 CONTINUE WITH SURVEY
- 7 REFUSED
- 8 DON'T KNOW

*If = 2, -7, -8, go to ‘PN_AM10B’*
Follow-Up Survey Permission

PROGRAMMING NOTE AM10B:
IF ('QA19_D5' OR 'QA19_D6' OR 'QA19_D7' =1)
OR 'QA19_G1'= 4,5,10,12,13,16,17,18,19,24,25, OR OTHER ASIAN/LATIN AMERICAN COUNTRY,
DISPLAY 'JUST A COUPLE OF FINAL QUESTIONS';
ELSE DISPLAY 'JUST A FINAL QUESTION';

‘AM10B’ [AM10B] - Just a {couple of} final question(s) and then we are done. Please provide your name and telephone number so that we may call you if we have additional questions.

몇 가지 질문만 남았습니다. 추가적인 질문이 있을 경우 연락을 드릴 수 있도록 귀하의 이름과 전화번호를 말씀해 주십시오.

First Name: ________________________  Last Name: _________________________
이름: ______________________________  성: ______________________________

Phone Number: _____________________
전화번호: __________________________

PN_LTSS/RIGHTS FOLLOW-UP:
IF PROGRAMMING NOTE LTSS_A:
IF ('QA19_D5' OR 'QA19_D6' OR 'QA19_D7' =1), THEN CONTINUE
OR IF ‘QA19_G1’= 4,5,10,12,13,16,17,18,19,24,25, OR OTHER ASIAN/LATIN AMERICAN COUNTRY,
CONTINUE;
ELSE GO TO PN_SR2

‘LTSS/RIGHTS FOLLOW-UP’ [LTSS/RIGHTS FOLLOW-UP] - Based on your responses, you may be eligible to participate in another survey conducted by UCLA. It will take place about 2-3 weeks from now and you will be paid $25. This other survey will take 15 minutes to complete and is for {people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands)/people who were born in Asia or Latin America as they seek health care, go to work and school, and engage in their communities}.

귀하의 답변을 바탕으로 볼 때 귀하는 UCLA가 실시하는 다른 설문조사에 참여하실 수 있는 것으로 판단됩니다. 2-3주 후에 사례금으로 $25가 지불될 것입니다. 다른 설문조사는 옷입기, 목욕, 걷기, 가사 등과 같은 일상생활에 어려움을 겪는 사람/아시아나 남미 지역에서 태어난 사람들로서 건강 보험이 필요하거나, 일하거나, 학교에 가거나, 지역사회에 참여하려는 사람)을 위한 설문조사로서 완료하는데 15분이 소요될 예정입니다.

May we contact you about this survey?

이 설문조사에 대해 설명하기 위해 연락드려도 되겠습니다가?

☑ 01 YES
☑ 02 NO
☑ -7 REFUSED
☑ -8 DON'T KNOW
PN_LTSS/RIGHTS CONTACT:  
IF LTSS/RIGHTS FOLLOW-UP = 1 AND INFO NOT PROVIDED IN AM10B, CONTINUE;  
ELSE GO TO PN_SR2

‘LTSS/RIGHTS CONTACT’ [LTSS/RIGHTS CONTACT] - Please provide your name and telephone number so that we may call you if we have additional questions.

추가적인 질문이 있을 경우 연락을 드릴 수 있도록 귀하의 이름과 전화번호를 말씀해 주십시오.

First Name: _________________________  
Last Name: _________________________

이름: _____________________________  
성: ________________________________

Phone Number: _________________________

전화번호: __________________________

PROGRAMMING NOTE SUICIDE RESOURCE 2:  
IF ‘QA19_S6’ = (2, -7, -8),  
AND ['QA19_S3' = 1 OR ('QA19_S3' = 2, -7, -8 AND ‘QA19_S5’ =1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;  
ELSE GO TO PROGRAMMING NOTE CLOSE1

IF PROXY=1, GO TO PN_CLOSE1&2

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? The toll-free number is 1-800-273-TALK (8255).

[SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

있는 귀하가적을찾는데에대해상담을맞출수말라도의방법을제공합니다.  
저는귀하가적을찾는데에대해상담을맞출수말라도의방법을제공합니다.  
무료전화번호는 1-800-273-TALK (8255)입니다.

[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.]

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

또는이기관의웹사이트 www.suicidepreventionlifeline.org 를방문하실수도 있습니다.

[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.]
‘QA19_S7’ [AN8] - Would you like to speak with someone now?

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

If = 2, -7, -8, go to ‘CLOSE1’

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

‘CLOSE1’ [CLOSE1] - Let me check to see if there is anyone else.

If true, go to ‘HH_SELECT’

‘CLOSE2’ [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.

시간을 내시 협조해 주신 것에 대해 감사드립니다. 귀하는 매우 중요한 보건 설문 조사에 도움을 주셨습니다. 질문이 있으시면 연구 책임자인 톨스(Ponce) 박사에게 무료 전화 1-866-275-2447 로 전화해 주십시오. 다시 한 번 감사드립니다. 안녕히 계십시오.