CHIS 2020
Adolescent CAWI Questionnaire
(Self-Administered)
Version 1.0
October 29, 2019
(Adolescent Respondents Ages 12-17)

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

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550 Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu
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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?

您的出生日期是什麼？

_____ Month
_____ 月

○ 1 January
○ 1 1 月
○ 2 February
○ 2 2 月
○ 3 March
○ 3 3 月
○ 4 April
○ 4 4 月
○ 5 May
○ 5 5 月
○ 6 June
○ 6 6 月
○ 7 July
○ 7 7 月
○ 8 August
○ 8 8 月
○ 9 September
○ 9 9 月
○ 10 October
○ 10 10 月
○ 11 November
○ 11 11 月
○ 12 December
○ 12 12 月
○ -7 REFUSED
○ -8 DON'T KNOW

_____ Day
_____ 天

○ -7 REFUSED
○ -8 DON'T KNOW

_____ Year
_____ 年

○ -7 REFUSED
○ -8 DON'T KNOW

PROGRAMMING NOTE ‘QT2020_A2’ :
IF ‘QT2020_A1’ = -3, CONTINUE WITH ‘QT2020_A2’ ;
ELSE GO TO ‘QT2020_A4’
‘QT2020_A2’ [TA1A] - What month and year were you born?

您在哪年哪月出生？

_____ Month
_____ 月

● 1 January
● 1 月
● 2 February
● 2 月
● 3 March
● 3 月
● 4 April
● 4 月
● 5 May
● 5 月
● 6 June
● 6 月
● 7 July
● 7 月
● 8 August
● 8 月
● 9 September
● 9 月
● 10 October
● 10 月
● 11 November
● 11 月
● 12 December
● 12 月
● -7 REFUSED
● -8 DON'T KNOW

_____ Year
_____ 年

● -7 REFUSED
● -8 DON'T KNOW
‘QT2020_A3’ [TA2] - How old are you?

請問你今年多大歲數？

______ Years of age [SR: 12-17]
______ 歲

○ -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?

在您的原始出生證明上，您的性別是男性、女性、還是跨性別？

○ 1 Male
○ 1 男性
○ 2 Female
○ 2 女性

‘QT2020_A5’ [TA21] - Do you currently describe yourself as male, female, or transgender?

目前您認為自己是男性，女性，還是跨性別者？

○ 1 Male
○ 1 男性
○ 2 Female
○ 2 女性
○ 3 Transgender
○ 3 跨性別
○ 4 None of these
○ 4 以上皆非

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

目前您認為自己是什麼性別？

○ 1 Specify: (________________________)
○ 1 請詳述 (_______________________)
‘QT2020_A7’ [TA4] - Did you attend school last week?

您上週上學了嗎？

- 1 Yes
- 2 No
- 3 I am on vacation
- 4 I am home schooled

If = 1, goto ‘QT2020_A9’

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

您上個學年上學了嗎？

- 1 Yes
- 2 No
- 3 I was home schooled last year

If = 2, -3, goto ‘SECTION B – HEALTH STATUS AND HEALTH CONDITIONS’
‘QT2020_A9’ [TA4B] - What is the name of the school you go to or last attended?

您上的學校或最後上的學校名稱是什麼？

____________ Name of school
____________ 學校名稱

❖ - 7 REFUSED
❖ - 8 DON'T KNOW

____________ Type of school
____________ 類型學校

❖ 1 Elementary
❖ 1 所小學
❖ 2 Intermediate
❖ 2 中間學校（Intermediate）
❖ 3 Junior high
❖ 3 初中
❖ 4 Middle school
❖ 4 中學
❖ 5 High school
❖ 5 高中
❖ 6 Senior high school
❖ 6 高級中學
❖ 7 Continuation
❖ 7 進修（補習）
❖ 8 Charter school
❖ 8 特許學校（charter school）
❖ 91 Other (Specify: ____________)
❖ 91 其他（請詳述：__________）
❖ 00 I am not in school
❖ 00 不在學青少年
SECTION B: HEALTH STATUS AND HEALTH CONDITIONS

‘QT2020_B1’ [TB1] - Now we are going to ask about your health.

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

現在，我們詢問你的健康狀況。總體而言，你認為你的健康狀況是極好、很好、較好、一般還是較差?

- 1 Excellent
- 1 的健康狀況極好
- 2 Very good
- 2 非常好
- 3 Good
- 3 良好
- 4 Fair
- 4 普通
- 5 Poor
- 5 或不佳

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

你不穿鞋大約有多高?

Your best guess is fine. You may answer in feet and inches or meters and centimeters

請盡量估計體重。您可以用英尺、英寸、或公尺或公分長度單位來回答。

_____ Feet
_____ 英呎
_____ Inches
_____ 英吋

_____ Meters
_____ 公尺
_____ Centimeters
_____ 公分

- 1 Feet, inches
- 1 英呎，英寸
- 2 Meters, Centimeters
- 2 公尺，公分

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

Your best guess is fine. You may answer in pounds or kilograms

請盡量估計體重。您可以用磅或公斤重量單位來回答。

_____ Pounds [HR:50-450]
_____ 磅 [HR:50-450]
_____ Kilograms [HR: 20-220]
_____ 公斤 [HR: 20-220]
‘QT2020_B4’ [TB4] - During the last four school weeks, how many days of school did you miss because of a health problem?

在最後四週的上學期間，你因健康問題缺了幾天課？

_______ Days [HR: 0-20]

_______ 天 [HR: 0-20]

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

是否曾經有醫生告訴你或你的父母你患有哮喘病？

1 Yes
1 是
2 No
2 否

If = 2, -3, goto ‘QT2020_C1’

‘QT2020_B6’ [TB17] - Do you still have asthma?

你是否依然患有哮喘病？

1 Yes
1 是
2 No
2 否

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

在過去十二個月中，你是否曾經有過哮喘發作？

1 Yes
1 是
2 No
2 否
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?

在過去十二個月中，你是否曾經因你的哮喘必須前往醫院急診室就診？

- 1 Yes
- 2 No

If = 2, -3 goto “QT2020_B11”

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

你是否曾經由於無法約見你的醫生因哮喘病前往醫院急診室就診？

- 1 Yes
- 1 是
- 2 No
- 2 否
- 3 I don't have a doctor or any other type of healthcare provider
- 3 我沒有私人醫生或任何其他類型的醫療服務提供者

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

在過去十二個月中，您是否因哮喘病曾經住院一天或更長時間？

- 1 Yes
- 1 是
- 2 No
- 2 否

‘QT2020_B11’ [TB6] - Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

你目前是否每天服用控制哮喘的醫生處方藥物或醫生給你的藥物？

This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.

包括口服藥和吸入劑，但不包括用於快速緩解症狀的吸入劑。

- 1 Yes
- 1 是
- 2 No
- 2 否
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?

在過去12個月中，你出現哮喘症狀的頻率有多高？例如，咳嗽、喘鳴、呼吸急促、胸悶或粘痰。你認為是.....

- 1 Not at all
- 2 Less than every month
- 3 Every month
- 4 Every week
- 5 Every day

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?

在過去12個月中，你是否曾經由於你的哮喘病必須前往醫院急診室就診？

- 1 Yes
- 2 No
- 3 I don't have a doctor

If = 2, -3, goto ‘QT2020_B16’

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

你是否曾經由於無法約見自己的醫生因哮喘病前往醫院急診室就診？

- 1 Yes
- 2 No
- 3 I don't have a doctor
‘QT2020_B15’ [TB29] - During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

在過去十二個月中，你由於哮喘缺課多少天？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

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

在過去十二個月中，你由於哮喘缺課多少天？

_______ Days [HR: 0-365]
_______ 天 [HR: 0-365]

☐ 996 I did not go to school in last 12 months
☐ 996 我過去12個月沒去上學

‘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?

‘你的醫生或其他醫療服務提供者是否曾經與你一起制定一項計劃，以便你瞭解如何控制哮喘？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

If = 2, -3, goto ‘QT2020_C1’

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

你是否有一份該項計劃的書面或列印副本？

This can be an electronic or hard copy.

可以是電子版本或打印件。

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否
‘QT2020_B19’ [TB33] - How confident are you that you can control and manage your asthma?

您對控制與管理自己的哮喘信心有多高？

- 1 Very confident,
- 1 很有信心,
- 2 Somewhat confident,
- 2 比有信心,
- 3 Not too confident, or
- 3 不太有信心，還是
- 4 Not at all confident?
- 4 毫無信心？
SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

‘QT2020_C1’ [TE4] - Now, we're going to ask about the foods you ate yesterday, including both meals and snacks.

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

現在，我要提出有關你昨天吃的食物的問題，包括正餐和零食。你昨天吃了幾份水果，例如蘋果或香蕉？

_A serving is whatever it means to you._

一份是你自己理解的數量。

______ Servings [HR: 0-20; SR: 0-9]

昨天下了幾份水果，例如蘋果或香蕉？

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

[昨天，]你吃了幾份蔬菜，例如青菜沙拉、四季豆或馬鈴薯？請不要包括油炸馬鈴薯。

______ Servings [HR: 0-20; SR: 0-4]

昨天下了幾份蔬菜，例如青菜沙拉、四季豆或馬鈴薯？請不要包括油炸馬鈴薯。

‘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.

[昨天，]你喝了多少杯或多少罐含糖汽水，例如可樂？請不要包括低卡節食汽水。

_Do not include canned or bottled juices or teas._

請不要包括罐裝或瓶裝果汁或茶。

______ Glasses or cans [HR 0-15 ; SR 0-7]

昨天下了多少杯或罐含糖汽水，例如可樂？請不要包括低卡節食汽水。
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?

在上一週中/在學年中，在普通的一週你有幾天從學校走路回家？

If you do not go directly home from school, include number of days walked to childcare, a relative’s home, or an after-school program.

如果您不直接從學校回家，請包括前往托兒所、親戚家或課後輔導計劃的天數。

______ Days
_______天

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?

在上一週有幾天/在學年中，在普通的一週你有幾天從學校騎自行車或滑滑板回家？

Include riding rollerblades, rollershoes, or non-motorized scooters home from school.

括使用直排輪鞋 (rollerblades)、滑輪暴走鞋 (rollershoes)、或未附馬達的滑板車 (non-motorized scooters) 代步從學校返家的孩子。

______ Days
_______天
‘QT2020_D3’ [TD34] - Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

你是非常贊成、贊成、不贊成還是很不贊成以下這項陳述？

People in my neighborhood are willing to help each other.

我的鄰居都願意互相幫忙。

○ 1 Strongly agree
○ 1 是強烈同意
○ 2 Agree
○ 2 同意
○ 3 Disagree
○ 3 不同意
○ 4 Strongly disagree
○ 4 強烈不同意

‘QT2020_D4’ [TD45] - Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

你是非常贊成、贊成、不贊成還是很不贊成以下這項陳述？

People in this neighborhood generally do not get along with each other.

本社區的人通常無法和睦相處。

○ 1 Strongly agree
○ 1 是強烈同意
○ 2 Agree
○ 2 同意
○ 3 Disagree
○ 3 不同意
○ 4 Strongly disagree
○ 4 強烈不同意

‘QT2020_D5’ [TD36] - Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

你是非常贊成、贊成、不贊成還是很不贊成以下這項陳述？

People in this neighborhood can be trusted.

可以信任本社區的人。

○ 1 Strongly agree
○ 1 是強烈同意
○ 2 Agree
○ 2 同意
○ 3 Disagree
○ 3 不同意
○ 4 Strongly disagree
○ 4 強烈不同意
I care deeply about issues in my community or society.
我非常關心發生在我的社區或社會中的問題。

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree

I believe that I can make a difference in my community.
我相信我可以對改善我的社區有所貢獻

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree

I feel connected to others who are working to make a difference in my community.
我覺得我與那些努力改善我社區的人相關連

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
‘QT2020_D9’ [TE64] - Do you feel safe in your neighborhood?

您在居住區附近感到安全?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

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

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?

接下來的問題是有關當你不在上學或不在做家庭作業時，大部分坐在那裡的時間。在週末，你通常在一天內坐在那裡看電視、玩電子遊戲、與朋友聊天或做其他坐著的活動的時間有多長？

_____ Hour(s)
_____ 小時

_____ Minute(s)
_____ 分鐘
Section E: Cigarette, Alcohol and Drug Use

‘QT2020_E1’ [TC38] - Now we are going to ask about smoking.

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

現在，我想向你提出有關抽煙的問題。你是否曾經抽過煙，就算只有抽一兩口？

1 Yes
2 No

If = 2, -3, goto ‘E-cigarette Intro Teen’

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

你是在什麼年齡第一次嘗試抽煙，哪怕只吸一兩口？

________ Age

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

在過去30天中，你有多少天抽煙？

0 None
1 1 or 2 days
1 1 或 2 天
2 3-5 days
2 3~5 天
3 6-9 days
3 6~9 天
4 10-19 days
4 10~19 天
5 20-29 days
5 20~29 天
6 30 days
6 30 天

If = 0, goto 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?

在過去30天內你抽煙的日子裡，你每天大約抽多少枝煙?

If you did not smoke every day in the past 30 days, consider the average number of cigarettes on the day you smoked. A pack usually contains 20 cigarettes

如果您在過去30天內沒有每天吸菸，請細想您過去吸煙的日子。一包香菸通常裝有20支香菸

_________ Number of cigarettes

________ 支香菸

'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.

接下來的問題是關於電子煙和其他電子煙產品。這些產品通常含有尼古丁、香精、和其他成分。它們也可能被稱為電子煙(e-cigs)、筆式電子煙(vape pens)、pod mods、水煙筆(hookah pens)、或電子水煙袋(e-hookah)。熱門品牌包括JUUL、Blu、NJOY、Suorin和Vuse。

Do not include products used only for marijuana.

不包括僅用於大麻的產品。

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

你是否曾經使用過電子煙和其他電子煙產品，即使一生只用過一次？

*Please include using JUUL or JUULing in your answer.*

請在答案中包括JUUL或JUULing。

○ 1 Yes
○ 1 是
○ 2 No
○ 2 否

If = 2, -3 goto ‘QT2020_E10’

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

你是在什麼年齡第一次嘗試吸電子煙，哪怕只吸一兩口？

_________ Age

_________ 齡相
‘QT2020_E7’ [TE80] - In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

在過去30天裡，你曾有多少天使用電子煙和其他電子煙產品？

__________Number of days [HR: 0-30]

If=0-3 goto ‘QT2020_E9’

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

你是因為什麼原因抽電子煙？

Check 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 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 than cigarettes
- 10 Because they are healthier than cigarettes
- 11 For enjoyment or social reasons
- 12 To reduce stress, anxiety, or pain
- 91 Other (Specify: ____________)

91 其他（請詳述：______________）
F ['QT2020_E1' = 1 AND 'QT2020_E5' = 1] AND 'QT2020_E2' = 'QT2020_E6'
OR IF 'QT2020_E2' = -3 OR IF 'QT2020_E6' = -3, 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?

您之前提到過曾嘗試過香菸以及電子昐。您最先嘗試的是哪一種？

- 1 Cigarettes
- 1 支香煙
- 2 E-cigarettes
- 2 种電子煙
- 3 Tried at the same time
- 3 同時嘗試

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

你是否喝過超過幾口的任何含酒精的飲料，例如啤酒、葡萄酒、混合飲料或烈酒？

- 1 Yes
- 1 是
- 2 No
- 2 否

If = 2, -3 goto ‘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?

在過去30天內，你有多少天在兩三個小時內連續喝四份或以上飲料？

- 0 None
- 0 從未
- 1 1 day
- 1 1 天
- 2 2 days
- 2 2 天
- 3 3 - 5 days
- 3 3~5 天
- 4 6 - 9 days
- 4 6~9 天
- 5 10 - 19 days
- 5 10~19 天
- 6 20 days or more
- 6 20 天或更長時間
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?

在過去三十天中，你是否曾經連續（即在兩個小時內）飲酒五份或五份以上？

- 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

PROGRAMMING NOTE ‘QT2020_E13’: 
IF ‘QA19_G10’ = 2,4 (NO QUESTIONS ON DRUGS) 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?

‘接下來的問題是關於大麻，又稱大麻或大麻草、哈希什及其他含有四氫大麻酚的產品。使用這些產品有多種方法，包括吸食、蒸氣抽吸、塗抹、進食或進飲。您曾否使用（即使只是一次）大麻或哈希什？

THC is the active ingredient in marijuana

四氫大麻酚（THC）是大麻中的主要成份。

- 1 Yes
- 2 No

If = 2, -3, goto ‘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?

過去30天內，您有多少天使用過大麻、哈希什或其他含有四氫大麻酚的產品？

- 0 None
- 0 從未
- 1 1 day
- 1 1天
- 2 2 days
- 2 2天
- 3 3-5 days
- 3 3-5天
- 4 6-9 days
- 4 6-9天
- 5 10-19 days
- 5 10-19天
- 6 20-29 days
- 6 20-29天
- 7 30 days or more
- 7 30天或更長時間

If = 1, goto 'SECTION F-MENTAL HEALTH'

‘QT2020_E15’ [TE71] - How often have you used tobacco and marijuana at the same time?

您多常在吸煙時亦有使用大麻？您認為......

- 1 Usually
- 1 通常
- 2 Sometimes
- 2 有時
- 3 Never
- 3 從來沒有

‘QT2020_E16’ [TE72] - During the past 30 days, how did you use marijuana? Did you...

Smoke it in a joint, bong, or pipe?

過去30天內，您如何使用大麻？您曾否......用煙卷、水煙壺或煙斗吸食？

- 1 Yes
- 1 是
- 2 No
- 2 否
‘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?

過去30天內，您如何使用大麻？您曾否……吸食內含部分或全部大麻的雪茄（有時稱為小雪茄煙）？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

‘QT2020_E18’ [TE73] - [During the past 30 days, how did you use marijuana?] Did you…

Eat it?

[[過去30天內，您如何使用大麻？] 您有否……進食大麻？

*For example, in brownies, cakes, cookies or candy*

例如布朗尼、蛋糕、曲奇/餅乾或糖果形式

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

‘QT2020_E19’ [TE74] - [During the past 30 days, how did you use marijuana?] Did you…

Drink it?

〔過去30天內，您如何使用大麻？〕您有否……進飲大麻？

*For example, in tea, cola, alcohol or other drinks*

例如茶、可樂、酒或其他飲品形式

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

‘QT2020_E20’ [TE75] - [During the past 30 days, how did you use marijuana?] Did you…

Vaporize it?

〔過去30天內，您如何使用大麻？〕您有否……蒸氣抽吸大麻？

*For example, in an e-cigarette type vaporizer*

例如電子煙式蒸發器

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否
During the past 30 days, how did you use marijuana? Did you…

Dab it?

[過去 30 天內，您如何使用大麻？] 您有否……塗抹大麻

For example, using butane hash oil, wax or concentrates

例如塗抹丁烷大麻油、蠟或精華

- 1 Yes
- 1 是
- 2 No
- 2 否

During the past 30 days, how did you use marijuana? Did you…

Use it some other way?

[過去 30 天內，您如何使用大麻？] 您有否……以其他方式使用大麻？

- 1 Yes (Specify ______)
- 1 是 (請詳述：______)
- 2 No
- 2 否
SECTION F: MENTAL HEALTH

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

以下是有關你在過去三十天內的感覺的問題。

About how often during the past 30 days did you feel...nervous?

在過去30天內，您大約每隔多久會感到緊張不安您認為是始終、大多數時間、有時、很少還是從不？

○ 1 All of the time
○ 1 總是
○ 2 Most of the time
○ 2 大部分時候
○ 3 Some of the time
○ 3 有些時候
○ 4 A little of the time
○ 4 少量時候
○ 5 None of the time
○ 5 從未

‘QT2020_F2’ [TG12] - ... hopeless?

感到毫無希望？

○ 1 All of the time
○ 1 總是
○ 2 Most of the time
○ 2 大部分時候
○ 3 Some of the time
○ 3 有些時候
○ 4 A little of the time
○ 4 少量時候
○ 5 None of the time
○ 5 從未
### QT2020_F3 [TG13] - ... restless or fidgety?

到不安或煩躁？

<table>
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<tr>
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<th>描述</th>
<th>选项</th>
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<tbody>
<tr>
<td>1</td>
<td>1 All of the time</td>
<td>1 总是</td>
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<tr>
<td>2</td>
<td>2 Most of the time</td>
<td>2 大部分時候</td>
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<td>3 有些時候</td>
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<td>4</td>
<td>4 A little of the time</td>
<td>4 少量時候</td>
</tr>
<tr>
<td>5</td>
<td>5 None of the time</td>
<td>5 從未</td>
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### QT2020_F4 [TG14] - ... so depressed that nothing could cheer you up?

常憂鬱，以致任何事都無法讓你高興起來？

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<td>3 有些時候</td>
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<td>4</td>
<td>4 A little of the time</td>
<td>4 少量時候</td>
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<tr>
<td>5</td>
<td>5 None of the time</td>
<td>5 從未</td>
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### QT2020_F5 [TG15] - ... that everything was an effort?

感到做每件事都非常吃力？

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<td>4</td>
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<td>4 少量時候</td>
</tr>
<tr>
<td>5</td>
<td>5 None of the time</td>
<td>5 從未</td>
</tr>
</tbody>
</table>
‘QT2020_F6’ [TG16] - ... worthless?

感到自己毫無價值?

○ 1 All of the time
○ 2 Most of the time
○ 3 Some of the time
○ 4 A little of the time
○ 5 None of the time

‘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?

在過去十二個月中，是否曾經有任何一個月這種感覺出現的頻率比過去30天更頻繁？

○ 1 Yes
○ 2 No

If = 2, -3, goto ‘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.

以下是有關在過去十二個月中你的精神狀態最差的一個月的問題。

During that same month, how often did you feel......nervous?

在那個月中，你感到精神緊張的頻率有多高？是所有的時間、大多數時間、某些時間、少數時間還是根本沒有？

○ 1 All of the time
○ 2 Most of the time
○ 3 Some of the time
○ 4 A little of the time
○ 5 None of the time
○ 5 None of the time
‘QT2020_F9’ [TF32] - ... hopeless?

感到毫無希望？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時間
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QT2020_F10’ [TF33] - ... restless or fidgety?

d到不安或煩躁？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時間
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QT2020_F11’ [TF34] - ... so depressed that nothing could cheer you up?

常憂鬱，以致任何事都無法讓你高興起來？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時間
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未
‘QT2020_F12’ [TF35] - ... that everything was an effort?

感到做每件事都非常吃力？

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

‘QT2020_F13’ [TF36] - ... worthless?

感到自己毫無價值？

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

‘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?

在過去十二個月中，你是否認為你需要接受情感或精神健康方面的幫助？例如，感到悲哀、焦慮或不安。

- 1 Yes
- 2 No

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

在過去12個月中，你有沒有接受過任何心理或情緒方面的諮詢？

- 1 Yes
- 2 No
‘QT2020_F16’ [T13] - In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

在過去十二個月中，你是否曾經接受任何專業人員提供的戒酒或戒毒幫助？

- 1 Yes
- 2 No

‘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?

接下來是關於您利用科技的問題。一般人可以在電腦或電話或行動裝置上利用網際網路來串流傳輸視訊／音樂、玩遊戲、查看社群媒體、使用應用程式、或瀏覽網頁等。在平常的一天，您使用網際網路的頻率為多少？

*Use the internet either on a computer or mobile device.*

在電腦或行動裝置上使用網際網路」。

- 01 Almost constantly
- 02 Many times a day
- 03 A few times a day
- 04 Less than a few times a day

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

在平常的一天裡，你使用電腦或行動裝置上社群媒體的頻率為何？

*Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc*

社群媒體可能包括 Facebook、Instagram、Twitter、Snapchat、YouTube 等。

- 01 Almost constantly
- 02 Many times a day
- 03 A few times a day
- 04 Less than a few times a day
‘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?

在過去的12個月內，您是否嘗試從線上工具獲得援助，包括行動應用程式或簡訊服務，用來解決您的心理健康、情緒、神經、或酒精或藥物的使用問題？

○ 1 Yes
○ 1 是
○ 2 No
○ 2 否

If = 2, goto ‘PN_QT2020_F21’
If = -3, goto ‘PN_QT2020_F22’

‘QT2020_F20’ [TF41] - How useful was this?

其有用的程度？

○ 01 Very
○ 01 非常
○ 02 Somewhat
○ 02 有些
○ 03 Not at all
○ 03 毫不
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?

您如果沒有嘗試利用線上工具來獲得援助，包括行動應用程式或簡訊服務，其主要原因是什麼？

- 1 Got better/no longer needed
- 2 Wanted to handle problem myself
- 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 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
- 11 Don't think I needed it
- 12 Don't have enough space to download new apps
- 91 Other (Specify: _____________)

‘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?

在過去的 12 個月中，您是否曾透過社群媒體、部落格、和線上論壇等方式，跟與您有類似心理健康或酗酒／毒品方面關切的人在線上聯繫？

Include online forums or closed social media groups on specific issues, doing hashtag searches on social media, or following people with similar health conditions.

包括對特定問題的線上論壇或封閉社群媒體群組，在社群媒體上從事主題標籤搜索，或關注具有相似健康狀況人群的進展。

- 1 Yes
- 2 No
‘TF44’ [TF44] - In the last 12-months, have you used online tools to find, be referred to, contact, or connect with a mental health professional?

在過去12個月中，您是否使用線上工具查找、轉介、接觸、或聯繫心理健康專業人員？

For example, by texting, on-line messaging, video chat, or a mental health or health-related mobile app

例如，透過發簡訊、線上發通訊、視訊聊天、或心理健康或與健康相關的行動應用程式。

- 1 Yes
- 2 No
SECTION G: SEXUAL BEHAVIORS

PROGRAMMING NOTE ‘QT2020_G1’:  
IF ‘QA19_G10’ = 3,4 (NO QUESTIONS ON SEXUAL BEHAVIOR), 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.

Have you ever had sexual intercourse?

接下來的部分是關於性行為。您的回答會被嚴格保密，您也可以拒絕回答。你有沒有過性交？

By sexual intercourse, we mean sex with a penis in a vagina or an anus or rectum.

這裡說的性交是指陰茎在阴道或肛門或直腸裡。

☐ 1 Yes
☐ 2 No

PROGRAMMING NOTE ‘QT2020_G2’:

‘QT2020_G2’ [TG17] - Which of the following statements best describes your pregnancy plans?

下列哪項陳述最能形容您的生育計劃？您認為......

☐ 1 I do not plan to get pregnant within the next 12 months
☐ 2 I am not sexually active
☐ 3 I am planning to get pregnant within the next 12 months
☐ 4 I am currently pregnant
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?

您或您的男性性伴侶是否採用某種避孕方法避？

- 1 Yes
- 1 是
- 2 No
- 2 否
- 3 I do not have a male sex partner
- 3 沒有男性性伴侶

If = 2, goto ‘QT2020_G5’,
If = 3, -3 goto ‘QT2020_G6’

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

您正在使用哪種避孕方法？

Check all that apply

- 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- 3 IUD (蜜蕊娜（Mirena）、paragard 子宮環)
- 4 Implant ( Implanon®, Nexplanon®, etc.)
- 4 皮下植入避孕器（易貝儂（Implanon）、Nexplanon 避孕棒）
- 5 Birth control pills
- 5 服避孕藥（birth control pills）
- 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- 6 其他荷爾蒙法（注射式避孕藥／depo-provera、避孕貼、陰道避孕環／舞悠陰道避孕環nuva ring）
- 7 Condoms (male)
- 7 保險套（男用）
- 91 Other (Specify: _____________)
- 91 其他（請詳述：__________）

If =3,4 goto ‘QT2020_G7’
If =, 5, 6, 7, 91, -3 goto ‘PN_QT2020_G6’
‘QT2020_G5’ [TG20] - What is the main reason you are not currently using birth control?

您目前並無避孕的主因是甚麼？

☐ 1 Trying to get pregnant/want a baby
☐ 1 試圖懷孕／想要一個孩子
☐ 2 Haven’t found a method I like
☐ 2 還沒找到我喜歡的方法
☐ 3 Cost
☐ 3 成本
☐ 4 Haven’t had time to go in for birth control
☐ 4 還沒有時間從事生育控制
☐ 5 No transportation
☐ 5 沒有交通工具
☐ 6 Don’t know where to get it
☐ 6 不知從何處取得
☐ 7 Don’t believe in birth control
☐ 7 不相信生育控制
☐ 8 Worried about side effects and/or health risks
☐ 8 擔心副作用和／或健康風險
☐ 9 Partner won’t let me
☐ 9 伴侶不許我使用
☐ 91 Other (Specify: _____________)
☐ 91 其他（請詳述：_____________)


‘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?

是否有醫生、醫療服務提供者、或計劃生育顧問曾與你討論過子宮內避孕器（IUD）或皮下植入避孕器（植入手臂）？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否
☐ 3 I do not have a male sex partner
☐ 3 沒有男性性伴侶
‘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?

在過去的 12 個月中，您是否有從醫生、醫療服務提供者、或計劃生育門診等處獲得節育方法或生育控制處方？

○ 1 Yes
○ 2 No

If = 2, goto ‘PN_QT2020_G10’

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

您所得到主要的避孕方法或處方是哪種？

○ 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
○ 3 IUD (蜜蕊娜 (Mirena)、paragard 子宮環)
○ 4 Implant (Implanon®, Nexplanon®, etc.)
○ 4 皮下植入避孕器 (易貝儂 (Implanon)、Nexplanon 避孕棒)
○ 5 Birth control pills
○ 5 口服避孕藥 (birth control pills)
○ 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
○ 6 其他荷爾蒙法 (注射式避孕藥／depo-provera、避孕貼、陰道避孕環／舞悠陰道避孕環nuva ring）
○ 7 Condoms (male)
○ 7 保險套 (男用)
○ 91 Other (Specify: ____________)
○ 91 其他 (請詳述：____________)
‘QT2020_G9’ [TG28] - Where did you receive the main birth control method or prescription?

您從何處得到主要的避孕方法或處方？

- 1 Private doctor's office
- 1 私人醫生診所
- 2 HMO facility
- 2 HMO 設施
- 3 Hospital or hospital clinic
- 3 醫院或醫院診所
- 4 Planned Parenthood
- 4 計劃式親職（Planned Parenthood）
- 5 County health department, family planning clinic, community clinic
- 5 縣衛生局、家庭計劃診所、社區門診中心
- 6 School or school-based clinic
- 6 學校或學校診所
- 7 Employer or company clinic
- 7 雇主或公司診所
- 8 Indian Health Service
- 8 印地安健康服務（Indian health service）
- 9 Pharmacy
- 9 藥局
- 91 Some other place (Specify: _____________ )
- 91 其他機構（請詳述：______）

**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?

在過去十二個月中，您是否曾接受過醫生或醫療提供者有關男性或女性避孕的諮詢或資訊？

- 1 Yes
- 1 是
- 2 No
- 2 否
PROGRAMMING NOTE ‘QT2020_G11’: IF MALE AND 15 \( \leq \) AGE \( \leq \) 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?

您或您的女性伴侶是否採用某種避孕方法避孕？這包括男性或女性絕育。

- 1 Yes
- 1 是
- 2 No
- 2 否
- 3 I do not have a female sex partner
- 3 沒有女性性伴侶

If = 2, goto ‘QT2020_G13’
If = 3, -3 goto ‘QT2020_G14’

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

您正在使用哪種避孕方法？

Check all that apply

- 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- 3 IUD（蜜蕊娜（Mirena）、paragard 子宮環）
- 4 Implant ( Implanon®, Nexplanon®, etc.)
- 4 皮下植入避孕器（易貝儂（Implanon）、Nexplanon 避孕棒）
- 5 Birth control pills
- 5 口服避孕藥（birth control pills）
- 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- 6 其他荷爾蒙法（注射式避孕藥／depo-provera、避孕貼、陰道避孕環／舞悠陰道避孕環nuva ring）
- 7 Condoms (male)
- 7 保險套（男用）
- 91 Other (Specify: _____________)
- 91 其他（請詳述：_____________)

If =3, 4, 5, 6, 7, 91, -3 goto ‘QT2020_G14’
‘QT2020_G13’ [TG24] - What is the **main** reason you are **not** currently using birth control?

您目前並無避孕的主因是甚麼？

- 1 Trying to get pregnant/want a baby
- 1 試圖懷孕／想要一個孩子
- 2 Haven't found a method I like
- 2 還沒找到我喜歡的方法
- 3 Cost
- 3 成本
- 4 Haven't had time to go in for birth control
- 4 還沒有時間從事生育控制
- 5 No transportation
- 5 沒有交通工具
- 6 Don’t know where to get it
- 6 不知從何處取得
- 7 Don’t believe in birth control
- 7 不相信生育控制
- 8 Worried about side effects and/or health risks
- 8 擔心副作用和／或健康風險
- 9 Partner won't let me
- 9 伴侶不許我使用
- 91 Other (Specify: ____________)
- 91 其他 (請詳述：___________)

‘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?

在過去的 12 個月中，您是否有從醫生、醫療服務提供者、或計劃生育門診等處獲得節育方法或生育控制處方？

- 1 Yes
- 1 是
- 2 No
- 2 否

*If = 2, -3 goto ‘Section H’*
‘QT2020_G15’ [TG30] - What main birth control method or prescription did you receive?

您所得到主要的避孕方法或處方是哪種？

- 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- 3 IUD（蜜蕊娜（Mirena）、paragard 子宮環）
- 4 Implant (Implanon®, Nexplanon®, etc.)
- 4 皮下植入避孕器（易貝儂（Implanon）、Nexplanon 避孕棒）
- 5 Birth control pills
- 5 口服避孕藥（birth control pills）
- 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- 6 其他荷爾蒙法（注射式避孕藥／depo-provera，避孕貼、陰道避孕環／舞悠陰道避孕環nuva ring）
- 7 Condoms (male)
- 7 保險套（男用）
- 91 Other (Specify: _____________)
- 91 其他（請詳述：__________）

‘QT2020_G16’ [TG31] - Where did you receive the main birth control method or prescription?

您從何處得到主要的避孕方法或處方？

- 1 Private doctor's office
- 1 私人醫生診所
- 2 HMO facility
- 2 HMO 設施
- 3 Hospital or hospital clinic
- 3 醫院或醫院診所
- 4 Planned Parenthood
- 4 計劃式親職（Planned Parenthood）
- 5 County health department, family planning clinic, community clinic
- 5 縣衛生局、家庭計劃診所、社區門診中心
- 6 School or school-based clinic
- 6 學校或學校診所
- 7 Employer or company clinic
- 7 雇主或公司診所
- 8 Indian Health Service
- 8 印地安健康服務（Indian health service）
- 9 Pharmacy
- 9 藥局
- 91 Some other place (Specify: _____________)
- 91 其他機構（請詳述：____）
SECTION H: HEALTH CARE UTILIZATION AND ACCESS

‘QT2020_H1’ [TF1] - Now we’re going to ask about health care visits.

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

現在，我想提出有關健康護理門診的問題。當你生病或者需要獲得健康諮詢時，是否有一個通常去的地方？

- 1 Yes
- 2 No

If = 2, -3 goto ‘PN_QT2020_H3’

‘QT2020_H2’ [TF2] - What kind of place do you go to most often?

- 1 Medical doctor’s office
- 2 Clinic/Health Center/Hospital clinic
- 3 Emergency room
- 91 Some other place (Specify: __________)
- 94 No one place

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?

在過去12個月中，您有沒有因為自身的健康去過醫院急診室？

- 1 Yes
- 2 No

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

在過去12個月中，你曾經幾次去看醫生？

_____ Times [HR: 0-365]
### QT2020_H5 (TF5) - When was the last time you saw a doctor for a physical exam or check-up?

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 3 months ago or less</td>
</tr>
<tr>
<td>1 3 個月前或更短時間</td>
</tr>
<tr>
<td>2 More than 3 months, and up to 6 months ago</td>
</tr>
<tr>
<td>2 超過 3 個月至 6 個月前</td>
</tr>
<tr>
<td>3 More than 6 months, and up to 12 months ago</td>
</tr>
<tr>
<td>3 超過 6 個月至 12 個月前</td>
</tr>
<tr>
<td>4 More than 12 months, and up to 2 years ago</td>
</tr>
<tr>
<td>4 超過 12 個月至 2 年前</td>
</tr>
<tr>
<td>5 More than 2 years ago</td>
</tr>
<tr>
<td>5 超過2 年前</td>
</tr>
<tr>
<td>0 Never had a physical</td>
</tr>
<tr>
<td>0 從未做過身體檢查</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE ‘QT2020_H6’**: IF ‘QT2020_H1’ = 1 (YES, HAS USUAL SOURCE OF CARE), CONTINUE WITH ‘QT2020_H6’; ELSE GO TO ‘QT2020_H7’

### QT2020_H6 (TI14) - Do you have a personal doctor or medical provider who is your main provider?

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE ‘QT2020_H7’**: IF TEINSURE = 1 OR ‘QT2020_H6’: IF ‘QT2020_H1’ = 1 (YES, HAS 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?

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
</tbody>
</table>

**If** = 2, -3 go to ‘PN_QT2020_H9’
‘QT2020_H8’ [TH46] - How often were you able to get an appointment within two days? Would you say…

您能在兩天內就診的頻率有多高？

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

**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 (YES, HAS 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?

在您的醫生辦公室或診所是否有人幫助協調其他醫生對你提供的護理或服務，例如測試或治療？

- 1 Yes
- 2 No

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

在過去十二個月中，您是否曾經延遲或沒有領取醫生為你開的處方藥？

- 1 Yes
- 2 No

*If = 2, -3 goto ‘QT2020_H12’*

‘QT2020_H11’ [TI21] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

醫療費用或沒有保險是不是您延遲或沒有領取處方藥物的一個原因？

- 1 Yes
- 2 No
‘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?

在過去十二個月中，您有沒有延遲或沒有接受任何您認為必要的醫療護理—例如看醫生、專科醫生或其他健康護理專業人員？

- 1 Yes
- 1 是
- 2 No
- 2 否

If = 2, -3 goto ‘QT2020_H17’

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

你最終接受了護理嗎？

- 1 Yes
- 1 是
- 2 No
- 2 否

‘QT2020_H14’ [TF22] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

醫療費用或沒有保險是不是您延遲或沒有獲得您認為自己需要的醫療護理的一個原因？

- 1 Yes
- 1 是
- 2 No
- 2 否

If = 2, -3 goto ‘QT2020_H16’

‘QT2020_H15’ [TH58] - Was that the main reason?

這是主要原因嗎？

- 1 Yes
- 1 是
- 2 No
- 2 否

If = 1, -3 goto ‘QT2020_H17’
‘QT2020_H16’ [TH59] - What was the one main reason why you delayed getting the care you felt you needed?

你延遲或沒有接受你認為自己需要的護理的b一個最主要原因是什么？

- 1 Couldn’t get appointment
- 1 無法獲得預約
- 2 My insurance was not accepted
- 2 我的保險不 被接受
- 3 My insurance did not cover
- 3 我的保險不承保
- 4 Language understanding problems
- 4 語言上的理解問題
- 5 Transportation problems
- 5 交通工具問題
- 6 Hours were not convenient
- 6 時間安排不方便
- 7 There was no child care for children at home
- 7 無托育中心可供照顧在家的孩子
- 8 I forgot or lost referral
- 8 我忘記或失去轉診機會
- 9 I didn’t have time to go
- 9 我沒有時間前往
- 10 Too expensive
- 10 太貴了
- 11 I have no insurance
- 11 我沒有保險
- 91 Other (Specify: ____________)
- 91 其他（請詳述：____________）

‘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.

下面是有關牙齒的問題。您最後一次看牙醫或去牙科診所大約是多久以前？請包括牙科保健員及各類牙科專家。

- 0 Have never visited
- 0 從未探訪過
- 1 6 months ago or less
- 1 6 個月前或更短時間
- 2 More than 6 months, and up to 1 year
- 2 超過 6 個月至 1 年前
- 3 More than 1 year, and up to 2 years ago
- 3 超過 1 年至 2 年前
- 4 More than 2 years, and up to 5 years ago
- 4 超過 2 年至 5 年前
- 5 More than 5 years ago
- 5 超過 5 年前
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.

在過去十二個月中，您是否曾經因牙科疾病缺課？請不要計入因洗牙或例行牙科檢查缺課的時間。

- 1 Yes
- 2 No

‘QT2020_H19’ [TM3] - How would you describe the condition of your teeth?

您如何描述您的牙齒狀況：極好、很好、較好、一般還是較差？

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 I have no natural teeth
- 6 沒有自然的牙齒
SECTION J: DEMOGRAPHIC INFORMATION PART II

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

Are you Latino or Hispanic?

為確保涵蓋加州的所有族裔及種族，我要提出數道關於您背景的問題。您是拉丁裔或者西班牙裔嗎？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

If = 2, -3 goto ‘PN_QT2020_J3’

‘QT2020_J2’ [T11A] - And what is your Latino or Hispanic ancestry or origin?

你的拉丁裔或西裔祖籍或原國籍是哪里？

Check all that apply

☐ 1 Mexican/Mexican American/Chicano
☐ 1 墨西哥人／墨西哥裔美國人／齊卡諾人（Chicano）
☐ 4 Salvadoran
☐ 4 薩爾瓦多人（Salvadoran）
☐ 5 Guatemalan
☐ 5 瓜地馬拉人（Guatemalan）
☐ 6 Costa Rican
☐ 6 哥斯大黎加人（Costa Rican）
☐ 7 Honduran
☐ 7 宏都拉斯人（Honduran）
☐ 8 Nicaraguan
☐ 8 尼加拉瓜人（Nicaraguan）
☐ 9 Panamanian
☐ 9 巴拿馬人（Panamanian）
☐ 10 Puerto Rican
☐ 10 波多黎各人（Puerto Rican）
☐ 11 Cuban
☐ 11 古巴人（Cuban）
☐ 12 Spanish-American (from Spain)
☐ 12 西班牙裔-美國人（來自西班牙）
☐ 91 Other Latino (Specify: ____________)
☐ 91 其他拉丁美洲人（請詳述：_________________）
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 ...

Check all that apply

- 1 White
- 1 白人
- 2 Black or African American
- 2 黑人或非洲裔美國人
- 3 Asian
- 3 亞洲人
- 4 American Indian or Alaska Native
- 4 美洲原住民或阿拉斯加原住民
- 5 Other Pacific Islander
- 5 其他太平洋島民
- 6 Native Hawaiian
- 6 夏威夷原住民
- 91 Other (Specify: ____________)
- 91 其他（請詳述：____________)

If = 1, 2, 6, 91-3, And Only One Race, goto ‘QT2020_J11’
If = 3, And Only One Race, goto ‘PN_QT2020_J7’
If = 4, And Only One Race, goto ‘PN_QT2020_J8’
If = 5, And Only One Race, goto ‘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’ [T12A] - 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.

Check all that apply.

- 1 Apache
- 1 阿帕契族（Apache）
- 2 Blackfoot/Blackfeet
- 2 黑腳族（Blackfoot／Blackfeet）
- 3 Cherokee
- 3 切羅基族（Cherokee）
- 4 Choctaw
- 4 喬克托族（Choctaw）
- 5 Mexican American Indian
- 5 墨西哥美洲原住民（Mexican American Indian）
- 6 Navajo
- 6 納瓦荷族（Navajo）
- 7 Pomo
- 7 波莫族（Pomo）
- 8 Pueblo
- 8 普韋布洛族（Pueblo）
- 9 Sioux
- 9 蘇族（Sioux）
- 10 Yaqui
- 10 雅季族（Yaqui）
- 91 Other Tribe (Specify: _____________)
- 91 其他部落（請詳述：_____________）

‘QT2020_J5’ [T12B] - Are you an enrolled member in a federally or state recognized tribe?

你是聯邦或州認可部落的註冊成員嗎？

- ☑ 1 Yes
- ☑ 1 是
- ☑ 2 No
- ☑ 2 否

If = 2, -3, goto ‘PN_QT2020_J7’
**CHIS 2020 Teen Questionnaire**  
Version 1.0  
October 29, 2019

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

你在哪一個部落註冊？

### Apache_T
- 1 Mescalero Apache, Nm
- 2 Apache (Not Specified)
- 3 Other Apache (Specify: )

### Blackfeet_T
- 4 Blackfoot/Blackfeet

### Cherokee_T
- 5 Western Cherokee
- 6 Cherokee (Not Specified)
- 7 Other Cherokee (Specify: )

### Choctaw_T
- 8 Choctaw Oklahoma
- 9 Choctaw (Not Specified)
- 10 Other Choctaw (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 (Specify: )

### Pueblo_T
- 16 Hopi
- 17 Ysleta Del Sur Pueblo Of Texas
- 18 Pueblo (Not Specified)
- 19 Other Pueblo (Specify: )

### Sioux_T
- 20 Oglala/Pine Ridge Sioux
- 21 Sioux (Not Specified)
- 22 Other Sioux (Specify: )
Yaqui_T

- 23 Pascua Yaqui Tribe Of Arizona
- 23 亚利桑那州巴斯卡雅季族 (Ascua Yaqui Tribe Of Arizona)
- 24 Yaqui (Not Specified)
- 24 雅季族（未指定）
- 25 Other Yaqui (Specify: __________)
- 25 其他_雅季族 （請詳述：__________）
- 91 Other (Specify: __________)
- 91 其他（請詳述：__________）
PROGRAMMING NOTE ‘QT2020_J7’ : IF ‘QT2020_J3’ = 3 (ASIAN) CONTINUE WITH ‘QT2020_J7’ ; ELSE GO TO PROGRAMMING NOTE ‘QT2020_J8’

‘QT2020_J7’ [T12D] - 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.

你說你是亞洲人，你屬於哪一個種族團體？例如中國人、菲律賓人、越南人。如果你屬於一個以上民族，請告訴我所有這些族裔。

Check 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: _____________)
91 其他（請詳述：_____________）
‘QT2020_J8’ [T12D1] - 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.

Check all that apply

- 1 Samoan/American Samoan
- 2 Guamanian
- 3 Tongan
- 4 Fijian
- 91 Other Pacific Islander (Specify: _______)

‘QT2020_J9’ [T12F] - You said that you are: [RESPONSES FROM T11A, T12, T12D, T12D1]. Do you identify with any one race in particular?

- 1 Yes
- 2 No

IF ‘QT2020_J9’ = 2, go to ‘QT2020_J11’
你最認同其中哪一個族裔？

- 1 Mexican/Mexican American/Chicano
- 1 墨西哥人／墨西哥裔美國人／齊卡諾人（Chicano）
- 4 Salvadoran
- 4 薩爾瓦多人（Salvadoran）
- 5 Guatemalan
- 5 瓜地馬拉人（Guatemalan）
- 6 Costa Rican
- 6 哥斯大黎加人（Costa Rican）
- 7 Honduran
- 7 宏都拉斯人（Honduran）
- 8 Nicaraguan
- 8 尼加拉瓜人（Nicaraguan）
- 9 Panamanian
- 9 巴拿馬人（Panamanian）
- 10 Puerto Rican
- 10 波多黎各人（Puerto Rican）
- 11 Cuban
- 11 古巴人（Cuban）
- 12 Spanish-American (from Spain)
- 12 西班牙裔-美國人（來自西班牙）
- 13 Latino, Other Specify
- 13 種族，其他，請詳述
- 14 Latino
- 14 拉丁美洲人
- 16 Native Hawaiian
- 16 夏威夷原住民
- 17 Other Pacific Islander
- 17 其他太平洋島民
- 18 American Indian or Alaska Native
- 18 美洲原住民或阿拉斯加原住民
- 19 Asian
- 19 亞洲人
- 20 Black or African American
- 20 黑人或非洲裔美國人
- 21 White
- 21 白人
- 22 Race, Other Specify
- 22 種族，其他，請詳述
- 30 Bangladeshi
- 30 孟加拉人
- 31 Burmese
- 31 緬甸人
- 32 Cambodian
- 32 柬埔寨人
- 33 Chinese
- 33 華人
- 34 Filipino
- 34 菲律賓人
- 35 Hmong
- 35 西部苗族人（Hmong）
- 36 Indian (India)
36 印度人（印度）
37 Indonesian
37 印尼人
38 Japanese
38 日本人
39 Korean
39 韓國人
40 Laotian
40 老撾人或寮國人
41 Malaysian
41 馬來西亞人
42 Pakistani
42 巴基斯坦人
43 Sri Lankan
43 斯里蘭卡人
44 Taiwanese
44 台灣人
45 Thai
45 泰國人
46 Vietnamese
46 越南語
49 Asian, Other Specify
49 亞洲人，其他，請詳述
50 Samoan/American Samoan
50 薩摩亞人／美屬薩摩亞人（Samoan/American Samoan）
51 Guamanian
51 圍島人（Guamanian）
52 Tongan
52 東加人
53 Fijian
53 斐濟人
55 Pacific Islander, Other Specify
55 太平洋島民，其他，請詳述
90 Both/All/Multiracial
90 兩者／所有／多種族的
95 None of these
95 以上皆非
‘QT2020_J11’ [TI3] - In what country were you born?
你是在哪一個國家出生的？

- 1 United States
- 1 美國
- 2 American Samoa
- 2 美屬薩摩亞
- 3 Canada
- 3 加拿大
- 4 China
- 4 中國
- 09 Guam
- 09 圖島
- 16 Japan
- 16 日本
- 17 Korea
- 17 韓國
- 18 Mexico
- 18 墨西哥
- 19 Philippines
- 19 菲律賓
- 22 Puerto Rico
- 22 波多黎各
- 25 Vietnam
- 25 越南
- 26 Virgin Islands
- 26 美屬維京群島
- 13 Other (Specify: ____________)
- 13 其他（請詳述：__________）
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’ [T14] - Are you a citizen of the United States?

你是美國公民嗎？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否
☐ 3 Application pending
☐ 3 申請待審

If = 1, goto ‘QT2020_J14’

‘QT2020_J13’ [T15] - Are you a permanent resident with a green card?

你是持有綠卡的永久居民嗎？

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

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否
☐ 3 Application pending
☐ 3 申請待審

‘QT2020_J14’ [T16] - About how many years have you lived in the United States?

你在美國居住大約多少年了？

_____ Number of years
_____ 年
_____ Year (First came to live in US.)
_____ 年首次來到並居住在美國
‘QT2020_J15’ [T17] - What languages do you speak at home?

你在家中使用哪種語言交談？

Check all that apply.

- 1 English
- 1 英語
- 2 Spanish
- 2 西班牙語
- 3 Cantonese
- 3 廣東話
- 4 Vietnamese
- 4 越南語
- 5 Tagalog
- 5 他加祿語（Tagalog）
- 6 Mandarin
- 6 國語
- 7 Korean
- 7 韓國語
- 8 Asian Indian languages (including Hindi, Punjabi, Urdu)
- 8 亞洲印度語 (Hindi, Punjabi, Urdu)
- 9 Russian
- 9 俄語
- 12 Japanese
- 12 日語
- 14 French
- 14 法語
- 15 German
- 15 德語
- 18 Farsi
- 18 現代伊朗語
- 19 Armenian
- 19 亞美尼亞語
- 20 Arabic
- 20 阿拉伯語
- 91 Other 1 (Specify: ____________)
- 91 其他 1（請詳述：__________）
- 92 Other 2 (Specify: ____________)
- 92 其他 2（請詳述：__________）
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.

Have you ever seriously thought about committing suicide?

下一節是有關自我傷害的想法。再說一遍，如果提出的任何問題使您感到不安，您不需要回答。您是否曾經認真地考慮過自殺？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

If = 2, -3 goto 'SECTION L-CIVIC ENGAGEMENT AND RESILIENCY'

'QT2020_K2' [TK2] - Have you seriously thought about committing suicide at any time in the past 12 months?

您在過去十二個月內的任何時間是否認真地考慮過自殺？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

If = 2, -3 goto 'QT2020_K4'

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

您在過去兩個月的任何時間是否曾經認真地考慮過自殺的問題？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否

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

您是否曾經嘗試過自殺？

☐ 1 Yes
☐ 1 是
☐ 2 No
☐ 2 否
PROGRAMMING NOTE ‘QT2020_K5’:

IF (‘QT2020_K2’ = 2, -3) AND (‘QT2020_K4’ = 2, -3), THEN GO TO SUICIDE RESOURCE;
IF (‘QT2020_K3’ = 2, -3) AND (‘QT2020_K4’ = 2, -3), THEN GO TO SUICIDE RESOURCE;
IF ‘QT2020_K3’ = 1 AND (‘QT2020_K4’ = 2, -3), 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?

您在過去十二個月內的任何時間是否認真地考慮過自殺？

☐ 1 Yes
☐ 2 No

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

我前面已經說過，如果你希望與人談論有關自殺的想法或嘗試的問題，有人可以每天二十四小時向你提供資訊，為你提供幫助。你有什麼東西可以把電話記下來嗎？該免費電話號碼是 1-800-273-TALK (8255)。

You can visit www.suicidepreventionlifeline.org find out information about getting help.

您也可以查閱他們的網站 www.suicidepreventionlifeline.org。
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?

在過去12個月內，您是否曾經自願組織或領導行動以協助解決您所在社區的問題？

○ 1 Yes
○ 1 是
○ 2 No
○ 2 否

‘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.

想像一下，您發現社區中存在問題，並且您想對此有所作為。例如，學校附近出售非法毒品，或在當地飲用水中發現高含量的鉛。

Do you think you could express your views in front of a group of people?

您認為您可以在人群面前表達您的觀點嗎？

○ 01 Definitely could not
○ 01 絕對不可以
○ 02 Probably could not
○ 02 可能不可以
○ 03 Maybe could
○ 03 也許可以
○ 04 Probably could
○ 04 可能可以
○ 05 Definitely could
○ 05 絕對可以

‘QT2020_L3’ [TL53] - Do you think you could contact an elected official or someone else in government who represents your community?

您認為您可以聯絡民選官員或在政府中其他代表您社區的人嗎？

○ 01 Definitely could not
○ 01 絕對不可以
○ 02 Probably could not
○ 02 可能不可以
○ 03 Maybe could
○ 03 也許可以
○ 04 Probably could
○ 04 可能可以
○ 05 Definitely could
○ 05 絕對可以
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."

您對該表述的贊同或反對程度如何？
“民眾投票方式的形式令民眾有機會影響其所在社區和加利福尼亞州事務的運作方式。”

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

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?

個人的外表，風格，服飾，或者他們走路或談話的方式，可能會影響人們如何描述他們。你覺得別人在學校會怎樣形容你？

- 1 Very feminine
- 2 Mostly feminine
- 3 Equally feminine and masculine
- 4 Mostly masculine
- 5 Very masculine
'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®?

- 1 Yes
- 2 No

If = 1, goto QT2020_L10'

'QT2020_L7' [TL45] - In the past 12 months, have you taken any PrEP or Truvada®?

過去 12 個月內，您曾否服用任何預防性用藥或特魯瓦達？

- 1 Yes
- 2 No

If = 1, goto QT2020_L10'

'QT2020_L8' [TL46] - Have you ever taken any PrEP or Truvada®?

您有否試過服用任何預防性用藥或特魯瓦達？

- 1 Yes
- 2 No

If = 1, goto ‘QT2020_L10’

'QT2020_L9' [TL47] - Before today, have you ever heard of PrEP or Truvada®?

今天前，您有否聽過預防性用藥或特魯瓦達？

- 1 Yes
- 2 No
‘QT2020_L10’ [TH31] - Have you ever been tested for HIV, the virus that causes AIDS?

您是否曾經接受過艾茲病病毒HIV測試？

- 1 Yes
- 2 No

If = 2, -3 goto ‘QT2020_L12’

‘QT2020_L11’ [TL48] - For your most recent HIV test, were you offered the test or did you ask for the test?

您最近一次接受愛滋病毒測試，是獲提供測試，還是自己主動要求接受測試？

- 1 I was offered the test
- 2 I asked for the test
- 3 I don't remember
- 91 Other (Specify: __________)

If = 1, 2, 3, 91, -3 goto 'SECTION M-CLOSING'

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

您曾否獲提供愛滋病毒測試？

- 1 Yes
- 2 No
SECTION M: CLOSING

‘QT2020_M1’ [TI10] - Those are my final questions. We 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?

這些是我要問的最後幾個問題。感謝您花費的時間及給予的合作。最後，請問您願意在未來參加本項研究的後續調查嗎？

☐ 1 Yes
☐ 2 No

PROGRAMMING NOTE SUICIDE RESOURCE 2:
[IF ‘QT2020_K3’=1 OR (‘QT2020_K3’=2,-3 AND ‘QT2020_K5’=1)] CONTINUE WITH SUICIDE RESOURCE 2; ELSE GO TO CLOSE

‘QT2020_M2’ [TM4] – Again, if you would like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you.

我前面已經說過，如果你希望與人談論有關自殺的想法或嘗試的問題，有人可以每天二十四小時向你提供資訊，為你提供幫助。你有什麼東西可以記下電話號碼嗎？

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

該免費電話號碼是 1-800-273-TALK (8255).

You can also visit www.suicidepreventionlifeline.org to find out information about getting help.

你還可以查閱我們的網站，查找有關獲取幫助的資訊，該網址是 www.suicidepreventionlifeline.org。

‘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.

謝謝！你已經幫助我們完成了一項極為重要的健康問卷調查。如果你對研究有任何問題，請與本項研究負責人 Ponce博士聯繫。你希望要他的電話號碼嗎？

Dr. Ponce can be reached toll-free at 1-866-275-2447.

你可以撥免費電話號碼 1-866-275-2447，與 Ponce 博士聯繫。再見

BREAKOFF

CALLBACK
☐ 1 YES
☐ 2 NO

INELIGIBLE
☐ 1 YES
☐ 2 NO