



california
health
interview
survey

CHIS 2020

Adolescent CATI Questionnaire

(Interviewer-Administered)

Version 1.02 Korean

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(Adolescent Respondents Ages 12-17)

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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 2020 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I AND CIVIC ENGAGEMENT

PROGRAMMING NOTE 'QT2020_A1' :
SET TADATE = CURRENT DATE (YYYYMMDD)

'QT2020_A1' [TA1] - What is your date of birth?

본인의 생년월일은 무엇입니까?

_____ MONTH

- 1 JANUARY
- 2 FEBRUARY
- 3 MARCH
- 4 APRIL
- 5 MAY
- 6 JUNE
- 7 JULY
- 8 AUGUST
- 9 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER
- 7 REFUSED
- 8 DON'T KNOW

_____ DAY

- 7 REFUSED
- 8 DON'T KNOW

_____ YEAR

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_A2' :
IF 'QT2020_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT2020_A2' ;
ELSE GO TO 'QT2020_A4'

'QT2020_A2' [TA1A] - What month and year were you born?

본인은 몇 년 몇 월에 출생했습니까?

_____ MONTH

- 1 JANUARY
- 2 FEBRUARY
- 3 MARCH
- 4 APRIL
- 5 MAY
- 6 JUNE
- 7 JULY
- 8 AUGUST
- 9 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER
- 7 REFUSED
- 8 DON'T KNOW

_____ YEAR

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_A3' :
IF 'QT2020_A2' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT2020_A3' ;
ELSE GO TO 'QT2020_A4'

'QT2020_A3' [TA2] - How old are you?

나이를(연세)를 말씀해 주시겠습니까?

_____ YEARS OF AGE [SR: 12-17]

- 7 REFUSED
- 8 DON'T KNOW

POST-NOTE 'QT2020_A3' :
IF 'QT2020_A1' AND 'QT2020_A3' ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE);
IF TEENAGE is less than 12 OR TEENAGE greater than 17, THEN TERMINATE INTERVIEW AND CODE
INELIGIBLE (IT)

'QT2020_A4' [TA20] - On your original birth certificate, was your sex assigned as male or female?

귀하의 최초 발급된 출생 증명서에 기재된 성별은 남성입니까, 여성입니까?

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

'QT2020_A5' [TA21] - 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 = 1, 2, 3, -7, -8 go to 'QT2020_A7'

PROGRAMMING NOTE 'QT2020_A6':
IF 'QT2020_A5' = 4 THEN CONTINUE WITH 'QT2020_A6';
ELSE SKIP TO 'QT2020_A7'

'QT2020_A6' [TA22] - What is your current gender identity?

현재 귀하의 성별이 무엇이라고 생각하십니까?

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

'QT2020_A7' [TA4] - Did you attend school last week?

본인은 지난 주에 학교에 출석했습니까?

- 1 YES
- 2 NO
- 3 ON VACATION
- 4 HOME SCHOOLED
- 7 REFUSED
- 8 DON'T KNOW

If = 1, go to 'QT2020_A9'

'QT2020_A8' [TA4C] - Did you attend school during the last school year?

지난 학년도에 학교에 출석했습니까?

- 1 YES
- 2 NO
- 3 HOME SCHOOLED LAST YEAR
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, go to 'SECTION B – HEALTH STATUS AND HEALTH CONDITIONS'

'QT2020_A9' [TA4B] - What is the name of the school you go to or last attended?

본인이 현재 다니고 있거나 마지막으로 다녔던 학교의 이름은 무엇입니까?

[IF NEEDED, ASK: 'Is that an elementary, middle, junior high, or high school?']

[IF NEEDED, ASK: '그 학교는 초등학교, 중학교 또는 고등학교입니까?']

[INTERVIEWER NOTE: RECORD VERBATIM]

_____ NAME OF SCHOOL

- 7 REFUSED
- 8 DON'T KNOW

_____ TYPE OF SCHOOL

- 0 TEEN NOT IN SCHOOL
- 1 ELEMENTARY
- 2 INTERMEDIATE
- 3 JUNIOR HIGH
- 4 MIDDLE SCHOOL
- 5 HIGH SCHOOL
- 6 SENIOR HIGH SCHOOL
- 7 CONTINUATION
- 8 CHARTER SCHOOL
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

SECTION B: HEALTH STATUS AND HEALTH CONDITIONS

'QT2020_B1' [TB1] - Now I'm going to ask about your health.

지금부터는 본인의 건강에 대해 질문을 드리겠습니다.

In general, would you say your health is excellent, very good, good, fair or poor?

전반적으로 본인의 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

'QT2020_B2' [TB2] - About how tall are you without shoes?

신발을 벗고 키를 재면 얼마나 됩니까?

[IF NEEDED, SAY: 'Your best guess is fine.']

[IF NEEDED, SAY: '정확히 모르시면 비슷하게라도 말씀해 주시면 됩니다.']

_____ FEET
_____ INCHES

_____ METERS
_____ CENTIMETERS

- 1 FEET, INCHES
- 2 CENTIMETERS
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_B3' [TB3] - About how much do you weigh without shoes?

신발을 벗고 잤을 때, 체중이 얼마나 됩니까?

[IF NEEDED, SAY: 'Your best guess is fine.']

[IF NEEDED, SAY: '정확히 모르시면 비슷하게라도 말씀해 주시면 됩니다.']

_____ POUNDS [HR:50-450]

_____ KILOGRAMS [HR: 20-220]

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_B4' :
IF 'QT2020_A7' = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH
'QT2020_B4' ;
ELSE GO TO 'QT2020_B5'

'QT2020_B4' [TB4] - During the last four school weeks, how many days of school did you miss because of a health problem?

지난 4주 동안, 건강 문제로 학교를 결석한 날이 며칠이나 됩니까?

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS [HR: 0-20]

- 7 REFUSED
- 8 DON'T KNOW

'QT2020_B5' [TB5] - Has a doctor ever told you or your parents that you have asthma?

본인에게 천식이 있다고 의사가 본인이나 부모님께 말한 적이 있습니까?

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

If = 2, -7, -8, go to 'QT2020_C1'

'QT2020_B6' [TB17] - Do you still have asthma?

아직도 천식이 있습니까?

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

'QT2020_B7' [TB18] - During the past 12 months, have you had an episode of asthma or an asthma attack?

지난 12개월 동안, 이따금씩 아니면 한 번이라도 천식 증세가 있었던 적이 있습니까?

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

PROGRAMMING NOTE 'QT2020_B8' :
IF 'QT2020_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2020_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS)
CONTINUE WITH 'QT2020_B8';
ELSE GO TO 'QT2020_B11'

'QT2020_B8' [TB19] - During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

지난 12개월 동안, 본인의 천식 때문에 병원 응급실에 가야 했던 때가 있었습니까?

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

If = 2, -7, -8, go to "QT2020_B11"

'QT2020_B9' [TB31] - Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

천식 증세로 본인의 주치의나 전문의를 볼 수 없었기 때문에 병원 응급실에 간 적이 있습니까?

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

- 1 YES
- 2 NO
- 3 DOESN'T HAVE A DOCTOR OR ANY OTHER TYPE OF HEALTHCARE PROVIDER
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_B10' [TF4A] - During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

지난 12개월 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

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

'QT2020_B11' [TB6] - 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 준 약을 현재 매일 복용하고 있습니까?

[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 다릅니다.']

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

PROGRAMMING NOTE 'QT2020_B12' :
IF 'QT2020_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2020_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS)
GO TO 'QT2020_B16' ;
ELSE CONTINUE WITH 'QT2020_B12'

'QT2020_B12' [TB27] - During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

지난 12개월 동안, 기침, 쌕근거림, 숨가쁨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까?
 다음 중 선택해 주십시오.

- 1 Not at all
- 1 전혀 발생하지 않았음
- 2 Less than every month
- 2 몇 달에 한 번
- 3 Every month
- 3 매달
- 4 Every week
- 4 매주
- 5 Every day
- 5 매일
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_B13' :
IF 'QT2020_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2020_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS)
GO TO 'QT2020_B16' ;
ELSE CONTINUE WITH 'QT2020_B13'

'QT2020_B13' [TB28] - During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

지난 12개월 동안, 본인의 천식 때문에 병원 응급실에 간 적이 있습니까?

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

If = 2, -7, -8, go to 'QT2020_B16'

'QT2020_B14' [TB34] - Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

천식 증세로 본인의 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

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

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

'QT2020_B15' [TB29] - During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

지난 12개월 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

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

'QT2020_B16' [TB24] - During the past 12 months, how many days of school did you miss due to asthma?

지난 12개월 동안, 천식 때문에 학교에 결석한 날은 며칠이나 됩니까?

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS_[HR: 0-365]

- 996 NOT GOING TO SCHOOL
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_B17' [TB20] - 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 본인과 함께 천식 관리 계획을 세운 적이 있습니까?

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

If = 2, -7, -8, go to 'QT2020_C1'

'QT2020_B18' [TB32] - Do you have a written or printed copy of this plan?

이 천식 관리계획 사본을 가지고 있습니까?

[IF NEEDED, SAY: 'This can be an electronic or hard copy.']

[IF NEEDED, SAY: '컴퓨터 문서나 종으로 된 문서 모두 해당됩니다.']

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

'QT2020_B19' [TB33] - How confident are you that you can control and manage your asthma? Would you say you are...

천식을 관리하는 데 얼마나 자신이 있습니까?

- 1 Very confident,
- 1 매우 자신이 있다,
- 2 Somewhat confident,
- 2 약간 자신이 있다,
- 3 Not too confident, or
- 3 별로 자신이 없다
- 4 Not at all confident?
- 4 전혀 자신이 없다?
- 7 REFUSED
- 8 DON'T KNOW

SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

'QT2020_C1' [TE4] - Now, I'm going to ask about the foods you ate yesterday, including both meals and snacks.

지금부터는 어제 먹은 음식(주식과 간식을 모두 포함)에 대해 질문을 드리겠습니다.

Yesterday, how many servings of fruit, such as an apple or banana, did you eat?

본인은 어제 사과나 바나나 같은 과일을 몇 인분이나 먹었습니까?

[IF NEEDED, SAY: 'A serving is whatever it means to you.']

[IF NEEDED, SAY: '1인분의 양은 본인 생각대로 정하시면 됩니다.']

_____ SERVINGS [HR: 0-20; SR: 0-9]

- 7 REFUSED
- 8 DON'T KNOW

'QT2020_C2' [TE6] - [Yesterday,] how many servings of vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes.

[어제,] 야채 샐러드, 초록색 깍지콩(그린빈)이나 감자 같은 채소를 몇 인분이나 먹었습니까? 감자 튀김은 포함시키지 마십시오.

_____ SERVINGS [HR: 0-20; SR: 0-4]

- 7 REFUSED
- 8 DON'T KNOW

'QT2020_C3' [TC28A] - [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did you drink?

Do not include diet soda.

[어제,] 본인은 콜라 등 설탕이 들어있는 소다, 즉 탄산 음료를 몇 잔 또는 몇 캔이나 마셨습니까? 다이어트 소다는 포함시키지 마십시오.

[IF NEEDED, SAY: 'Do not include canned or bottled juices or teas.']

[IF NEEDED, SAY: '캔 또는 병에 들어 있는 주스나 차는 포함시키지 마십시오.']

_____ GLASSES OR CANS [HR 0-15;SR 0-7]

- 7 REFUSED
- 8 DON'T KNOW

SECTION D: PHYSICAL ACTIVITY

PROGRAMMING NOTE 'QT2020_D1' :

IF 'QT2020_A7' = 4 OR 'QT2020_A8' = 3 (HOME SCHOOLED) OR 'QT2020_A8' = 2 (NO, NOT IN SCHOOL LAST YEAR), GO TO 'QT2020_D3'; IF 'QT2020_A7' = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH 'QT2020_D1' AND DISPLAY 'During the school year, on how many days during a typical week do';

ELSE CONTINUE WITH 'QT2020_D1' AND DISPLAY 'How many days in the past week did'

'QT2020_D1' [TD27] - {How many days in the past week did/During the school year, on how many days during a typical week do} you walk home from school?

{지난 주에 본인이 걸어서 학교에서 집으로 온 날이 / 이번 학년도 동안, 본인이 학교에서 집으로 걸어서 온 날이 보통 한 주에} 며칠이나 됩니까?

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, 'I'll ask about those next.']

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, '그것들에 대해서는 다음에 질문 드리겠습니다.']

[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

_____ DAYS

- 7 REFUSED
 -8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_D2' :

IF 'QT2020_A7' = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH 'QT2020_D2' AND DISPLAY 'During the school year, on how many days during a typical week do';

ELSE CONTINUE WITH 'QT2020_D2' AND DISPLAY 'How many days in the past week did'

'QT2020_D2' [TD30] - {How many days in the past week did/During the school year, on how many days during a typical week do} you bicycle or skateboard home from school?

지난 주에 본인이 자전거 또는 스케이트보드를 타고 학교에서 집으로 온 날이 며칠이나 됩니까?

[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES, OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]

_____ DAYS

- 7 REFUSED
 -8 DON'T KNOW

'QT2020_D3' [TD34] - 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?']

[IF NEEDED, SAY: '전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.']

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_D4' [TD45] - 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.']

[INTERVIEWER NOTE: DO NOT PROBE A 'DON'T KNOW' RESPONSE]

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_D5' [TD36] - 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.']

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_D6' [TL25] - I care deeply about issues in my community or society.

다음 서술에 대해 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주세요.

[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.']

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_D7' [TL27] - I believe that I can make a difference in my community.

다음 서술에 대해 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주세요.

[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.']

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_D8' [TL28] - I feel connected to others who are working to make a difference in my community.

다음 서술에 대해 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주세요.

[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.']

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_D9' [TE64] - Do you feel safe in your neighborhood...

귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오

- 1 All of the time
- 1 항상
- 2 Most of the time
- 2 대체로
- 3 Some of the time
- 3 가끔
- 4 None of the time
- 4 전혀 없음
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_D10' [TD39] - The next question is about the time you spend mostly sitting when you are not in school or doing homework.

다음 질문들은 본인이 학교에 있거나 숙제를 할 때를 제외하고, 주로 앉아서 보내는 시간에 대한 것입니다.

During the weekends, about how much time do you spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

본인은 주말에 TV 시청, 컴퓨터 게임, 친구들과 이야기, 등을 하면서 앉아서 보내는 시간이 보통 몇시간 정도 됩니까?

_____ HOUR(S)

_____ MINUTE(S)

- 7 REFUSED
- 8 DON'T KNOW

SECTION E: Cigarette, Alcohol and Drug Use

'QT2020_E1' [TC38] - Now I'm going to ask about smoking.

지금부터는 흡연에 관해 질문을 드리겠습니다.

Have you ever smoked cigarettes, even 1 or 2 puffs?

담배를 한두 모금이라도 피워 본 적이 있습니까?

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

If = 2, -7, -8, go to 'E-cigarette Intro Teen'

'QT2020_E2' [TE81] - How old were you when you first tried cigarette smoking, even one or two puffs?

한 두 모금이라도 피워 보았다면 최초로 흡연을 했던 때가 몇살이었습니까?

_____ Age

- 7 REFUSED
- 8 DON'T KNOW

'QT2020_E3' [TE19] - In the past 30 days, on how many days did you smoke cigarettes?

지난 30일 동안 담배를 피운 날이 며칠이나 됩니까?

- 0 NONE
- 1 1 OR 2 DAYS
- 2 3-5 DAYS
- 3 6-9 DAYS
- 4 10-19 DAYS
- 5 20-29 DAYS
- 6 30 DAYS
- 7 REFUSED
- 8 DON'T KNOW

If = 0, go to 'E-cigarette Intro Teen'

'QT2020_E4' [TE20] - In the past 30 days, when you smoked, about how many cigarettes did you smoke in a typical day?

지난 30일 동안, 담배를 피운 날에는 하루에 대략 몇 대나 피웠습니까?

[IF NEEDED, SAY: 'On average.']

[IF NEEDED, SAY: '평균을 말합니다.']

[IF NEEDED, SAY: 'On the days you smoked.']

[IF NEEDED, SAY: '담배를 피운 날을 말합니다.']

[IF R SAYS 'A Pack', CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES

- 7 REFUSED
 -8 DON'T KNOW

'E-CIGARETTE INTRO TEEN' [E-CIGARETTE INTRO TEEN] - 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 이-시가렛, 베이핑 펜, 포드 모드, 후카 펜 또는 이-후카라고 불리기도 합니다. 유명한 브랜드로는 JUUL, Blu, NJOY, Suorin, Vuse 등이 있습니다.

Do not include products used only for marijuana.

대마초 사용만을 위한 제품은 포함시키지 마십시오.

'QT2020_E5' [TE79] - Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

여러분 평생 동안 전자담배나 기타 전자 베이핑 제품을 사용해본 적이 있습니까?

Please include using JUUL or JUULing in your answer.

답변에 JUUL 또는 JUULing(줄링) 사용 여부를 포함시켜 주십시오.

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

If = 2, -7, -8, go to 'QT2020_E10'

'QT2020_E6' [TE82] - How old were you when you first tried an e-cigarette, even one or two times?

한두번 사용일지라도 처음 전자담배를 사용했을 때가 몇 살 때입니까?

_____ Age
 _____ 세

- 7 REFUSED
 -8 DON'T KNOW

'QT2020_E7' [TE80] - 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]
 _____ 일수 [HR: 0 -30]

If=0,-7,-8 go to 'QT2020_E9'

'QT2020_E8' [TE68] - What are your reasons for using electronic cigarettes?

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

[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

**PROGRAMMING NOTE 'QT2020_E9': IF ['QT2020_E1'=1 AND 'QT2020_E5'=1] AND 'QT2020_E2'='QT2020_E6'
 OR IF 'QT2020_E2' =-7,-8 OR IF 'QT2020_E6'=-7,8 CONTINUE WITH 'QT2020_E9';
 ELSE GO TO 'QT2020_E10'**

'QT2020_E9' [TE83] - Earlier you mentioned that you have tried both cigarettes and e-cigarettes. Which one did you try first?

귀하는 앞서 담배와 전자담배를 모두 해보셨다고 말씀하셨습니다. 어느 것을 먼저 해보셨습니까?

- 1 Cigarettes
- 1 담배 개수
- 2 E-cigarettes
- 2 전자담배
- 3 Tried at the same time
- 3 동시에 해보았다
- 4 REFUSED
- 5 DON'T KNOW

'QT2020_E10' [TE22] - Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?

맥주, 와인, 칵테일이나 양주 같은 술 종류를 몇 모금 이상 마신 적이 한 번이라도 있습니까?

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

If = 2, -7, -8, go to 'QT2020_E13'

PROGRAMMING NOTE 'QT2020_E11' :
IF 'QT2020_A4' = 1 (MALE AT BIRTH) GO TO 'QT2020_E12' ;
ELSE CONTINUE WITH 'QT2020_E11'

'QT2020_E11' [TE24A] - How many days in the past 30 days did you have four or more drinks in a row, that is within a couple of hours?

지난 30일 동안 한 번에, 즉 두어 시간 내에 4잔 이상의 술을 마신 날은 며칠이나 됩니까?

- 0 NONE
- 1 1 DAY
- 2 2 DAYS
- 3 3 - 5 DAYS
- 4 6 - 9 DAYS
- 5 10 - 19 DAYS
- 6 20 DAYS OR MORE
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_E12' :
IF 'QT2020_A4' = 2 (FEMALE AT BIRTH), GO TO 'QT2020_E13';
ELSE CONTINUE WITH 'QT2020_E12'

'QT2020_E12' [TE24] - How many days in the past 30 days did you have five or more drinks in a row, that is within a couple of hours?

지난 30일 동안 한 번에, 즉 두어 시간 내에 5잔 이상의 술을 마신 날은 며칠이나 됩니까?

- 0 NONE
- 1 1 DAY
- 2 2 DAYS
- 3 3 - 5 DAYS
- 4 6 - 9 DAYS
- 5 10 - 19 DAYS
- 6 20 DAYS OR MORE
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_E13':
IF SC24X = 3 OR 5 (NO QUESTIONS ON DRUGS) :
OR IF SC23XXX = 1 SKIP TO 'QT2020_F1'
ELSE CONTINUE TO 'QT2020_E13'

'QT2020_E13' [TE69] - 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, 바르기, 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 'SECTION F-MENTAL HEALTH'

'QT2020_E14' [TE70] - 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 며칠이었습니까?

- 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 'SECTION F- MENTAL HEALTH'

'QT2020_E15' [TE71] - 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

'QT2020_E16' [TE72] - 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 파이프를 흡연을 했습니까?

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

'QT2020_E17' [TE78] - 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

'QT2020_E18' [TE73] - [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

'QT2020_E19' [TE74] - [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, 알코올 또는 기타 음료에 넣어 마셨다]

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

'QT2020_E20' [TE75] - [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

'QT2020_E21' [TE76] - [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

'QT2020_E22' [TE77] - [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?

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

SECTION F: MENTAL HEALTH

'QT2020_F1' [TG11] - The next questions are about how you have been feeling during the past 30 days.

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?

다음의 질문들은 지난 30일 동안 귀하가 가졌던 느낌에 대한 것입니다. 다음의 질문들은 지난 30일 동안의 본인의 느낌에 관한 것입니다. 본인은 지난 30일 동안 대략 얼마나 자주 신경이 예민하다고 느꼈습니까? 항상 느꼈음, 대부분 느꼈음, 다소느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

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

'QT2020_F2' [TG12] - 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 30일 동안 대략 얼마나 자주 절망적이라고 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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F3' [TG13] - During the past 30 days, about how often did you feel restless or fidgety?

지난 30일 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.']
of the time?']

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

'QT2020_F4' [TG14] - How often did you feel so depressed that nothing could cheer you up?

그 어떤 것도 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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F5' [TG15] - During the past 30 days, about how often did you feel that everything was an effort?

지난 30일 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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F6' [TG16] - During the past 30 days, about how often did you feel worthless?

지난 30일 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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F7' [TF30] - 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 12개월 동안, 이러한 느낌이 지난 30일 간보다 더 자주 발생했던 달이 있었습니까?

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

If = 2, -7, -8, go to 'QT2020_F14'

PROGRAMMING NOTE 'QT2020_F8' :
IF 'QT2020_F7' = 1 THEN CONTINUE WITH 'QT2020_F8';
ELSE SKIP TO 'QT2020_F14'

'QT2020_F8' [TF31] - The next questions are about the one month in the past 12 months when you were at your worst emotionally.

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

다음의 질문들은 지난 12개월 동안 정서적으로 최악의 상태였던 한 달 간에 대한 것입니다. 그 한 달 동안에 얼마나 자주 신경과민을 느꼈습니까? 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

'QT2020_F9' [TF32] - 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 느꼈습니까? 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

'QT2020_F10' [TF33] - How often did you feel restless or fidgety?

얼마나 자주 불안감 또는 조바심을 느꼈습니까?

[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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F11' [TF34] - How often did you feel so depressed that nothing could cheer you up?

얼마나 자주 회복할 수 없을 정도의 우울함을 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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F12' [TF35] - How often did you feel that everything was an effort?

얼마나 자주 모든 것이 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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F13' [TF36] - How often did you feel worthless?

지난 30일 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
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_F14' [TI11] - In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?

지난 12개월 동안, 슬픔, 불안, 신경과민 같은 정서 또는 정신건강 문제에 대해 도움을 받을 필요가 있다고 생각한 적이 있습니까?

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

'QT2020_F15' [TF11] - In the past 12 months, have you received any psychological or emotional counseling?

지난 12개월 동안 정신이나 심리 문제로 상담을 받은 적이 있습니까?

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

PROGRAMMING NOTE 'QT2020_F16' :

**IF 'QT2020_E10' = 1 (MORE THAN SIP OF ALCOHOL) OR 'QT2020_E13' =1 (EVER USED MARIJUANA)
CONTINUE WITH 'QT2020_F16' ;
ELSE GO TO TE38**

'QT2020_F16' [TI13] - In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

지난 12개월 동안, 본인은 음주 또는 약물 사용에 대해 전문가의 도움을 받은 적이 있습니까?

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

‘QT2020_F17’ [TF38] - The next questions are about your use of technology. People may use the internet for streaming videos/music, playing games, checking social media, using apps, browsing the web, etc, on a computer or on a phone or mobile device. On a typical day, how often do you use the internet?

비디오/음악 스트리밍, 게임 플레이, 소셜 미디어 확인, 앱 사용, 웹 서핑 등이 인터넷 사용에 해당합니다. 일반적으로 하루에 얼마나 자주 특정 목적을 위해 인터넷 사용을 하십니까? 컴퓨터 또는 모바일 기기에서 인터넷을 얼마나 자주 이용하십니까?

[IF NEEDED: ‘Use the internet either on a computer or mobile device’.]

[IF NEEDED: ‘일반적으로 하루에 얼마나 자주’]

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

‘QT2020_F18’ [TF39] - On a typical day, how often do you use a computer or mobile device for social media?

일반적으로 하루에 소셜 미디어를 얼마나 자주 컴퓨터 또는 모바일 기기에서 이용하십니까?

[IF NEEDED: ‘Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc.’]

[IF NEEDED: ‘소셜 미디어라 함은 Facebook, Instagram, Twitter, Snapchat, YouTube 등을 말합니다’]

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

'QT2020_F19' [TF40] - 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 온라인 툴을 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 'PN_QT2020_F21'

If = -7, -8, go to 'PN_QT2020_F22'

'QT2020_F20' [TF41] - How useful was this?

그러한 것이 얼마나 유용했습니까?

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

PROGRAMMING NOTE 'QT2020_F21':
IF 'QT2020_F19' =2, THEN CONTINUE WITH 'QT2020_F21';
ELSE SKIP TO 'QT2020_F22'

'QT2020_F21' [TF42] - What is the main reason you did not try to get support from an on-line tool, including mobile apps or texting services?

모바일 앱 또는 문자 서비스 등을 포함한 온라인 도구를 이용하여 지원을 받으려고 시도하지 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
- 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

'QT2020_F22' [TF43] - 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
- 7 REFUSED
- 8 DON'T KNOW

TF44' [TF44] - 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
- 7 REFUSED
- 8 DON'T KNOW

SECTION G: SEXUAL BEHAVIORS

PROGRAMMING NOTE 'QT2020_G1' :
IF SC23XXX =2 , GO TO 'QT2020_H1' ;
ELSE CONTINUE WITH 'QT2020_G1'

'QT2020_G1' [TE32] - The next section is about sexual behavior. The information will be kept private and you can refuse to answer.

다음은 성적 행동에 대한 질문입니다. 답변 내용은 철저히 비밀로 보호되며, 원하시지 않는 경우 답하지 않으셔도 됩니다.

Have you ever had sexual intercourse?

성경험이 있습니까?

[IF NEEDED, SAY: 'By sexual intercourse, we mean sex with a penis in a vagina or an anus or rectum.']

[IF NEEDED SAY: '성교란 남성의 성기를 질, 항문 또는 직장에 삽입하는 것을 말합니다.']

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

PROGRAMMING NOTE 'QT2020_G2':
IF SC23XXX =2 GO TO 'QT2020_H1' ,
IF AGE < 15 YEARS GO TO 'QT2020_H1';
ELSE IF 'QT2020_A4' = 1 (MALE AT BIRTH) THEN GO TO 'QT2020_G10';
ELSE CONTINUE WITH 'QT2020_G2'

'QT2020_G2' [TG17] - 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.

- 01 You do not plan to get pregnant within the next 12 months,
- 01 향후 12개월 내에 임신할 계획이 없습니다,
- 02 You are not sexually active
- 02 성행위를 하지 않습니다
- 03 You are planning to get pregnant within the next 12 months, or
- 03 향후 12개월 내에 임신할 계획입니다
- 04 You are currently pregnant?,
- 04 현재 임신 중입니다
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_G3':
IF 'QT2020_G1' = 2 (NOT SEXUALLY ACTIVE) or 'QT2020_G2'=2,4, THEN GO TO 'QT2020_G10';
ELSE CONTINUE WITH 'QT2020_G3'

'QT2020_G3' [TG18] - Are you or your male sex partner currently using a birth control method to prevent pregnancy?

본인께서나, 아니면 상대방 남자분께서 임신을 예방하기 위해 피임을하시나요? 여기엔 남성 또는 여성 불임 수술도 포함됩니다.

- 1 YES
- 2 NO
- 3 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

If = 2, go to 'QT2020_G5';

If = 3, -7, -8 go to 'QT2020_G6'

'QT2020_G4' [TG19] - Which birth control method or methods are you using?

귀하께서는 어떤 방법으로 피임을 하십니까?

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: '그 밖의 다른 방법은 없으십니까?']

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

If =3,4, go to 'QT2020_G7'

If = 5, 6, 7, 91, -7, -8, go to 'PN_QT2020_G6'

'QT2020_G5' [TG20] - 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 'QT2020_G6': IF 'QT2020_G4' = 3 (IUD) OR 4 (IMPLANT), GO TO 'QT2020_G10'; ELSE CONTINUE WITH 'QT2020_G6'

'QT2020_G6' [TG25] - Has a doctor, medical provider, or family planning counselor ever talked to you about an implant in your arm or an IUD?

의사, 의료 제공자 또는 가족 계획 상담사가 귀하에게 팔에 이식하는 이식장치 또는 IUD에 관해 얘기한 적이 있습니까?

- 1 YES
- 2 NO
- 3 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_G7' [TG26] - 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_QT2020_G10'

'QT2020_G8' [TG27] - What MAIN birth control method or prescription did you receive?

어떤 주된 피임 조치나 처방을 받으셨습니까?

- 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

'QT2020_G9' [TG28] - 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 'QT2020_G10':
IF 15 ≤ AGE ≤ 17, THEN CONTINUE WITH 'QT2020_G10';
ELSE SKIP TO SECTION H;

'QT2020_G10' [TG21] - During the past 12 months, did you receive 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

PROGRAMMING NOTE 'QT2020_G11': IF MALE AND 15 ≤ AGE ≤ 17 AND 'QT2020_G1' = 1 (SEXUALLY ACTIVE) THEN CONTINUE WITH 'QT2020_G11';
ELSE SKIP TO 'SECTION H'

'QT2020_G11' [TG22] - Are you or your female sex partner currently using a birth control method to prevent pregnancy?

본인께서나, 아니면 상대방 남자분께서 임신을 예방하기 위해 피임을 하시나요?

- 1 YES
- 2 NO
- 3 NO FEMALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

If = 2, go to 'QT2020_G13'

If = 3, -7, -8, go to 'QT2020_G14'

'QT2020_G12' [TG23] - Which birth control method or methods are you using?

귀하께서는 어떤 방법으로 피임을 하십니까?

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: '다른 보험도 있습니까?']

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

If = 3, 4, 5, 6, 7, 91, -7, -8, go to 'QT2020_G14'

'QT2020_G13' [TG24] - 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

'QT2020_G14' [TG29] - 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 'Section H'

'QT2020_G15' [TG30] - What main birth control method or prescription did you receive?

어떤 주된 피임 조치나 처방을 받으셨습니까?

- 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

'QT2020_G16' [TG31] - 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

SECTION H: HEALTH CARE UTILIZATION AND ACCESS

'QT2020_H1' [TF1] - Now I'm going to ask about health care visits.

지금부터는 의료기관 방문에 관해 질문을 드리겠습니다.

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

본인이 아프거나 건강에 관한 조언이 필요할 때 보통 방문하는 곳이 있습니까?

[IF R VOLUNTEERS MORE THAN ONE PLACE, ENTER 5.]

- 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 'PN_QT2020_H3'

PROGRAMMING NOTE 'QT2020_H2' :

IF 'QT2020_H1' = 4 (KAISER), FILL IN 'QT2020_H2' = 1 AND GO TO 'QT2020_H3' ;

ELSE IF 'QT2020_H1' = 3 (DOCTOR/MY DOCTOR), DISPLAY 'Is your doctor in a private';

ELSE DISPLAY 'What kind of place do you go to most often—a medical...'

'QT2020_H2' [TF2] - {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?

{본인이 가장 자주 가는 곳은/ 본인의 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: _____)
- 94 NO ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_H3' : IF 'QT2020_B8'=1 OR 'QT2020_B13'=1 (ER VISIT DUE TO ASTHMA), MARK 'YES=1' ON 'QT2020_H3' AND GO TO 'QT2020_H4' ; ELSE CONTINUE WITH 'QT2020_H3'

'QT2020_H3' [TF3] - During the past 12 months, did you visit a hospital emergency room for your own health?

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

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

'QT2020_H4' [TF16] - During the past 12 months, how many times have you seen a medical doctor?

지난 12개월 동안, 몇 번이나 의사의 진료를 받았습니까?

_____ TIMES [HR: 0-365]

- 7 REFUSED
- 8 DON'T KNOW

'QT2020_H5' [TF5] - When was the last time you saw a doctor for a physical exam or check-up?

가장 최근에 신체 검사 또는 건강 검진을 받기 위해 의사를 만난 것은 언제였습니까?

- 1 3 MONTHS AGO OR LESS
- 2 MORE THAN 3 MONTHS UP TO 6 MONTHS AGO
- 3 MORE THAN 6 MONTHS UP TO 12 MONTHS AGO
- 4 MORE THAN 12 MONTHS UP TO 2 YEARS AGO
- 5 MORE THAN 2 YEARS AGO
- 0 HAVE NEVER HAD A PHYSICAL
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_H6' :

**IF 'QT2020_H1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE), CONTINUE WITH 'QT2020_H6' ;
ELSE GO TO TH449**

'QT2020_H6' [TI14] - Do you have a personal doctor or medical provider who is your main provider?

본인의 담당 의사 역할을 하는 주치의나 의료 제공자가 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 의료제공자가 포함될 수 있습니다.']

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

PROGRAMMING NOTE 'QT2020_H7':
IF TEINSURE = 1 OR 'QT2020_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH 'QT2020_H7';
ELSE GO TO PROGRAMMING NOTE 'QT2020_H10';
IF 'QT2020_H6' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY 'your';
ELSE DISPLAY 'a';

'QT2020_H7' [TH49] - 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 12개월 동안, 본인이 아프거나 다쳐서 담당의사 또는 의료 제공자와 이틀 이내에 진료 예약을 잡으려고 시도했던 적이 있었습니까?

[IF NEEDED, SAY: 'Do not include urgent care or emergency care visits. I am only asking about appointments'.]

[IF NEEDED, SAY: '어전트 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, or -8 go to 'PN_QT2020_H9'

'QT2020_H8' [TH46] - How often were you able to get an appointment within two days? Would you say...

예약을 이틀 이내에 할 수 있었던 경우가 얼마나 자주 있었습니까?

- 1 Never
- 1 전혀 없었음
- 2 Sometimes,
- 2 가끔
- 3 Usually, or
- 3 보통
- 4 Always?
- 4 항상
- 5 REFUSED
- 6 DON'T KNOW

PROGRAMMING NOTE 'QT2020_H9':

**IF 'QT2020_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2020_B7' = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS) AND IF 'QT2020_H1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE) AND IF 'QT2020_H6' = 1 (YES HAS PERSONAL DOCTOR), CONTINUE WITH 'QT2020_H9';
ELSE GO TO 'QT2020_H10'**

'QT2020_H9' [TI17] - 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?

본인이 다니는 병원이나 클리닉에는 다른 의사에게 가서 진료를 받거나 검사, 치료 같은 의료서비스를 받을 수 있도록 도와주는 사람이 있습니까?

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

'QT2020_H10' [TI18] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

지난 12개월 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 'QT2020_H12'

'QT2020_H11' [TI21] - 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

'QT2020_H12' [TF9] - 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, 본인이 필요하다고 느낀 진료를 미루거나 받지 않은 적이 있습니까?

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

If = 2, -7, -8, go to 'QT2020_H17'

'QT2020_H13' [TH57] - Did you get the care eventually?

본인은 결국 진료를 받았습니까?

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

'QT2020_H14' [TF22] - 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 'QT2020_H16'

'QT2020_H15' [TH58] - Was that the main reason?

그것이 주된 이유였습니까?

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

If = 1, -7, -8, go to 'QT2020_H17'

'QT2020_H16' [TH59] - What was the one main reason why you delayed getting the care you felt you needed?

본인이 필요하다고 느낀 진료 받기를 연기한 한 가지 주된 이유는 무엇이였습니까?

- 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 TO GO
- 10 TOO EXPENSIVE
- 11 I HAVE NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_H17' [TF14] - This next question is 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. 치과 의사나 치과 클리닉을 마지막으로 방문한 지가 얼마나 되었습니까?
치과 위생관리사와 모든

- 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

PROGRAMMING NOTE 'QT2020_H18':

**IF 'QT2020_A7' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QT2020_A8' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QT2020_H18' ;
ELSE GO TO 'QT2020_H19'**

'QT2020_H18' [TF28] - During the past 12 months, did you miss any time from school because of a dental problem?
Do not count time missed for cleaning or a check-up.

지난 12개월 동안, 치아에 문제가 생겨 학교에 가지 못했던 적이 있습니까? 치아 청소나 검사를 하기 위해 결석한 경우는 포함시키지 마십시오.

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

'QT2020_H19' [TM3] - How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

귀하의 치아 상태를 뛰어난, 매우 좋음, 좋음, 보통, 나쁨 중에서 선택해 주십시오.

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 6 HAS NO NATURAL TEETH
- 7 REFUSED
- 8 DON'T KNOW

SECTION J: DEMOGRAPHIC INFORMATION PART II

'QT2020_J1' [T11] - So we can be sure we have included all races and ethnic groups in California, I need to ask a few questions about your background.

저는 캘리포니아 주의 모든 인종 그룹이 포함되었는지 확인하기 위해 본인의 기본적인 인적 사항에 관한 몇 가지 질문을 드리고 싶습니다

Are you Latino or Hispanic?

본인은 라티노나 히스패닉계입니까?

[IF NEEDED, SAY: 'Such as Mexican, Central or South American?']

[IF NEEDED, SAY: '예를 들면 멕시코계 또는 중남미계입니까?']

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

If = 2, -7, -8, go to 'PN_QT2020_J3'

'QT2020_J2' [T11A] - 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 있겠는데요. 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 'QT2020_J3' :
IF 'QT2020_J1' = 1 (YES), DISPLAY 'You said you are Latino or Hispanic. Also,';
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'QT2020_J3', CONTINUE WITH
PROGRAMMING NOTE 'QT2020_J4' ;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

'QT2020_J3' [T12] - {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 본인에게 해당되는 인종을 하나 혹은 그 이상 선택해 주십시오. 본인은 하와이 원주민, 기타 태평양 섬 원주민, 아메리칸 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
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 6, 91,-7,-8, And Only One Race, go to 'QT2020_J11'

If = 3, And Only One Race, go to 'PN_QT2020_J7'

If = 4, And Only One Race, go to 'PN_QT2020_J4'

If = 5, And Only One Race, go to 'PN_QT2020_J8'

PROGRAMMING NOTE 'QT2020_J4' :
IF 'QT2020_J3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QT2020_J4' ;
ELSE GO TO PROGRAMMING NOTE 'QT2020_J7'

'QT2020_J4' [TI2A] - 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 [Ask for spelling] (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QT2020_J5' [TI2B] - Are you an enrolled member in a federally or state recognized tribe?

본인은 연방정부와 주정부에서 인정하는 부족으로 등록되었습니까?

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

If = 2, -7, -8, go to 'PN_QT2020_J7'

'QT2020_J6' [TI2C] - Which tribe are you enrolled in?

어느 부족으로 등록했습니까?

- 1 APACHE
 - 2 BLACKFEET
 - 3 CHEROKEE
 - 4 CHOCTAW
 - 5 NAVAJO
 - 6 POMO
 - 7 PUEBLO
 - 8 SIOUX
 - 9 YAQUI
 - 10 OTHER
- APACHE_T
- 1 MESCALERO APACHE, NM
 - 2 APACHE (NOT SPECIFIED)_
 - 3 OTHER APACHE [Ask for spelling] (SPECIFY: _____)
- BLACKFEET_T
- 4 BLACKFOOT/BLACKFEET_
- CHEROKEE_T
- 5 WESTERN CHEROKEE
 - 6 CHEROKEE (NOT SPECIFIED)_
 - 7 OTHER CHEROKEE [Ask for spelling] (SPECIFY: _____)_
- CHOCTAW_T
- 8 CHOCTAW OKLAHOMA
 - 9 CHOCTAW (NOT SPECIFIED)_
 - 10 OTHER CHOCTAW [Ask for spelling] (SPECIFY: _____)_
- NAVAJO_T
- 11 NAVAJO (NOT SPECIFIED)
- POMO_T
- 12 HOPLAND BAND, HOPLAND RANCHERIA_
 - 13 SHERWOOD VALLEY RANCHERIA_
 - 14 POMO (NOT SPECIFIED)_
 - 15 OTHER POMO [Ask for spelling] (SPECIFY: _____)_
- PUEBLO_T
- 16 HOPI_16
 - 17 YSLETA DEL SUR PUEBLO OF TEXAS_17
 - 18 PUEBLO (NOT SPECIFIED)_18
 - 19 OTHER PUEBLO [Ask for spelling] (SPECIFY: _____)_
- SIOUX_T
- 20 OGLALA/PINE RIDGE SIOUX_
 - 21 SIOUX (NOT SPECIFIED)_
 - 22 OTHER SIOUX [Ask for spelling] (SPECIFY: _____)_
- YAQUI_T
- 23 PASCUA YAQUI TRIBE OF ARIZONA
 - 24 YAQUI (NOT SPECIFIED)
 - 25 OTHER YAQUI [Ask for spelling] (SPECIFY: _____)_
 - 7 REFUSED
 - 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_J7' :
IF 'QT2020_J3' = 3 (ASIAN) CONTINUE WITH 'QT2020_J7' ;
ELSE GO TO PROGRAMMING NOTE 'QT2020_J8'

'QT2020_J7' [TI2D] - 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 'QT2020_J8' :
IF 'QT2020_J3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QT2020_J8' ;
ELSE GO TO PROGRAMMING NOTE 'QT2020_J9'

'QT2020_J8' [TI2D1] - 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 GUAMANIAN
- 3 TONGAN
- 4 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_J9' :

**IF 'QT2020_J1' = 1 (YES, LATINO) AND ['QT2020_J3' = 6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH 'QT2020_J9' ;
 ELSE IF MULTIPLE RESPONSES TO 'QT2020_J3' OR 'QT2020_J7' OR 'QT2020_J8' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QT2020_J9' ;
 ELSE GO TO 'QT2020_J11' ;
 FOR 'QT2020_J2' RESPONSES, INCLUDE 'Specify' RESPONSE FOR 91 (OTHER LATINO); IF 'QT2020_J1' = -7 (REFUSE), INSERT 'Latino'**

'QT2020_J9' [TI2F] - You said that you are: [RESPONSES FROM TI1A, TI2, TI2D, TI2D1]. Do you identify with any one race in particular?

본인은 다음에 해당된다고 하셨습니다: : [RESPONSES FROM TI1A, TI2, TI2D, TI2D1] 본인은 한 특정한 인종에 속한다고 말할 수 있습니까?

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

IF 'QT2020_J9' = 2,-7,-8 go to 'QT2020_J11'

'QT2020_J10' [TI2E] - Which do you most identify with?

이 중에서, 본인을 가장 잘 나타내는 것은 무엇입니까?

- 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

'QT2020_J11' [T13] - In what country were you born?

어느 나라에서 출생하셨습니다?

- 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 'QT2020_J12' :
IF 'QT2020_J11' = 1, 2, 9, 22, OR 26 (BORN IN USA OR US TERRITORY), GO TO 'QT2020_J15' ;
ELSE CONTINUE WITH 'QT2020_J12'

'QT2020_J12' [TI4] - Are you a citizen of the United States?

본인은 미국 시민권자입니까?

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

If = 1, go to 'QT2020_J14'

'QT2020_J13' [TI5] - Are you a permanent resident with a green card?

영주권자입니까?

[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

'QT2020_J14' [TI6] - About how many years have you lived in the United States?

본인은 대략 몇 년 동안 미국에 살았습니까?

[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

'QT2020_J15' [TI7] - What languages do you speak at home?

집에서는 어떤 언어를 사용합니까?

[CODE ALL THAT APPLY.]

[PROBE: 'Any others?']

[PROBE: '또 다른 다른 건강 상태도 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

SECTION K: SUICIDE IDEATION AND ATTEMPTS

'QT2020_K1' [TK1] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

다음은 자해, 즉 자기 자신을 해치려는 생각들에 대한 것입니다. 앞서 말씀드렸듯이, 불편한 질문에 대해서는 대답하지 않으셔도 됩니다.

Have you ever seriously thought about committing suicide?

한 번이라도 자살에 대해서 심각하게 생각해본 적이 있습니까?

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

If = 2, -7, -8, go to 'SECTION L-CIVIC ENGAGEMENT AND RESILIENCY'

'QT2020_K2' [TK2] - 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 'QT2020_K4'

'QT2020_K3' [TK3] - Have you seriously thought about committing suicide at any time in the past two months?

지난 2개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

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

'QT2020_K4' [TK4] - Have you ever attempted suicide?

자살을 기도해본 적이 있습니까?

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

**PROGRAMMING NOTE 'QT2020_K5' :IF ('QT2020_K2' = 2, -7, OR -8) AND ('QT2020_K4' = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;IF ('QT2020_K3' = 2, -7, OR -8) AND ('QT2020_K4' = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
IF 'QT2020_K3' = 1 AND ('QT2020_K4' = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH 'QT2020_K5'**

'QT2020_K5' [TK5] - Have you attempted suicide at any time in the past 12 months?

지난 12개월 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?

자살에 대한 생각이나 자살 기도와 관련해 누군가와 이야기하고 싶다면 통화 가능한 전화번호를 알려드리고 싶습니다. 상담자가 도움을 주기 위해 24시간 대기하고 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.]

The number is 1-800-273-TALK (8255).

전화번호는 1-800-273-TALK (8255)입니다.

[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.

아니면, 도움이 될 만한 정보가 있는 인터넷 사이트를 방문하실 수도 있습니다.

[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.]

인터넷 사이트 주소는 www.suicidepreventionlifeline.org 입니다.

POST-NOTE FOR SUICIDE RESOURCE:

**IF ('QT2020_K2' = 2, -7, OR -8) AND ('QT2020_K4' = 2, -7, OR -8), THEN GO TO TH21 (NEXT SECTION);
ELSE CONTINUE WITH 'QT2020_K6'**

'QT2020_K6' [TK7] - Would you like to discuss your thoughts with this person now 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

SECTION L: CIVIC ENGAGEMENT AND RESILIENCY

'QT2020_L1' [TL50] - This next section is about involvement in your community. In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

지난 12개월 동안 지역사회 문제를 해결할 수 있도록 방법을 구성하거나 주도한 적이 있습니까?

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

'QT2020_L2' [TL52] - 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? Do you think you...

지역사회의 문제점을 발견했으며 뭔가 조치를 취하고 싶다고 가정합니다. 예를 들어, 학교 근처에서 불법 약물을 판매했거나, 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

'QT2020_L3' [TL53] - 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
- 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

QT2020_L4' [TL54] - How much do you agree or disagree with this statement?

"The way people vote gives them a chance to influence how things are run in their community and California."

아래 문장에 얼마나 동의하거나 반대하십니까?

"시민들의 투표는 지역 사회와 캘리포니아의 정세 운영 방향에 영향을 미치는 기회가 된다." 나는...

- 1 Strongly agree
- 1 전적으로 동의한다
- 2 Somewhat agree
- 2 어느 정도 동의한다
- 3 Neither agree nor disagree
- 3 동의하지도 반대하지도 않는다
- 4 Somewhat disagree
- 4 별로 동의하지 않는다
- 5 Strongly disagree
- 5 전혀 동의하지 않는다

'QT2020_L5' [TL37] - A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?

사람들은 한 사람의 외모나 스타일, 의상, 혹은 걷는 방식이나 말하는 방식 등을 보고 그에 따라 상대방을 묘사합니다. 학교의 사람들이 당신을 어떻게 묘사할 거라고 생각하십니까?

[IF NEEDED, SAY: 'Think about the last time you attended school'.]

[IF NEEDED, SAY: '학교를 마지막으로 다녔을 때를 떠올려 주세요'.]

- 01 Very feminine,
- 01 매우 여성스러움
- 02 Mostly feminine,
- 02 대부분 여성스러움
- 03 Equally feminine and masculine
- 03 여성성과 남성성이 비슷함
- 04 Mostly masculine, or
- 04 대부분 남성스러움
- 05 Very masculine?
- 05 매우 남성스러움?
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QT2020_L6':
IF ['QT2020_A4' = 1 AND 'QT2020_L5' = 1,2 (MALE AT BIRTH AND GENDER EXPRESSION IS VERY/MOSTLY FEMININE)] OR ['QT2020_A4'=2 AND 'QT2020_L5' = 4,5 (FEMALE AT BIRTH AND GENDER EXPRESSION IS VERY/MOSTLY MASCULINE)] CONTINUE WITH 'QT2020_L6';
ELSE SKIP TO 'QT2020_L10'
IF SC23XXX =2, (NO QUESTIONS ON SEXUAL BEHAVIOR) SKIP TO 'QT2020_M1';
ELSE CONTINUE WITH 'QT2020_L6'

'QT2020_L6' [TL44] - 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. 이때 복용하는 알약을 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 'QT2020_L10'

'QT2020_L7' [TL45] - 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 'QT2020_L10' **'QT2020_L7' L8'** [TL46] - 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 'QT2020_L10'

'QT2020_L9' [TL47] - 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

'QT2020_L10' [TH31] - Have you ever been tested for HIV, the virus that causes AIDS?

AIDS를 일으키는 바이러스인 HIV의 감염여부를 검사 받은 적이 한번이라도 있습니까?

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

If = 2, -7, -8, go to 'QT2020_L12'

'QT2020_L11' [TL48] - 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 'SECTION M-CLOSING'

'QT2020_L12' [TL49] - Were you ever offered an HIV test?

HIV 검사를 제안받은 적이 있습니까?

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

SECTION M: CLOSING

'QT2020_M1' [T110] - Those are my final questions. I appreciate your time and cooperation. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

이것으로 모든 질문이 끝났습니다. 시간을 내주시고 협조해 주셔서 감사합니다. 마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

- 1 YES
- 2 MAYBE/PROBABLY YES
- 3 DEFINITELY NOT
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF 'QT2020_K6' = 2, -7, OR -8, CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO CLOSE

'QT2020_M2' [TM4] - As I mentioned earlier, 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?

앞서 말씀한 것처럼, 자살에 대한 생각이나 시도에 대해 상담이 필요할 때 통화 가능한 전화 번호를 드리고 싶습니다. 상담자가 도움을 주기 위해 24시간 대기하고 있습니다. 지금 받아적으실 수 있으세요?

[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.]

무료 전화번호는 1-800- 273-TALK(8255)입니다.

The number is 1-800-273-TALK (8255).

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit a website to find out information about getting help.

인터넷 사이트 주소는 www.suicidepreventionlifeline.org 입니다

[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.]

Would you like to speak with someone now?

지금 이러한 상담을 받고 싶으십니까?

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

'CLOSE' [CLOSE] - Thank you. You have helped with a very important health survey. If you have any questions, you can contact Dr. Ponce, who heads the study. Would you like the number?

감사합니다. 귀하는 매우 중요한 보건 설문 조사에 도움을 주셨습니다. 이 연구에 대해 질문이 있으시면 연구 책임자인 폰스(Ponce) 박사에게 연락을 하시면 됩니다. 전화번호를 알려드릴까요?

[IF YES, SAY: 'Dr. Ponce can be reached toll-free at 1-866-275-2447. Goodbye.']

[IF YES, SAY: 'Ponce 박사에게 무료전화 1-866-275-2447 로 연락하십시오.']

[IF NO, SAY: 'Goodbye']

[IF NO, SAY: '안녕히 계세요']

'QT2020_M3' [TI9] –

[INTERVIEWER: DURING THIS INTERVIEW, EVEN FOR PART OF THE TIME, DO YOU THINK...]

- 1 A PARENT WAS LISTENING ON AN EXTENSION
- 2 A PARENT WAS IN THE ROOM LISTENING, OR
- 3 NEITHER
- 8 DON'T KNOW

BREAKOFF

CALLBACK

- 1 YES
- 2 NO

INELIGIBLE

- 1 YES
- 2 NO