



CHIS 2013-2014

Adult Questionnaire

Version 5.4
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Adult Respondents Age 18 and Older

Collaborating Agencies:

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- ☐ California Department of Health Care Services
- ☐ California Department of Public Health

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2013 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

PROGRAMMING NOTE QA13_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA13_A1 What is your date of birth?

귀하의 생년월일은 어떻게 되십니까?

AA1MON

MONTH _____ [RANGE: 1-12]

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

AA1DAY

DAY _____ [RANGE: 1-31]

AA1YR

YEAR _____ [RANGE: 1904-1996]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_A2:
IF QA13_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA13_A2;
ELSE GO TO QA13_A5

QA13_A2 What month and year were you born?

귀하는 몇 년 몇 월에 출생하셨습니다습니까?

AA1AMON

MONTH _____ [RANGE: 1-12]

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

AA1AYR

YEAR _____ [RANGE: 1904-1996]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_A3:

**IF QA13_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA13_A3;
ELSE GO TO QA13_A5**

QA13_A3 What is your age, please?

나이를(연세를) 말씀해 주시겠습니까?

AA2

____ YEARS OF AGE [RANGE: 0-120]

[GO TO QA13_A5]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_A4:

**IF QA13_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA13_A4;
ELSE GO TO QA13_A5**

QA13_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

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

AA2A

BETWEEN 18 AND 29 1

BETWEEN 30 AND 39 2

BETWEEN 40 AND 44 3

BETWEEN 45 AND 49 4

BETWEEN 50 AND 64 5

65 OR OLDER 6

REFUSED -7

DON'T KNOW -8

POST NOTE QA13_A4: AAGE ENUM.AGE

CALCULATE VALUE OF AAGE BASED ON QA13_A1, QA13_A2, OR QA13_A3 TO USE IN ALL AGE-RELATED QUESTIONS;

**IF QA13_A1, QA13_A2, OR QA13_A3 = -7 OR -8 (REF/DK), THEN USE QA13_A4;
ELSE USE ENUM.AGE**

QA13_A5 Are you male or female?

이건 어느 분께나 드리게 되어 있는 성별에 관한 질문인데요. 남성분이십니까, 여성분이십니까?

AA3

MALE 1

FEMALE 2

REFUSED -7

QA13_A6 Are you Latino or Hispanic?

라티노나 히스패닉계이십니까?

AA4

YES	1	
NO	2	[GO TO PN QA13_A8]
REFUSED	-7	[GO TO PN QA13_A8]
DON'T KNOW	-8	[GO TO PN QA13_A8]

QA13_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

그리고 어떤 라티노나 히스패닉계에 속하십니까? 예를 들면, 멕시코인, 엘살바도르인, 쿠바인, 온두라스인 등입니다. 하나 이상에 해당되는 경우에는 모두 말씀해 주십시오.

AA5

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN.....	4
GUATEMALAN	5
COSTA RICAN.....	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN.....	10
CUBAN.....	11
SPANISH-AMERICAN (FROM SPAIN)	12
OTHER LATINO (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_A8:

**IF QA13_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY “You said you are Latino or Hispanic. Also,”;
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA13_A8, CONTINUE WITH
PROGRAMMING NOTE QA13_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

QA13_A8 {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

{You said you are Latino or Hispanic.} 또한 귀하가 다음의 인종 중 어느 것 하나나 하나 #이상에 속하는지를 말씀해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 주민, 아메리칸 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중에서 어느 인종에 속합니까?

AA5A

[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]

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

[CODE ALL THAT APPLY]

WHITE.....	1	[GO TO PN QA13_A16]
BLACK OR AFRICAN AMERICAN	2	[GO TO PN QA13_A16]
ASIAN	3	[GO TO PN QA13_A12]
AMERICAN INDIAN OR ALASKA NATIVE	4	[GO TO PN QA13_A9]
OTHER PACIFIC ISLANDER	5	[GO TO PN QA13_A13]
NATIVE HAWAIIAN	6	[GO TO PN QA13_A16]
OTHER (SPECIFY: _____)	91	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA13_A9:

**IF QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA13_A9;
ELSE GO TO PROGRAMMING NOTE QA13_A12**

QA13_A9 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

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

AA5B

[CODE ALL THAT APPLY]

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

QA13_A10 Are you an enrolled member in a federally or state recognized tribe?

귀하께서는 연방정부와 주정부에서 인정하는 부족으로 등록된 분이십니까?

AA5C

YES	1	
NO	2	[GO TO PN QA13_A12]
REFUSED	-7	[GO TO PN QA13_A12]
DON'T KNOW	-8	[GO TO PN QA13_A12]

QA13_A11 Which tribe are you enrolled in?

귀하는 어느 부족으로 등록했습니까?

AA5D

APACHE

MESCALERO APACHE, NM1

APACHE (NOT SPECIFIED).....2

OTHER APACHE (SPECIFY: _____)3

BLACKFEET

BLACKFOOT/BLACKFEET4

CHEROKEE

WESTERN CHEROKEE5

CHEROKEE (NOT SPECIFIED)6

OTHER CHEROKEE (SPECIFY: _____)...7

CHOCTAW

CHOCTAW OKLAHOMA.....8

CHOCTAW (NOT SPECIFIED).....9

OTHER CHOCTAW (SPECIFY: _____) . 10

NAVAJO

NAVAJO (NOT SPECIFIED) 11

POMO

HOPLAND BAND, HOPLAND RANCHERIA .. 12

SHERWOOD VALLEY RANCHERIA 13

POMO (NOT SPECIFIED)..... 14

OTHER POMO (SPECIFY: _____) ... 15

PUEBLO

HOPi..... 16

YSLETA DEL SUR PUEBLO OF TEXAS..... 17

PUEBLO (NOT SPECIFIED) 18

OTHER PUEBLO (SPECIFY: _____) . 19

SIOUX

OGLALA/PINE RIDGE SIOUX 20

SIOUX (NOT SPECIFIED) 21

OTHER SIOUX (SPECIFY: _____)..... 22

YAQUI

PASCUA YAQUI TRIBE OF ARIZONA..... 23

YAQUI (NOT SPECIFIED) 24

OTHER YAQUI (SPECIFY: _____)..... 25

OTHER

OTHER (SPECIFY: _____) 91

REFUSED -7

DON'T KNOW..... -8

PROGRAMMING NOTE QA13_A12:
IF QA13_A8 = 3 (ASIAN) CONTINUE WITH QA13_A12;
ELSE GO TO PROGRAMMING NOTE QA13_A13

QA13_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese?
 If you are more than one, tell me all of them.

아시안이라고 말씀하셨는데요, 중국계라던지, 필리핀계, 또는 베트남계 등, 정확히 어느
 민족이십니까? 한 가지 이상이면, 전부 말씀해 주십시오.

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA13_A13:
IF QA13_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA13_A13;
ELSE GO TO PROGRAMMING NOTE QA13_A14

QA13_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan,
 or Guamanian? If you are more than one, tell me all of them.

귀하는 태평양 섬 주민이라고 말씀하셨습니다. 귀하가 속한 인종 그룹을 사모아인, 통가인 또는
 괌인 같이 구체적으로 말씀해 주시겠습니까? 두 가지 이상의 인종 그룹에 속하는 경우에는
 해당되는 인종 그룹을 모두 말씀해 주십시오.

AA5E1

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA13_A14:

IF QA13_A6 = 1 (LATINO) AND [QA13_A8 = 6 (NATIVE HAWAIIAN) OR QA13_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA13_A8 = 3 (ASIAN) OR QA13_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA13_A8 = 1 (WHITE) OR QA13_A8 = 91 (OTHER)], CONTINUE WITH QA13_A14;
 ELSE IF THERE WERE MULTIPLE RESPONSES TO QA13_A8, QA13_A12, OR QA13_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA13_A14;
 ELSE SKIP TO QA13_A16

QA13_A14 You said that you are:
 {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

귀하께서는 다음에 해당된다고 하셨습니다.

{INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?

귀하는 한 특정한 인종에 속한다고 말씀하실 수 있습니까?

AA5G

YES	1	
NO	2	[GO TO QA13_A16]
REFUSED	-7	[GO TO QA13_A16]
DON'T KNOW	-8	[GO TO QA13_A16]

PROGRAMMING NOTE FOR QA13_A15:

IF QA13_A6 = 1 (YES, LATINO) AND QA13_A7 ≠ -7 OR -8, DO NOT DISPLAY QA13_A15 = 14 (LATINO);
 IF QA13_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA13_A13 = 1 TO 4 OR 91, DO NOT DISPLAY QA13_A15 = 17 (OTHER PACIFIC ISLANDER);
 IF QA13_A8 = 3 AND QA13_A12 = 1 TO 17 OR 91, DO NOT DISPLAY QA13_A15 = 19 (ASIAN)

QA13_A15 Which do you most identify with?

이 중에서, 귀하를 가장 잘 나타낸다고 생각되는 것은 무엇입니까?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN.....	4
GUATEMALAN	5
COSTA RICAN.....	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN.....	11
SPANISH-AMERICAN (FROM SPAIN)	12
LATINO, OTHER SPECIFY	13
LATINO	14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	18

ASIAN	19
BLACK OR AFRICAN AMERICAN	20
WHITE	21
RACE, OTHER SPECIFY	22
BANGLADESHI	30
BURMESE	31
CAMBODIAN	32
CHINESE	33
FILIPINO	34
HMONG	35
INDIAN (INDIA)	36
INDONESIAN	37
JAPANESE	38
KOREAN	39
LAOTIAN	40
MALAYSIAN	41
PAKISTANI	42
SRI LANKAN	43
TAIWANESE	44
THAI	45
VIETNAMESE	46
ASIAN, OTHER SPECIFY	49
SAMOAN/AMERICAN SAMOAN	50
GUAMANIAN	51
TONGAN	52
FIJIAN	53
PACIFIC ISLANDER, OTHER SPECIFY	55
BOTH/ALL/MULTIRACIAL	90
NONE OF THESE	95
REFUSED	-7
DON'T KNOW	-8

QA13_A16

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

현재 기혼자이십니까, 법적으로는 결혼을 안 했지만, 사실상 결혼한 것과 마찬가지로 동거자와 함께 살고 계십니까, 미망인이십니까, 이혼하셨습니다, 별거중이십니까, 아니면 미혼이십니까?

AH43

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

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

Section B – Health Conditions

QA13_B1 These next questions are about your health.

다음은 귀하의 건강에 대해 몇 가지 질문을 드리겠습니다.

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

전반적으로 건강이 굉장히 좋으십니까? 상당히 좋으십니까, 좋으십니까, 괜찮으십니까? 아니면 안 좋으십니까?

AB1

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

QA13_B2 Has a doctor ever told you that you have asthma?

귀하께서 천식이 있다고 의사가 말한 적이 있습니까?

AB17

YES	1	
NO	2	[GO TO PN QA13_B18]
REFUSED	-7	[GO TO PN QA13_B18]
DON'T KNOW	-8	[GO TO PN QA13_B18]

QA13_B3 Do you still have asthma?

아직도 천식이 있으십니까?

AB40

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

QA13_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?

지난 12개월 동안, 이따금씩 또는 한 번이라도 천식 증상이 있었던 적이 있습니까?

AB41

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

PROGRAMMING NOTE QA13_B5:

**IF [QA13_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA13_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA13_B9;
ELSE CONTINUE WITH QA13_B5**

QA13_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

지난 12개월 동안, 기침, 목에서 휘휘 거리는 소리가 나거나, 숨가쁨, 흉부 압박감 및 가래 등의 천식 증상이 얼마나 자주 있었습니까? 다음 중에서 선택해 주십시오.

AB19

Not at all,1
아무 증상도 없었습니까,1
Less than every month,2
매 달 한 번도 안됐습니까,2
Every month,3
매달,3
Every week, or4
매주, 아니면4
Every day?5
매일 있었습니까?5
REFUSED -7
DON'T KNOW -8

QA13_B6 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

지난 12개월 동안, 귀하의 의 천식 때문에 응급실에 가야 했던 적이 있습니까?

AH13A

YES1
NO2 [GO TO QA13_B8]
REFUSED -7 [GO TO QA13_B8]
DON'T KNOW -8 [GO TO QA13_B8]

QA13_B7 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

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

AB106

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

YES1
NO2
DOESN'T HAVE A DOCTOR3
REFUSED -7
DON'T KNOW -8

QA13_B8 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 있으십니까?

AH15A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_B9 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

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

AB18

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

[IF NEEDED, SAY: "경구약과 흡입제를 둘 다 포함해서 말씀해 주십시오. 즉각적인 효과를 위해 사용하는 흡입제와는 다릅니다."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_B10:

**IF QA13_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA13_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA13_B14;
 ELSE CONTINUE WITH QA13_B10**

QA13_B10 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?

AB66

Not at all,1
 전혀 발생하지 않았음1
 Less than every month,2
 몇 달에 한 번 발생2
 Every month,3
 매달 발생3
 Every week, or4
 매주 발생4
 Every day?5
 매일 발생5
 REFUSED -7
 DON'T KNOW -8

QA13_B11 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

지난 12개월 동안, 귀하의 천식 증세로 응급실에 간 적이 있습니까?

AB67

YES1
 NO2 [GO TO QA13_B13]
 REFUSED -7 [GO TO QA13_B13]
 DON'T KNOW -8 [GO TO QA13_B13]

QA13_B12 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

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

AB107

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

YES1
 NO2
 DOESN'T HAVE DOCTOR3
 REFUSED -7
 DON'T KNOW -8

QA13_B13 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 있으십니까?

AB80

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_B14:
IF AAGE > 69 GO TO QA13_B15;
ELSE CONTINUE WITH QA13_B14

QA13_B14 During the past 12 months, how many days of work did you miss due to asthma?

지난 12개월 동안, 천식때문에 직장에 나가지 못했던게 몇일이나 되십니까?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

REFUSED -7
 DON'T KNOW -8

QA13_B15 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

의사나 다른 의료제공자가 귀하에게 천식을 관리하는 방법을 알려주기 위해 귀하와 함께 천식 관리 계획서를 작성한 적이 있습니까?

AB43

YES	1	
NO	2	[GO TO QA13_B17]
REFUSED	-7	[GO TO QA13_B17]
DON'T KNOW	-8	[GO TO QA13_B17]

QA13_B16 Do you have a written or printed copy of this plan?

이 계획서에 기재했거나 인쇄한 사본을 가지고 있습니까?

AB98

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

[IF NEEDED, SAY: "이것은 전자사본 또는 하드카피일 수도 있습니다."]

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

QA13_B17 How confident are you that you can control and manage your asthma? Would you say you are...

천식을 관리하는 데 얼마나 자신이 있습니까?

AB108

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

PROGRAMMING NOTE QA13_B18:

IF QA13_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA13_B18 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

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

AB22

YES1
 NO2
 BORDERLINE OR PRE-DIABETES3
 REFUSED-7
 DON'T KNOW-8

[GO TO PN QA13_B34]

PROGRAMMING NOTE QA13_B19:

IF QA13_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA13_B19 {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

임신 기간을 제외하고 의사로부터 귀하가 당뇨병 전단계 또는 당뇨병 경계선에 있다는 말을 들은 적이 있습니까? 의사가 귀하에게 당뇨병의 전 단계 또는 경계선에 있다고 알려준 적이 있습니까?

AB99

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_B20:

IF QA13_B18 = 1 THEN CONTINUE WITH QA13_B20;
ELSE SKIP TO PROGRAMMING NOTE QA13_B34

QA13_B20 How old were you when a doctor first told you that you have diabetes?

귀하께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇 세 때였습니까?

AB23

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

REFUSED-7
 DON'T KNOW-8

QA13_B21 Were you told that you had Type 1 or Type 2 diabetes?

귀하의 당뇨병은 제 일종(타입 원) 또는 제 이종(타입 투) 중에서 무엇이라고 들었습니까?

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]

[IF NEEDED, SAY: "제 일종(타입 원) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은성인들에게서 나타납니다. 제 이종(타입 투) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다."]

TYPE 11
 TYPE 22
 ANOTHER TYPE3
 REFUSED-7
 DON'T KNOW-8

QA13_B22 Are you now taking insulin?

현재 인슐린(당뇨병의特效약)을 투여하고 계십니까?

AB24

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_B23 Do you now take diabetic pills to lower your blood sugar?

현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

AB25

[IF NEEDED, SAY: "These are sometimes called oral agents or oral hypoglycemic agents."]

[IF NEEDED, SAY: "이 약들은 가끔 경구용 강하제 또는 경구용 혈당 강하제라고 불립니다."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_B24 About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

귀하나 귀하의 가족 또는 친구들은 귀하의 혈당이나 포도당을 측정하기 위해 하루, 한 주 또는 한 달에 대략 몇 번이나 귀하의 피를 검사 합니까 ?

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

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

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

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

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

REFUSED -7

DON'T KNOW -8

QA13_B25 About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?

지난 12개월 동안, 의사 또는 의료전문가가 귀하의 헤모글로빈 "A one C"를 대략 몇 번이나 검사했습니까?

AB27

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

_____ NUMBER OF TIMES [HR: 0-52, 995; SR: 0-25, 995]

REFUSED -7

DON'T KNOW -8

QA13_B26 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

지난 12개월 동안, 의사는 귀하의 발의 상처나 염증을 대략 몇 번이나 검사했습니까?

AB28

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

REFUSED -7

DON'T KNOW -8

QA13_B27 When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

귀하가 가장 최근에 눈동자를 확장시키는 눈 검사를 받으신 것은 언제였습니까? 이것은 귀하의 눈을 짧은 시간 동안 밝은 불빛에 민감하게 반응하도록 했었을 것입니다.

AB63

WITHIN THE PAST MONTH1
 WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...2
 WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...3
 2 OR MORE YEARS AGO.....4
 NEVER.....5
 REFUSED-7
 DON'T KNOW-8

QA13_B28 During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?

지난 12개월 동안, 당뇨병 증세로 응급실에 간 적이 있습니까?

AB109

YES1
 NO.....2 [GO TO QA13_B30]
 REFUSED-7 [GO TO QA13_B30]
 DON'T KNOW-8 [GO TO QA13_B30]

QA13_B29 Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?

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

AB110

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

YES1
 NO.....2
 DOESN'T HAVE DOCTOR.....3
 REFUSED-7
 DON'T KNOW-8

QA13_B30 During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

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

AB111

YES1
 NO.....2
 REFUSED-7
 DON'T KNOW-8

QA13_B31 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

담당의사나 다른 의료제공자들이 귀하에게 당뇨병을 관리하는 방법을 알려주기 위해 귀하와 함께 계획서를 작성한 적이 있습니까?

AB112

YES	1	
NO	2	[GO TO QA13_B33]
REFUSED	-7	[GO TO QA13_B33]
DON'T KNOW	-8	[GO TO QA13_B33]

QA13_B32 Do you have a written or printed copy of this plan?

이 계획서에 기재했거나 인쇄한 사본을 가지고 있습니까?

AB113

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

[IF NEEDED, SAY: "이것은 전자사본 또는 책자일 수도 있습니다."]

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

QA13_B33 How confident are you that you can control and manage your diabetes? Would you say you are...

당뇨병을 관리하는 데 얼마나 자신이 있습니까?

AB114

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

PROGRAMMING NOTE QA13_B34:
IF QA13_A5 = 2 (FEMALE) CONTINUE WITH QA13_B34;
ELSE GO TO QA13_B35

QA13_B34 Has a doctor ever told you that you had diabetes only during pregnancy?

의사로부터 단지 임신 기간 동안에만 당뇨병이 있었다는 말을 들으신 적이 있습니까?

AB81

[IF NEEDED, SAY: "This is also known as gestational diabetes."]

[IF NEEDED, SAY: "이것은 임신성 당뇨병이라고도 합니다."]

YES1
 NO2
 BORDERLINE GESTATIONAL DIABETES3
 REFUSED -7
 DON'T KNOW -8

QA13_B35 Has a doctor ever told you that you have high blood pressure?

의사가 귀하에게 혈압이 높다고 말한 적이 있습니까?

AB29

YES1
 NO2 [GO TO QA13_B37]
 HIGH NORMAL/BORDERLINE/
 PRE-HYPERTENSION3 [GO TO QA13_B37]
 REFUSED -7 [GO TO QA13_B37]
 DON'T KNOW -8 [GO TO QA13_B37]

QA13_B36 Are you now taking any medications to control your high blood pressure?

현재 혈압 조절 약을 복용하고 계십니까?

AB30

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_B37 Has a doctor ever told you that you have any kind of heart disease?

귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

AB34

YES1
 NO2 [GO TO QA13_B45]
 REFUSED -7 [GO TO QA13_B45]
 DON'T KNOW -8 [GO TO QA13_B45]

QA13_B38 Has a doctor ever told you that you have heart failure or congestive heart failure?

심부전이나 울혈성 심부전이 있다는 진단을 의사로부터 받으신 적이 있습니까?

AB52

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_B39 During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?

지난 12개월 동안, 심장병 때문에 응급실에 간 적이 있습니까?

AB115

YES1
 NO2 [GO TO QA13_B41]
 REFUSED -7 [GO TO QA13_B41]
 DON'T KNOW -8 [GO TO QA13_B41]

QA13_B40 Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?

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

AB116

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

YES1
 NO2
 DOESN'T HAVE DOCTOR3
 REFUSED -7
 DON'T KNOW -8

QA13_B41 During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?

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

AB117

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_B42 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

담당의사나 다른 의료제공자들이 귀하에게 심장병을 관리하는 방법을 알려주기 위해 귀하와 함께 계획서를 작성한 적이 있습니까?

AB118

YES	1	
NO	2	[GO TO QA13_B45]
REFUSED	-7	[GO TO QA13_B45]
DON'T KNOW	-8	[GO TO QA13_B45]

QA13_B43 Do you have a written or printed copy of this plan?

이 계획서에 기재했거나 인쇄한 사본을 가지고 있습니까?

AB119

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

[IF NEEDED, SAY: "이것은 전자사본 또는 하드카피일 수도 있습니다."]

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

QA13_B44 How confident are you that you can control and manage your heart disease? Would you say you are...

심장병을 관리하는 데 얼마나 자신이 있습니까?

AB120

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

QA13_B45 During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist? (CHIS 2014 ONLY)

지난 12개월 동안, 귀하는 독감 예방주사를 맞았거나 플루미스트라는 독감 백신을 코에 뿌렸습니까?

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]

[IF NEEDED, SAY: "독감 예방주사는 보통 가을에 접종하며 독감 시즌에 독감에 걸리지 않도록 신체를 보호합니다."]

YES1
 NO.....2
 REFUSED -7
 DON'T KNOW -8

Section C – Health Behaviors

QA13_C1 The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

다음은 이동을 목적으로 걷는 것에 대한 질문입니다. 기분전환이나 운동을 위해 걸으시는 것에 대해서는 별도로 질문 드리겠습니다.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?

지난 7일 동안, 적어도 10분 이상 거리에 있는 곳에 가기 위해 걸으신 적이 있습니까?

AD37W

YES	1	
NO	2	[GO TO QA13_C4]
UNABLE TO WALK	3	[GO TO QA13_C7]
REFUSED	-7	[GO TO QA13_C4]
DON'T KNOW	-8	[GO TO QA13_C4]

QA13_C2 In the past 7 days, how many times did you do that?

지난 7일 동안 그런 적이 몇 번이나 됩니까?

AD38W

[IF NEEDED, SAY: “Walk for at least 10 minutes to get some place.”]

[IF NEEDED, SAY: “목적지에 도달하기 위해 10분 이상 걸었던 적.”]

_____ TIMES PER WEEK [IF 0, GO TO QA13_C4]

REFUSED	-7	[GO TO QA13_C4]
DON'T KNOW	-8	[GO TO QA13_C4]

PROGRAMMING NOTE QA13_C3:

IF QA13_C2 = 1 DISPLAY “How long did that walk take”;

IF QA13_C2 > 1 DISPLAY “On average, how long did those walks take”

QA13_C3 {How long did that walk take/On average, how long did those walks take}?

그런 경우 평균 얼마 동안 걸으셨습니까? 걷는데 소요된 시간은 얼마나 됩니까?

AD39W

_____ MINUTES PER DAY

_____ HOURS PER DAY

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_C4:

IF QA13_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY “Please do not include walking for transportation.”

QA13_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}

때로 즐거움, 기분전환, 운동, 또는 개를 산책시켜주기 위해 걸을 수 있습니다. 지난 7일 동안, 그와 같은 이유로 10분 이상 걸었던 적이 있습니까? 이동을 목적으로 걸었던 것은 포함시키지 마십시오.

AD40W

YES	1	
NO	2	[GO TO QA13_C7]
REFUSED	-7	[GO TO QA13_C7]
DON'T KNOW	-8	[GO TO QA13_C7]

QA13_C5 In the past 7 days, how many times did you do that?

지난 7일 동안, 그런 적이 몇 번이나 됩니까?

AD41W

[IF NEEDED, SAY: “Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog.”]

[IF NEEDED, SAY: “즐거움, 기분전환, 운동, 또는 개를 산책시키기 위해 10분 이상 걸은 경우.”]

_____ TIMES PER WEEK [IF 0, GO TO QA13_C7]

REFUSED	-7	[GO TO QA13_C7]
DON'T KNOW	-8	[GO TO QA13_C7]

PROGRAMMING NOTE QA13_C6:

IF QA13_C5 = 1 DISPLAY “How long did that walk take”;

IF QA13_C5 > 1 DISPLAY “On average, how long did those walks take”

QA13_C6 {How long did that walk take/On average, how long did those walks take}?

걸는데 소요된 시간은 얼마나 됩니까? 그 날은 얼마나 오래 걸었습니까?

AD42W

_____ MINUTES PER DAY

_____ HOURS PER DAY

REFUSED	-7
DON'T KNOW	-8

QA13_C7 [During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

[지난 한 달 동안,] 당이 함유된 탄산음료를 얼마나 자주 마셨습니까? 다이어트 음료는 포함시키지 마십시오.

AC11

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."]

[IF NEEDED, SAY: "캔이나 병에 들어 있는 주스 또는 차는 포함시키지 마십시오. 소신껏 추측하셔도 좋습니다."]

_____TIMES

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

QA13_C8 [During the past month,] how often did you drink sweetened fruit drinks, sports, or energy drinks?

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

AC46

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

[IF NEEDED, SAY: "레모네이드, 게토레이드, 스네플 또는 레드볼 같은 음료."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____TIMES

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

QA13_C9

Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.

어제, 귀하는 직장, 가정 및 다른 장소에서 몇 잔의 물을 마셨습니까? 한 컵의 물을 한 잔으로 계산하고 한 병의 물을 두 잔으로 계산하십시오. 음료수대 같은 곳에서 몇 모금 마시는 것은 한 잔 미만으로 계산하십시오. 최선을 다해 추정해서 답하시면 됩니다.

AC47

[IF NEEDED SAY: "Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water."]

[IF NEEDED, SAY: "싱크대, 수도꼭지, 음료수대에서 나오거나 물주전자에 들어 있는 수돗물과 아쿠아피나 같은 병물을 포함시키십시오. 향이 있고 설탕을 넣은 물은 포함시키지 마십시오."]

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

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

QA13_C10

Yesterday, how many glasses of nonfat or low-fat milk did you drink? Do not include 2% milk or whole milk.

어제, 귀하는 무지방 또는 저지방 우유를 몇 잔이나 마셨습니까? 2% 우유 또는 전지 우유는 포함시키지 마십시오.

AC48

[IF NEEDED, SAY: "Count one cup or 8 ounces as one glass."]

[IF NEEDED, SAY: "한 컵 또는 8온스를 한 잔으로 계산하십시오."]

[INTERVIEWER NOTE: ONLY INCLUDE DAIRY MILK.]

_____ **GLASSES** [HR: 0-10; SR: 0-7]

REFUSED -7
DON'T KNOW -8

QA13_C11 Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

지금부터는 **지난 한 주**에 대해 생각해 보십시오. 지난 7일 동안, 패스트푸드를 몇 번이나 드셨습니까? 직장, 집, 또는 패스트푸드 식당에서, 또 캐리아웃 또는 드라이브 스루로 먹은 패스트푸드를 포함시키십시오.

AC31

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."]

[IF NEEDED, SAY: "McDonald's, KFC, Panda Express 또는 Taco Bell에서 구입한 음식과 같은."]

_____ # OF TIMES IN PAST 7 DAYS

REFUSED -7

DON'T KNOW -8

QA13_C12 How often can you find fresh fruits and vegetables in your neighborhood? Would you say...

거주 지역에서 신선한 과일과 야채를 구입할 수 있는 경우가 얼마나 자주 있었습니까?

AC42

Never, 1

전혀 없었음 1

Sometimes, 2

가끔 2

Usually, or 3

보통 3

Always? 4

항상 4

DOESN'T EAT F & V 5

DOESN'T SHOP FOR F&V 6

DOESN'T SHOP IN HIS/HER NEIGHBORHOOD.... 7

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_C13:
IF QA13_C12 = 2, 3, OR 4, THEN CONTINUE WITH QA13_C13;
ELSE GO TO PROGRAMMING NOTE QA13_C14

QA13_C13 How often are they affordable? Would you say...

가격이 저렴한 경우가 얼마나 자주 있었습니까?

AC44

[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]

[IF NEEDED, SAY: "귀하의 거주 지역에서 구입할 수 있는 신선한 과일과 야채의 가격이 저렴한 경우가 얼마나 자주 있었습니까? 전혀 없었음, 가끔, 보통, 항상 중에서 선택해주시요."]

Never,.....	1
전혀 없었음	1
Sometimes,	2
가끔	2
Usually, or	3
보통	3
Always?	4
항상	4
REFUSED	-7
DON'T KNOW	-8

QA13_C14 Now, I am going to ask about various health behaviors.

이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다.

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

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

AE15

YES	1	
NO	2	[GO TO QA13_C46]
REFUSED	-7	
DON'T KNOW	-8	

QA13_C15 Do you now smoke cigarettes every day, some days, or not at all?

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

AE15A

EVERY DAY	1	
SOME DAYS	2	[GO TO PN QA13_C17]
NOT AT ALL	3	[GO TO PN QA13_C18]
REFUSED	-7	[GO TO PN QA13_C18]
DON'T KNOW	-8	[GO TO PN QA13_C18]

QA13_C16 On average, how many cigarettes do you now smoke a day?

정기적으로 흡연을 하던 때에는 하루에 보통 몇 대를 피웠습니까?

AD32

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

_____ NUMBER OF CIGARETTES [HR: 0-120] **[GO TO PN QA13_C18]**

REFUSED -7 **[GO TO PN QA13_C18]**

DON'T KNOW -8 **[GO TO PN QA13_C18]**

PROGRAMMING NOTE QA13_C17:

IF QA13_C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C17;

ELSE GO TO WITH QA13_C18

QA13_C17 In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

지난 30일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?

AE16

[IF NEEDED, SAY: “On the days you smoked.” AND IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]

[IF NEEDED, SAY: “담배를 피운 날에.” AND IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_C18:

IF QA13_C15 = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), THEN CONTINUE WITH QA13_C18;

ELSE SKIP TO QA13_C46;

QA13_C18 How old were you when you first started to smoke cigarettes fairly regular? (CHIS 2014 ONLY)

귀하가 담배를 상당히 자주 피우기 시작한 것은 몇 살 때였습니까?

AC52

_____ YEARS OLD [HR: 0, 5 - 99]

NEVER SMOKED REGULARLY0 **[SKIP TO QA13_C20]**

REFUSED -7 **[SKIP TO QA13_C20]**

DON'T KNOW -8 **[SKIP TO QA13_C20]**

QA13_C19 How long has it been since you smoked on a daily basis? (CHIS 2014 ONLY)

귀하가 담배를 매일 피우기 시작한 지는 얼마나 오래 되었습니까?

AC53

_____ DAY(S) [HR: 0 - 365]

_____ MONTH(S) [HR: 0 - 12]

_____ YEAR(S) [HR: 0 - 99]

NEVER SMOKED DAILY..... 999

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_C20:
IF QA13_C15 = 2 (SMOKE SOME DAYS), THEN DISPLAY “On days when you smoke, how”;

QA13_C20 {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette? (CHIS 2014 ONLY)

귀하가 보통 첫 담배를 피우는 것은 잠에서 깬 지 얼마 후입니까?

AC54

[IF R SAYS, “IMMEDIATELY”, CODE 0]

[IF R SAYS, “I DON’T SMOKE AFTER WAKING UP”, CODE 999]

_____ AMOUNT OF TIME

_____ UNIT OF TIME

MINUTES.....1

HOURS2

REFUSED -7

DON'T KNOW -8

QA13_C21 Where do you usually buy your cigarettes? (CHIS 2014 ONLY)

귀하는 보통 어디에서 담배를 구입하십니까?

AC55

CONVENIENCE STORES OR GAS STATIONS.....1

SUPER MARKETS2

LIQUOR STORES OR DRUG STORES33

TOBACCO DISCOUNT STORES.....4

OTHER DISCOUNT OR WAREHOUSE STORES,
 SUCH AS WAL-MART OR COSTCO5

INDIAN RESERVATIONS.....6

MILITARY COMMISSARIES7

ONLINE8

SOMEWHERE ELSE? (Other specify: _____) 91

I DON'T BUY 99

REFUSED -7

DON'T KNOW -8

[SKIP TO QA13_C23]

QA13_C22 How much do you usually pay for a pack of cigarettes? (CHIS 2014 ONLY)

귀하는 보통 담배 한 갑에 얼마를 지불하십니까?

AC56

_____ . _____ AMOUNT PER PACK

_____ . _____ AMOUNT PER CARTON

REFUSED -7

DON'T KNOW -8

QA13_C23 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions? (CHIS 2014 ONLY)

지난 번에 담배를 구입했을 때, 귀하는 쿠폰, 리베이트, 1갑을 구입하면 1갑을 무료로 제공, 2갑을 1갑 값에 제공, 또는 다른 특별 판촉 캠페인을 이용하십니까?

AC57

YES1

NO2

REFUSED -7

DON'T KNOW -8

QA13_C24 Do you usually smoke menthol or non-menthol cigarettes? (CHIS 2014 ONLY)

귀하는 보통 멘솔(박하향) 또는 비-멘솔 담배 중 어느 것을 피우십니까?

AC58

MENTHOL1

NON-MENTHOL2

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_C25:

**IF QA13_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C25;
ELSE CONTINUE WITH QA13_C46**

QA13_C25 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (CHIS 2014 ONLY)

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

AC49

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO QA13_C27]

[GO TO QA13_C27]

[GO TO QA13_C27]

QA13_C26 During the past 12 months, how many times have you tried to quit smoking for one day or longer?

지난 12개월 동안, 귀하는 하루 이상 금연을 하려고 시도한 적이 몇 번이나 있었습니까?

AC59

_____ NUMBER OF TIMES

REFUSED -7

DON'T KNOW -8

QA13_C27 Are you thinking about quitting smoking in the next six months?

향후 6개월 이내에 담배를 끊으려고 생각하십니까?

AC50

YES1

NO2

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_C28:

**IF QA13_C25 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS), CONTINUE WITH QA13_C28;
ELSE SKIP TO QA13_C44;**

QA13_C29 There are many products called nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. The last time you tried to quit, did you use a nicotine replacement therapy such as a... (CHIS 2014 ONLY)

사람들이 금연하는 것을 돕기 위해 니코틴을 대체하는 니코틴 대체 요법(NRT) 제품들이 많이 있습니다. 지난 번에 금연을 시도했을 때, 귀하는 다음과 같은 니코틴 대체 요법 제품을 사용하십니까?

...nicotine patch?

...니코틴 패치?

AC60

YES1

NO2

REFUSED -7

DON'T KNOW -8

QA13_C30 [The last time you tried to quit, did you use a nicotine replacement therapy such as a...] (CHIS 2014 ONLY)

[지난 번에 금연을 시도했을 때, 귀하는 다음과 같은 니코틴 대체 요법 제품을 사용하십니까?]

...nicotine gum?

...니코틴 껌?

AC61

YES1

NO2

REFUSED -7

DON'T KNOW -8

QA13_C30 [The last time you tried to quit, did you use a nicotine replacement therapy such as a...]
(CHIS 2014 ONLY)

[지난 번에 금연을 시도했을 때, 귀하는 다음과 같은 니코틴 대체 요법 제품을 사용하셨습니까?]

...nicotine inhaler?

...니코틴 흡입제?

AC62

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C31 [The last time you tried to quit, did you use a nicotine replacement therapy such as a...]
(CHIS 2014 ONLY)

[지난 번에 금연을 시도했을 때, 귀하는 다음과 같은 니코틴 대체 요법 제품을 사용하셨습니까?]

...nicotine lozenge?

...니코틴 사탕?

AC63

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C32 There are prescription medications to help people quit smoking cigarettes. The last time you tried to quit, did you use ...
(CHIS 2014 ONLY)

사람들이 금연하는 것을 돕는 처방약들이 있습니다. 지난 번에 금연을 시도했을 때, 귀하는 다음과 같은 처방약들을 사용하셨습니까?

...Zyban, Wellbutrin, or Bupropion?

...자이반(Zyban), Wellbutrin(웰부트린) 또는 부프로피온(Bupropion)?

AC64

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C33 [The last time you tried to quit, did you use ...] (CHIS 2014 ONLY)

[지난 번에 금연을 시도했을 때, 귀하는 다음과 같은 약을 사용하셨습니까?]

...Prozac?

...프로작(Prozac)?

AC65

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C34 [The last time you tried to quit, did you use ...] (CHIS 2014 ONLY)

[지난 번에 금연을 시도했을 때, 귀하는 다음과 같은 약을 사용하셨습니까?]

...Chantix or Varenicline?

...찬틱스(Chantix) 또는 바레니클린(Varenicline)?

AC66

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C35 In the past 12 months, have you done any of the following to help you quit smoking? Did you... (CHIS 2014 ONLY)

지난 12개월 동안, 귀하는 금연하는 것을 돕기 위해 다음과 같은 방법을 사용하셨습니까?

...Switch to "light" cigarettes?

...순한 담배로 바꾸셨습니까?

AC67

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C36 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...] (CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

...Switch to smokeless tobacco?

...무연 담배로 바꾸셨습니까?

AC68

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C37 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...] (CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

...Quit completely on your own or "cold turkey"?

...담배를 혼자 힘으로 완전히 끊었거나 "갑자기" 끊으셨습니까?

AC69

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C38 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...]
(CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

Stop hanging out with friends who smoke?

담배를 피우는 친구들과 어울리는 것을 중지하셨습니까?

AC70

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C39 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...]
(CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

Try to quit with a friend?

친구와 함께 금연을 시도하셨습니까?

AC71

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C40 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...]
(CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

Exercise more to help you quit smoking?

금연에 도움이 되도록 운동을 더 많이 하셨습니까?

AC72

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C41 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...]
(CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

Use herbal remedies for quitting smoking?

금연을 위해 한방 치료법을 사용하셨습니까?

AC73

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_C42 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...]
(CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

Use acupuncture or hypnosis to help you quit smoking?

금연에 도움이 되도록 침술 또는 최면술을 사용하셨습니까?

AC74

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_C43 [In the past 12 months, have you done any of the following to help you quit smoking? Did you...]
(CHIS 2014 ONLY)

[지난 12개월 동안, 귀하는 금연에 도움이 되도록 다음과 같은 방법을 사용하셨습니까?]

Call a telephone quitting helpline?

금연 상담 서비스로 전화하셨습니까?

AC75

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_C44 In the past 12 months, did a doctor or other health professional advise you to quit smoking?
(CHIS 2014 ONLY)

지난 12개월 동안, 의사 또는 다른 의료제공자가 귀하에게 금연에 대한 조언을 제공했습니까?

AC77

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_C45 In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?
(CHIS 2014 ONLY)

지난 12개월 동안, 의사 또는 다른 의료제공자가 귀하를 금연 프로그램에 의뢰했거나, 또는 이 프로그램에 대한 정보를 제공했습니까?

AC78

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_C46:
IF AGE <= 65 THEN CONTINUE WITH QA13_C46;
ELSE SKIP TO QA13_C48;

QA13_C46 Have you ever smoked a Hookah pipe? (CHIS 2014 ONLY)

귀하는 후카(Hookah) 담뱃대를 사용한 적이 있으십니까?

AC79

[IF NEEDED, SAY: "Hookah is also known as shisha (she-sha), nargila (nar-geela), argila (argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the smoke."]

[IF NEEDED, SAY: "후카는 세샤(shisha), 나르길라 (nargila), 아르길라 (argila) 또는 룰라 (lula) 라고도 알려져 있습니다. 담배 연기는 유리 물담뱃대에 담겨 있는 물을 통과하면서 냉각 및 여과됩니다."]

YES	1	
NO	2	[GO TO QA13_C48]
REFUSED	-7	[GO TO QA13_C48]
DON'T KNOW	-8	[GO TO QA13_C48]

QA13_C47 Do you now use a Hookah pipe every day, some days, or not at all? (CHIS 2014 ONLY)

귀하는 현재 후카 담뱃대를 매일 또는 가끔 사용하거나, 또는 전혀 사용하지 않으십니까?

AC80

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

PROGRAMMING NOTE QA13_C48:
IF AGE <= 65 THEN CONTINUE WITH QA13_C48;
ELSE SKIP TO QA13_C51;

QA13_C48 Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes? (CHIS 2014 ONLY)

귀하는 전자 담배(또한 e-담배 또는 분무기 담배라고도 알려져 있음)를 사용한 적이 있으십니까?

AC81

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]

[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored."]

[IF NEEDED, SAY: "전자 담배는 전통적인 흡연 방법을 모방하는 장치이나, 이 전지로 작동하는 장치는 연기 대신에 증기를 발생시킵니다. 이 장치에 사용되는 용액에는 니코틴이 들어 있을 수도 있고, 보통 향이 있습니다."]

YES	1	
NO	2	[GO TO QA13_C51]
REFUSED	-7	[GO TO QA13_C51]
DON'T KNOW	-8	[GO TO QA13_C51]

QA13_C49 During the past 30 days, how many days did you use electronic cigarettes?
(CHIS 2014 ONLY)

지난 30일 동안, 귀하는 며칠이나 전자 담배를 사용하셨습니까?

AC82

_____ NUMBER OF DAYS

**[IF 0, THEN SKIP TO
QA13_C51]**

REFUSED -7

[SKIP TO QA13_C51]

DON'T KNOW -8

[SKIP TO QA13_C51]

QA13_C50 What are your reasons for using electronic cigarettes? (CHIS 2014 ONLY)

귀하가 전자 담배를 사용하는 이유는 무엇입니까?

AC83

[CODE ALL THAT APPLY]

QUIT SMOKING.....1

REPLACE SMOKING2

CUT DOWN OR REDUCE SMOKING3

USE IN PLACES WHERE SMOKING NOT IS
NOT ALLOWED4

CURIOSITY, JUST TRY IT5

OTHER (SPECIFY : _____) 91

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_C51:

**IF QA13_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C51;
ELSE SKIP TO QA13_C64;**

QA13_C51 What are the current rules or restrictions about smoking inside your home? Would you say...
(CHIS 2014 ONLY)

귀하의 집안에서 담배를 피우는 것에 대해 현재 사용하고 있는 규칙 또는 제한 사항은 무엇입니까?

AC84

Smoking is completely banned for everyone,1
모든 사람에게 대해 흡연을 완전히 금지1
Smoking is generally banned for everyone with few
exceptions,2
몇 가지 예외를 제외하고, 모든 사람에게 대해 흡연을
일반적으로 금지2
Smoking is allowed in some rooms only, or.....3
일부 방에서만 흡연을 허용3
There are no rules or restrictions on smoking inside
your home?4
귀하의 집안에서 담배를 피우는 것에 대한 규칙 또
는 제한 사항이 없음4
NO SMOKERS/NO NEED5
VOLUNTARILY DON'T SMOKE INSIDE HOME6
OTHER (SPECIFY: _____) 91
REFUSED -7
DON'T KNOW -8

QA13_C52 Is your place of work completely smoke-free indoors? (CHIS 2014 ONLY)

귀하의 직장에서는 실내에서 흡연하는 것이 완전히 금지되어 있습니까?

AC85

YES1
NO2
DON'T WORK/RETIRED3 [SKIP TO QA13_C54]
NOT APPLICABLE4 [SKIP TO QA13_C54]
WORK OUTDOORS5 [SKIP TO QA13_C54]
REFUSED -7 [SKIP TO QA13_C54]
DON'T KNOW -8 [SKIP TO QA13_C54]

QA13_C53 As far as you know, in the past 7 days, has anyone smoked in your work area?
(CHIS 2014 ONLY)

귀하가 아는 한, 지난 7일 동안, 귀하의 작업 장소에서 흡연한 사람이 있었습니까?

AC86

YES1
NO2
DON'T WORK/RETIRED3
NOT APPLICABLE4
WORK OUTDOORS5
REFUSED -7
DON'T KNOW -8

QA13_C54 How many people with whom you regularly interact, including close friends and family, smoke cigarettes? (CHIS 2014 ONLY)

귀하가 자주 교류하는 사람들(가까운 친구와 가족 포함) 중에서 몇 명이 흡연을 합니까?

AC87

_____ NUMBER OF PEOPLE

REFUSED -7

DON'T KNOW -8

QA13_C55 Please think about any messages against smoking that you saw on TV, heard on the radio, or saw on a billboard. In the past 60 days, did you see... (CHIS 2014 ONLY)

TV에서 보았거나, 라디오에서 들었거나, 또는 광고판에서 본 금연 메시지를 고려해 주십시오. 지난 60일 동안, 귀하는 얼마나 많은 메시지를 보셨습니까?

AC88

A lot of messages against smoking,1

금연에 대한 많은 메시지를 보았음1

A few messages against smoking, or2

금연에 대한 몇 개의 메시지를 보았음2

No messages against smoking?3

금연에 대한 메시지를 보지 못했음3

NEVER/RARELY WATCH TV OR LISTEN TO THE

RADIO4

REFUSED -7

DON'T KNOW -8

QA13_C56 In the last few years, do you think advertising for tobacco products has... (CHIS 2014 ONLY)

지난 몇 년 동안, 귀하는 담배 제품에 대한 광고가 얼마나 증가 또는 감소했다고 생각하십니까?

AC89

Increased a lot,1

많이 증가1

Increased a little,2

약간 증가2

Stayed the same,3

변동 없음3

Decreased a little, or4

약간 감소4

Decreased a lot?5

많이 감소5

REFUSED -7

DON'T KNOW -8

QA13_C57 Please tell me if you agree or disagree with each of the following statements. (CHIS 2014 ONLY)

다음의 각 문장에 대해 동의하거나 동의하지 않는지 말씀해 주십시오.

Taking a stand against smoking is important to you.

흡연을 거부하는 것이 귀하에게 중요합니다.

AC90

AGREE1
DISAGREE2
REFUSED-7
DON'T KNOW-8

QA13_C58 You want to be involved in efforts to get rid of smoking. (CHIS 2014 ONLY)

귀하는 흡연을 중단하기 위한 노력에 참여하기를 원합니다.

AC91

AGREE1
DISAGREE2
REFUSED-7
DON'T KNOW-8

QA13_C59 How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Would you support a tax increase of... (CHIS 2014 ONLY)

귀하는 담배 한 갑에 대해 얼마나 많은 추가 세금을 부과하는 것을 지지하십니까(인상한 세금 전액을 어린이들의 흡연을 방지하기 위한 프로그램과 다른 건강 관리 프로그램에 자금을 제공하기 위해 사용하는 경우)?

AC92

50 cents a pack,1
한 갑 당 50센트1
\$1.00,2
\$1.00,2
\$2.00,3
\$2.00,3
\$3.00,4
\$3.00,4
More than \$3.00 a pack, or5
한 갑 당 \$3.00 초과5
No tax increase?6
세금 인상에 반대6
REFUSED-7
DON'T KNOW-8

QA13_C60 Please tell me if you think smoking should be allowed or not allowed in each of the following places:

다음의 각 장소에서 흡연을 허용 또는 금지해야 하는지 말씀해 주십시오.

Outdoor public places like parks, beaches, golf courses, zoos, and sports stadiums.
(CHIS 2014 ONLY)

공원, 해변, 골프장, 동물원, 경기장과 같은 야외 공공 장소

AC93

NOT ALLOWED1
ALLOWED.....2
REFUSED-7
DON'T KNOW-8

QA13_C61 Outdoor restaurant dining patios. (CHIS 2014 ONLY)

식당의 옥외 파티오

AC94

NOT ALLOWED1
ALLOWED.....2
REFUSED-7
DON'T KNOW-8

QA13_C62 Indian casinos. (CHIS 2014 ONLY)

인디언 카지노

AC95

NOT ALLOWED1
ALLOWED.....2
REFUSED-7
DON'T KNOW-8

QA13_C63 Do you agree or disagree that there should be a total ban on smoking everywhere in your city or town, except in one's home? (CHIS 2014 ONLY)

개인 주택을 제외하고, 도시 전체에서 흡연을 완전히 금지해야 한다는 것에 동의 또는 동의하지 않으십니까?

AC96

AGREE.....1
DISAGREE.....2
REFUSED-7
DON'T KNOW-8

QA13_C64 Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?

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

AC32

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

[IF NEEDED, SAY: "추정을 하셔도 좋습니다."]

YES	1	
NO	2	[GO TO QA13_D1]
REFUSED	-7	[GO TO QA13_D1]
DON'T KNOW	-8	[GO TO QA13_D1]

PROGRAMMING NOTE QA13_C65:

**IF QA13_A5 = 1 (MALE) CONTINUE WITH QA13_C65;
ELSE SKIP TO QA13_C66**

QA13_C65 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?

지난 12개월 동안, 하루에 술을 5잔 이상 마신 적은 대략 몇 번이나 됩니까?

AC34

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]

[IF NEEDED, SAY: "1잔이란 12온스 캔 또는 글래스의 맥주, 5온스 글래스의 와인, 혼합주(칵테일) 1잔 또는 독한 주류 1잔을 말합니다."]

_____TIMES [HR: 0-365; SR: 0-99] [GO TO QA13_D1]

REFUSED	-7	[GO TO QA13_D1]
DON'T KNOW	-8	[GO TO QA13_D1]

QA13_C65 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?

지난 12개월 동안, 하루에 술을 4잔 이상 마신 적은 대략 몇 번이나 됩니까?

AC35

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]

[IF NEEDED, SAY: "1잔이란 12온스 캔 또는 글래스의 맥주, 5온스 글래스의 와인, 혼합주(칵테일) 1잔 또는 독한 주류 1잔을 말합니다."]

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

REFUSED	-7
DON'T KNOW	-8

Section D – General Health, Disability, and Sexual Health

QA13_D1 These next questions are about your height and weight.

다음 질문들은 키와 체중에 관한 겁니다.

How tall are you without shoes?

신발을 신지 않았을 때 키가 얼마나 됩니까?

AE17

[IF NEEDED, SAY: "About how tall?"]

[IF NEEDED, SAY: "키가 얼마 정도 됩니까?"]

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

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

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_D2:

IF QA13_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA13_D2 {When not pregnant, how/How} much do you weigh without shoes?

임신 중이 아닐 때, 신발을 신지 않은 상태에서 몸무게가 얼마나 됩니까? 신발을 신지 않고 몸무게가 얼마나 됩니까?

AE18

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

[IF NEEDED, SAY: "얼마 정도 됩니까?"]

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

REFUSED -7

DON'T KNOW -8

QA13_D3 Are you blind or deaf, or do you have a severe vision or hearing problem?

귀하는 맹인 또는 청각 장애자 이십니까? 또는 심한 시력 장애나 청력 장애가 있으십니까?

AD50

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO QA13_D5]

[GO TO QA13_D5]

[GO TO QA13_D5]

QA13_D4 Are you legally blind?

귀하께서는 법적으로 장님이십니까?

AL8

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_D5 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

귀하는 걷거나, 계단을 오르거나, 손을 뻗거나, 들거나 또는 운반하는 것과 같은 기본적인 신체활동을 한가지 이상 크게 제한하는 건강 상태를 가지고 있습니까?

AD57

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_D6 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

6개월 이상 그 이상 지속된 신체적, 정신적, 또는 정서적 상태 때문에 다음과 같은 어려움이 있었습니까?

Any difficulty learning, remembering, or concentrating?

학습, 기억 또는 집중하기에 어려움이 있었습니까?

AD51

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_D7 Any difficulty dressing, bathing, or getting around inside the home?

옷 입기, 목욕하기 또는 집안에서 움직이는 데 어려움이 있었습니까?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

[IF NEEDED, SAY: "6개월 이상 지속되는 신체적, 정신적 또는 정서적 상태 때문에."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_D8 Any difficulty going outside the home alone to shop or visit a doctor's office?

쇼핑을 하거나 병원에 가기 위해 집 밖으로 혼자 외출하는 데 어려움이 있었습니까?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

[IF NEEDED, SAY: "6개월 이상 지속되는 신체적, 정신적 또는 정서적 상태 때문에."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

**PROGRAMMING NOTE QA13_D9:
 IF AAGE > 64 GO TO PN QA13_D11**

QA13_D9 Any difficulty working at a job or business?

직장이나 사업체에서 일하는 데 어려움이 있었습니까?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

[IF NEEDED, SAY: "6개월 이상 지속되는 신체적, 정신적 또는 정서적 상태 때문에."]

YES1
 NO2 **[GO TO PN QA13_D11]**
 REFUSED-7 **[GO TO PN QA13_D11]**
 DON'T KNOW-8 **[GO TO PN QA13_D11]**

QA13_D10 Do you have a physical or mental condition that has kept you from working for at least a year?

귀하는 1년 이상 일을 쉬게 한 신체적 또는 정신적 건강 상태가 있으십니까?

AL8A

[IF NEEDED, SAY: "Current condition."]

[IF NEEDED, SAY: "현재의 상태를 말합니다."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_D11:
IF AAGE > 70 OR QA13_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA13_E1;
ELSE CONTINUE WITH QA13_D11

QA13_D11 We are asking a few questions about people's sexual experiences. All answers will be kept private.

실례지만, 지금부터는 성적인 경험에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신 내용에 대해서는 철저하게 비밀이 유지됩니다.

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

지난 12개월 동안, 성관계를 가진 상대방이 몇 명이나 됩니까?

AD43

_____ NUMBER OF SEXUAL PARTNERS [GO TO PN QA13_D13]

REFUSED -7 [GO TO PN QA13_D13]

DON'T KNOW -8

QA131_D12 Can you give me your best guess?

소신껏 추측해 말씀해 주시겠습니까?

AD44

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

___ NUMBER OF PARTNERS

1 PARTNER1

2-3 PARTNERS2

4-5 PARTNERS3

6-10 PARTNERS4

MORE THAN 10 PARTNERS.....5

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_D13:

IF QA13_D11 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA13_D12=0, GO TO

PROGRAMMING NOTE QA13_D14;

ELSE CONTINUE WITH QA13_D13;

IF QA13_D11 OR QA13_D12 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female”;

ELSE DISPLAY “In the past 12 months, have your sexual partners been male, female, or both male and female”

QA13_D13 {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

성관계를 가진 상대방이 남성입니까, 여성입니까? 지난 12개월 동안, 성관계를 가진 상대방이 남성, 여성, 아니면 둘 다였습니까?

AD45

MALE1
FEMALE2
BOTH MALE AND FEMALE3
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_D14:

IF QA13_A5 = 1 (MALE), DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;

ELSE IF QA13_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian” IN HELP SCREEN

QA13_D14 Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

자신이 이성연애자라고 생각하십니까, 아니면 게이, 레즈비언, 동성연애자 또는 양성연애자라고 생각하십니까?

AD46

[IF NEEDED, SAY: “Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes”.]

[IF NEEDED, SAY: “이성연애 자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이며, 게이나 레즈비언은 자신과 동성의 사람들과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며, 양성연애 자는 남성, 여성 둘 다와 성관계를 갖거나 그들에게 매력을 느끼는 사람입니다.”]

STRAIGHT OR HETEROSEXUAL1
GAY, LESBIAN, OR HOMOSEXUAL2
BISEXUAL.....3
NOT SEXUAL/CELIBATE/NONE4
OTHER (SPECIFY: _____)5
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_D15:

IF [QA13_D11 > 1 OR QA13_D12 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR [QA13_A5 = 1 (MALE) AND (QA13_D14=2 (GAY) OR QA13_D14=3 (BISEXUAL))]

CONTINUE WITH QA13_D15;

ELSE GO TO PROGRAMMING NOTE QA13_D19;

QA13_D15 Have you ever been tested for HIV, the virus that causes AIDS?

AIDS를 일으키는 바이러스인 HIV의 감염여부를 검사 받은 적이 있습니까?

AD55

YES1
 NO.....2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_D16:

IF QA13_D15 = 1 CONTINUE WITH QA13_D16;

ELSE GO TO PROGRAMMING NOTE QA13_D19;

QA13_D16 In the past year, how many times have you been tested for HIV?

지난 한 해 동안, 귀하는 HIV 검사를 몇 번 받으셨습니까?

AD62

NOT TESTED IN PAST YEAR0
 ONE TIME.....1
 TWO TIMES.....2
 THREE TIMES3
 FOUR TIMES4
 FIVE TIMES5
 SIX OR MORE TIMES6
 REFUSED -7
 DON'T KNOW -8

QA13_D17 When was your last HIV test?

마지막 HIV 검사는 언제 받으셨습니까?

AD63

MONTH _____ [RANGE: 1-12]

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

YEAR _____ [RANGE: 1985-2013]

REFUSED -7
 DON'T KNOW -8

QA13_D18 Was the result of your HIV test positive or negative?

그 HIV 검사 결과가 양성 또는 음성이었습니까?

AD64

POSITIVE.....1
 NEGATIVE2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_D19:

IF [QA13_A5 = 1 (MALE) AND QA13_D13 = 1 (MALE)] OR [QA13_A5 = 2 (FEMALE) AND QA13_D13 = 2 (FEMALE)] OR [QA13_D13 = 3, -7, OR -8] OR [IF QA13_D14 ≠ 1] CONTINUE WITH QA13_D19; ELSE GO TO PROGRAMMING NOTE SECTION E

QA13_D19 Are you legally married to someone of the same sex?

귀하는 동성인 사람과 법적으로 결혼하십니까?

AD60

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

YES1 **[GO TO PN SECTION E]**
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_D20 Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

귀하는 동성인 사람의 법적으로 등록한 동거자로 캘리포니아 주로부터 인정을 받았습니까?

AD61

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

Section F – Mental Health

QA13_F1 The next questions are about how you have been feeling during the past 30 days.

다음의 질문들은 지난 30일 동안의 귀하의 느낌에 관한 것입니다.

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

귀하는 지난 30일 동안 대략 얼마나 자주 신경이 예민하다고 느꼈습니까? 항상 느꼈음, 대부분의 기간 동안 느꼈음, 약간의 기간 동안 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

AJ29

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

QA13_F2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

지난 30일 동안 대략 얼마나 자주 희망이 없다고 느꼈습니까? 항상 느꼈음, 대부분의 기간 동안 느꼈음, 약간의 기간 동안 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

AJ30

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

QA13_F3 During the past 30 days, about how often did you feel restless or fidgety?

지난 30일 동안 대략 얼마나 자주 초조함이나 불안함을 느꼈습니까?

AJ31

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

[IF NEEDED, SAY: "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

QA13_F4 How often did you feel so depressed that nothing could cheer you up?

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

AJ32

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

[IF NEEDED, SAY: "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

QA13_F5 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?

AJ33

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

[IF NEEDED, SAY: "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

QA13_F6 During the past 30 days, about how often did you feel worthless?

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

AJ34

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

[IF NEEDED, SAY: "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

QA13_F7 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?

AF62

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

PROGRAMMING NOTE QA13_F8:

IF QA13_F7 = 1 THEN CONTINUE WITH QA13_F8;

ELSE SKIP TO PROGRAMMING NOTE QA13_F14

QA13_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.

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

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

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

AF63

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

QA13_F9 During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

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

AF64

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

QA13_F10 How often did you feel restless or fidgety?

얼마나 자주 불안감 또는 조바심을 느끼셨습니까?

AF65

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

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

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

QA13_F11 How often did you feel so depressed that nothing could cheer you up?

얼마나 자주 회복할 수 없을 정도의 우울함을 느끼셨습니까?

AF66

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

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

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

QA13_F12 How often did you feel that everything was an effort?

얼마나 자주 모든 것이 힘들다는 느낌을 가졌습니까?

AF67

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

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

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

QA13_F13 How often did you feel worthless?

얼마나 자주 자신이 가치 없다는 느낌을 가졌습니까?

AF68

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

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

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

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:

PROGRAMMING NOTE QA13_F14intro:

IF (QA13_F1 + QA13_F2 + QA13_F3 + QA13_F4 + QA13_F5 + QA13_F6 > 8) OR

(QA13_F8 + QA13_F9 + QA13_F10 + QA13_F11 + QA13_F12 + QA13_F13 > 8) OR

(IF QA13_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR

(IF QA13_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH

QA13_F14intro;

IF QA13_F7 = 1 THEN DISPLAY "again, please";

ELSE SKIP TO QA13_F19

QA13_F14intro Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

지난 12개월 동안 정서 상태가 최악이었던 달을 떠올려 주십시오.

PROGRAMMING NOTE QA13_F14:
IF AGE > 70 GO TO QA13_F15;
ELSE CONTINUE WITH QA13_F14

QA13_F14 Did your emotions interfere a lot, some, or not at all with your performance at work?

정서 상태가 직장에서의 업무 수행을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

AF69B

A LOT1
 SOME2
 NOT AT ALL.....3
 DOES NOT WORK4
 REFUSED -7
 DON'T KNOW -8

QA13_F15 Did your emotions interfere a lot, some, or not at all with your household chores?

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

AF70B

A LOT1
 SOME2
 NOT AT ALL.....3
 REFUSED -7
 DON'T KNOW -8

QA13_F16 Did your emotions interfere a lot, some, or not at all with your social life?

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

AF71B

A LOT1
 SOME2
 NOT AT ALL.....3
 REFUSED -7
 DON'T KNOW -8

QA13_F17 Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

정서 상태가 친구 및 가족과의 관계를 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

AF72B

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

QA13_F18 Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

지금부터는 지난 12개월 동안에 대해 생각해 보십시오. 지난 365일 중에서 신경과민, 우울한 기분 또는 감정적인 스트레스 때문에 일이나 정상적인 활동을 **전혀 할 수 없었던** 날은 대략 며칠이나 됩니까?

AF73B

[IF NEEDED, SAY: "You can use any number between 0 and 365 to answer."]
[IF NEEDED, SAY: "0에서 365까지의 숫자를 사용하여 답변하십시오."]

_____ NUMBER OF DAYS

REFUSED -7
 DON'T KNOW -8

QA13_F19 Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?

지난 12개월 동안, 정신 건강, 정서, 신경 또는 알코올이나 약물 사용과 관련된 문제로 의료 전문가의 진료를 받을 필요가 있을지 모른다고 느꼈던 적이 있습니까?

AF81

YES 1
 NO 2 **[GO TO QA13_F21]**
 REFUSED -7 **[GO TO QA13_F21]**
 DON'T KNOW -8 **[GO TO QA13_F21]**

QA13_F20 Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

귀하의 의료보험은 임상 심리학자나 정신과 의사 방문과 같은 정신 건강 문제에 대한 치료를 보상합니까?

AJ1

YES1
 NO2
 DON'T HAVE INSURANCE3
 REFUSED-7
 DON'T KNOW-8

QA13_F21 In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

지난 12개월 동안, 정신 건강, 정서, 신경 또는 알코올이나 약물 사용과 관련된 문제로 귀하의 주치의나 일반 의료 종사자의 진료를 받은 적이 있으십니까?

AF74

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_F22 In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

지난 12개월 동안, 정신 건강, 정서, 신경 또는 알코올이나 약물 사용과 관련된 문제로 카운셀러, 정신과 의사, 소셜워커와 같은 다른 전문가를 방문한 적이 있으십니까?

AF75

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_F23:

**IF QA13_F21 = 1 OR QA13_F22 = 1 THEN CONTINUE WITH QA13_F23;
 ELSE SKIP TO QA13_F28**

QA13_F23 Did you seek help for your mental or emotional health or for an alcohol or drug problem?

정신이나 정서적인 건강 또는 알코올이나 약물 문제 중 어느 것에 대한 도움을 받으려고 하하셨습니까?

AF76

MENTAL-EMOTIONAL HEALTH1
 ALCOHOL-DRUG PROBLEM2
 BOTH MENTAL & ALCOHOL-DRUG3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_F24:**IF QA13_F23 = 1, DISPLAY: “mental or emotional health”;****IF QA13_F23 = 2, DISPLAY: “use of alcohol or drugs”;****IF QA13_F23 = 3, DISPLAY: “mental or emotional health and your use of alcohol or drugs”;****ELSE SKIP TO QA13_F25**

QA13_F24 In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

지난 12개월 동안, 정신 또는 정서적인 건강과 관련된 문제로 의료 전문가를 몇 번이나 방문하셨습니다까?

지난 12개월 동안, 알코올 또는 약물 사용과 관련된 문제로 의료 전문가를 몇 번이나 방문하셨습니다까?

지난 12개월 동안, 정신 또는 정서적인 건강 및 알코올 또는 약물 사용과 관련된 문제로 의료 전문가를 몇 번이나 방문하셨습니다까?

병원에 입원했던 날들은 제외하십시오.

AF77

_____ NUMBER OF VISITS

REFUSED -7

DON'T KNOW -8

QA13_F25 Are you still receiving treatment for these problems from one or more of these providers?

귀하는 아직도 이러한 의료 제공자 중 1명 이상으로부터 이러한 문제에 대해 치료를 받고 있습니까?

AF78

YES1 [GO TO QA13_F28]

NO2

REFUSED -7 [GO TO QA13_F28]

DON'T KNOW -8 [GO TO QA13_F28]

QA13_F26 Did you complete the recommended full course of treatment?

귀하는 권고 받은 전체 치료 과정을 완료하셨습니다까?

AF79

YES1 [GO TO QA13_F28]

NO2

REFUSED -7 [GO TO QA13_F28]

DON'T KNOW -8 [GO TO QA13_F28]

QA13_F27 What is the MAIN REASON you are no longer receiving treatment?

한 주된 이유 는 무엇입니까?

AF80

GOT BETTER/NO LONGER NEEDED1
 NOT GETTING BETTER2
 WANTED TO HANDLE PROBLEM ON OWN.....3
 HAD BAD EXPERIENCES WITH TREATMENT4
 LACK OF TIME/TRANSPORTATION.....5
 TOO EXPENSIVE6
 INSURANCE DOES NOT COVER7
 OTHER (SPECIFY: _____).8
 REFUSED-7
 DON'T KNOW-8

QA13_F28 During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

AJ5

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMING NOTE QA13_F29:

**IF QA13_F19 = 1 AND (QA13_F21 ≠ 1 AND QA13_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
 CONTINUE WITH QA13_F29;
 ELSE SKIP TO QA13_G1**

QA13_F29 Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.

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

You were concerned about the cost of treatment.

치료비가 걱정되었다.

AF82

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_F30 You did not feel comfortable talking with a professional about your personal problems.

개인적인 문제에 대해 의료 전문가와 상의하는 것이 불편했다.

AF83

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_F31 You were concerned about what would happen if someone found out you had a problem.

나에게 문제가 있다는 것을 다른 사람들이 알게 될까 봐 걱정했다.

AF84

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_F32 You had a hard time getting an appointment.

의료 전문가와 시간 약속을 정하기가 어려웠다.

AF85

YES1
NO2
REFUSED -7
DON'T KNOW -8

Section G – Demographic Information, Part II

QA13_G1 Now a few more questions about your background.

지금부터는 귀하의 출신 배경에 대해 몇 가지 질문을 드리겠습니다.

In what country were you born?

귀하는 어느 나라에서 출생하셨습니까?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

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

PROGRAMMING NOTE QA13_G2:**IF QA13_G1 ≠ 1 (NOT BORN IN US) GO TO QA13_G4;****ELSE IF QA13_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA13_G2****QA13_G2** In what country was your mother born?

모친께서는 어느 나라에서 출생하셨습니다?

AH34**[SELECT FROM MOST LIKELY COUNTRIES]****[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS
TO ADOPTIVE PARENTS]**

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

QA13_G3 In what country was your father born?

부친께서는 어느 나라에서 출생하셨습니다?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

QA13_G4 What languages do you speak at home?

집에서는 어떤 언어를 사용하십니까?

AH36

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "다른 언어가 또 있습니까?"]

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

PROGRAMMING NOTE QA13_G5:

IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA13_G5;

IF INTERVIEW CONDUCTED IN ENGLISH AND QA13_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA13_G5 AND DISPLAY: "Since you speak a language other than English at home, we are interested in the languages you use in other situations";

ELSE IF QA13_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA13_G7

QA13_G5 In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or read?

귀하는 보통 어떤 언어를 사용하는 TV 쇼, 라디오 방송 또는 신문을 보고 듣고 읽습니까?

AG21

ONLY ENGLISH.....	1
BOTH ENGLISH AND OTHER LANGUAGE(S)	2
ONLY OTHER LANGUAGE(S).....	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_G6:

IF INTERVIEW CONDUCTED IN ENGLISH AND QA13_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA13_G6 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA13_G6.

ELSE GO TO PROGRAMMING NOTE QA13_G7

QA13_G6 {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

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

AH37

Very well,.....	1
매우 잘 한다	1
Well,	2
잘 한다,	2
Not well, or	3
잘 못한다, 또는.....	3
Not at all?	4
전혀 못한다	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_G7:

IF QA13_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA13_G10;

ELSE CONTINUE WITH QA13_G7

QA13_G7 The next questions are about citizenship and immigration.

다음의 질문은 시민권과 이민에 대한 것입니다.

Are you a citizen of the United States?

귀하는 미국 시민권자이십니까?

AH39

YES	1	[GO TO QA13_G9]
NO.....	2	
APPLICATION PENDING	3	
REFUSED	-7	
DON'T KNOW	-8	

QA13_G8 Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

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

AH40

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

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

YES1
 NO2
 APPLICATION PENDING3
 REFUSED -7
 DON'T KNOW -8

QA13_G9 About how many years have you lived in the United States?

미국에 거주하신 지는 몇년이나 되셨습니까?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

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

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_G10:

IF [QA13_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA13_G10;

IF QA13_A16 = 1, THEN DISPLAY “spouse”;

IF QA13_A16 = 2 OR QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner”;

ELSE GO TO PROGRAMMING NOTE QA13_G12

QA13_G10 Is your {spouse/partner} also living in your household?

귀하의 {배우자/파트너}도 귀하와 함께 살고 계십니까?

AH44

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_G11 May I have your {spouse/partner}'s first name and age?

{배우자/파트너}의 이름과 나이를 말씀해 주시겠습니까?

SC11A

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

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA13_G12:

IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA13_G12;

IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA13_G12;

ELSE GO TO PROGRAMMING NOTE QA13_G13

QA13_G12 Are you now living with either of your parents?

부모님 중 한분과 살고 계십니까?

AH43A

YES1

NO2

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_G13:

IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA13_G19;

ELSE CONTINUE WITH QA13_G13

QA13_G13 Are there any children under the age of 18 living in the household, including babies?

댁의 거주자 중 아기들을 포함한 18세 미만의 어린이가 있습니까?

SC12

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO QA13_G21]

[GO TO QA13_G21]

[GO TO QA13_G21]

QA13_G14 Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

이 집에 살고있는 아기들을 포함한 18세 미만 아이들의 이름과 나이를 말씀해 주십시오

SC13A

[PROBE: "Is there anyone else?"]

[PROBE: "또 있습니까?"]

[ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]

CHILD	FIRST NAME	AGE	M/F
1			
2			
3			
4			
5			

QA13_G15 Is (CHILD) ...

{자녀이름/나이/성}이...

SC15A

0 To 11 years old or	1	[CODE AS CHILD]
0세에서 11세입니까, 아니면	1	[CODE AS CHILD]
12 To 17 years old?	2	[CODE AS TEEN]
12세에서 17세입니까?	2	[CODE AS TEEN]
REFUSED	-7	[CODE AS TEEN]
DON'T KNOW	-8	[CODE AS TEEN]

QA13_G16 I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?

18 세 미만의 거주자가 없다고 기록했습니다. 이 집에 주로 살지만 임시로 다른 곳에 가있는 분 중 저희가 빠뜨린 18 세 미만의 거주자가 있습니까?

SC13

NO ONE MISSED -- ROSTER IS CORRECT	1	
RETURN TO ROSTER	2	[GO BACK TO QA13_G14]

PROGRAMMING NOTE QA13_G17:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA13_G17 ABOUT EACH PERSON UNDER 18

QA13_G17 Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?

귀하께서 {PERSON NAME/AGE/SEX}의 부모 또는 법적 보호자입니까?

SC14A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_G18:
IF ANY PEOPLE IN HH UNDER AGE 18 AND QA13_G10= 1, ASK QA13_G18 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;
ELSE SKIP TO QA13_G19

QA13_G18 Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

{PERSON NAME/AGE/SEX}님께서는 {PERSON/ NAME/AGE/SEX}의 부모 또는 법적 보호자입니까?

SC14B

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_G19:

IF QA13_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA13_G14 ARE AGE 13 OR LESS, CONTINUE WITH QA13_G19;

ELSE GO TO QA13_G21;

IF ANY CHILD IN ROSTER QA13_G14 < 14 AND ≥ 14 DISPLAY “for any children under age 14”;

IF QA13_A16 = 1 (MARRIED) AND QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your spouse”;

ELSE IF QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;

ELSE DISPLAY “you”

QA13_G19 In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

지난 달에 {귀하 또는 귀하의 파트너가} 직장에서 일하거나, 학교에 다니거나, 일자리를 구하러 다니는 동안 14세 미만의 자녀에 대해 유료 보육 서비스(child care)를 이용하셨습니까?

AH44A

[IF NEEDED, SAY: “This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.”]

[IF NEEDED, SAY: “보육 서비스에는 Head Start, 보육원, 수업 전 또는 방과후 보육 프로그램, 베이비시팅 등이 포함됩니다.”]

YES	1	
NO	2	[GO TO QA13_G21]
REFUSED	-7	[GO TO QA13_G21]
DON'T KNOW	-8	[GO TO QA13_G21]

QA13_G20 In the past month, how much did you pay for all child care arrangements and programs?

지난 달에, 애를 맡겨두기 위해서 여기저기 들어간 돈이 모두 얼마나 됐습니까?

AH44B

[IF NEEDED, SAY: “If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household.”]

[IF NEEDED, ASK: “이렇게 여쭙어보면, 대답하시기가 더 편할지도 모르겠습니다. 지난 달 보통 1주일 동안 애를 맡기는 데에 들어가는 돈이 얼마나 됐습니까.” “귀하나 댁에 어느 분이.”]

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

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

NO PAYMENT IN LAST MONTH OR WEEK	3
REFUSED	-7
DON'T KNOW	-8

QA13_G21 What is the highest grade of education you have completed and received credit for?

공식적으로 이수한 최종 학력은 어떻게 되시죠?

AH47

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

QA13_G22 Did you ever serve on active duty in the Armed Forces of the United States?

미군에서 현역으로 복무한 적이 있으십니까?

AG22

YES	1	
NO	2	[GO TO QA13_G25]
REFUSED	-7	[GO TO QA13_G25]
DON'T KNOW	-8	[GO TO QA13_G25]

QA13_G23 When did you serve?

언제 복무하셨습니다?

AG23

FROM _____ TO _____

OR

[CHECK ALL THAT APPLY]

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

QA13_G24 Altogether, how long did you serve?

모두 합쳐서, 얼마나 오래 복무하셨습니다?

AG24

_____ YEARS

_____ MONTHS

REFUSED -7
 DON'T KNOW -8

QA13_G25 Which of the following were you doing last week?

다음 중 지난 주에 하신 일을 골라 주시겠습니까?

AK1

Working at a job or business,.....1
 직장이나 사업체에서 일을 하셨습니다,1
 With a job or business but not at work,2
 직업이나 사업체에 소속되어 있긴 했지만 일은 하지
 않으셨습니까?,.....2
 Looking for work, or3
 일자리를 구하고 계셨습니다, 아니면3
 Not working at a job or business?4
 직장이나 사업체에서 일하지 않으셨습니까?4
 REFUSED -7
 DON'T KNOW -8

[GO TO QA13_G29]

[GO TO QA13_G29]

[GO TO QA13_G29]

[GO TO QA13_G29]

QA13_G26 What is the main reason you did not work last week?

지난 주에 일을 하지 않은 주 된 이유 는 무엇입니까?

AK2

[IF NEEDED, SAY: "Main reason is the most important reason."]

[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유를 말합니다."]

TAKING CARE OF HOUSE OR FAMILY1
 ON PLANNED VACATION2
 COULDN'T FIND A JOB3
 GOING TO SCHOOL/STUDENT4
 RETIRED5
 DISABLED6
 UNABLE TO WORK TEMPORARILY7
 ON LAYOFF OR STRIKE8
 ON FAMILY OR MATERNITY LEAVE9
 OFF SEASON 10
 SICK 11
 OTHER 91
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA13_G28]

[GO TO PN QA13_G28]

QA13_G27 Do you usually work?

귀하는 평소에 일을 하십니까?

AG10

YES1
 NO2
 LOOKING FOR WORK3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_G28:

IF [AAGE = -7 OR -8 OR AAGE < 65] AND QA13_G27 = 2 (NO) CONTINUE WITH QA13_G28;

IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA13_G26 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA13_G28;

ELSE GO TO PROGRAMMING NOTE QA13_G29

QA13_G28 Are you receiving Social Security Disability Insurance or SSDI?

SSDI라고 하는 장애 보험 보조 혜택을 받고 계십니까?

AL22

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA13_G30]

[GO TO PN QA13_G30]

[GO TO PN QA13_G30]

[GO TO PN QA13_G30]

PROGRAMMING NOTE QA13_G29:

**IF QA13_G25 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA13_G27 = 1 (USUALLY WORKS),
CONTINUE WITH QA13_G29;
ELSE GO TO PROGRAMMING NOTE QA13_G32**

QA13_G29 On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

{배우자}분의 주된 직업에 대해서 말인데요, {배우자}께서 개인 회사나 정부에 고용되어 있습니까, 자영업을 하십니까, 아니면 가족끼리 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

AK4

[IF NEEDED, SAY: "Where did you work most hours?"]

[IF NEEDED, SAY: "{배우자}께서 가장 많이 일하신 곳이 어디입니까?"]

PRIVATE COMPANY
NON-PROFIT ORGANIZATION, FOUNDATION1
GOVERNMENT2
SELF-EMPLOYED3
FAMILY BUSINESS OR FARM4
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_G30:

**IF QA13_G29= 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]";
ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make or do at this business?"]"**

QA13_G30 {What kind of agency or department is this?/What kind of business or industry is this?}

이것이 어떤 종류의 사업인지, 또는 어떤 업종인지 말씀해 주시겠습니까? 이것은 어떤 종류의 정부 기관 또는 부처입니까?

AK5

**[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL)
AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]**

[IF NEEDED, SAY: "What do they make or do at this business?"]

[IF NEEDED, SAY: "이 사업체에서는 무엇을 생산하거나 어떤 사업을 합니까?"]

[INTERVIEWER: ENTER DESCRIPTION]

_____ (GOVERNMENT AGENCY OR
DEPARTMENT/BUSINESS OR INDUSTRY)

REFUSED -7
DON'T KNOW -8

QA13_G31 What is the main kind of work you do?

주로 하시는 일은 무엇입니까?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

_____ (OCCUPATION)

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_G32:

IF QA13_G29 = 2 (GOVERNMENT EMPLOYEE), CODE QA13_G32 = 8 AND GO TO QA13_G33;

IF QA13_G29 = 3 (SELF-EMPLOYED), CONTINUE WITH QA13_G32 AND DISPLAY "Including yourself, about" and "you";

ELSE CONTINUE WITH QA13_G32 AND DISPLAY "About" and "your employer";

QA13_G32 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

지금 일하시는 직장의 경우, 소속 사무소나 사업장을 모두 합해서 전체 직원이 대략 몇 명이나 됩니까?

AK8

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

[IF NEEDED, SAY: "최선으로 추정해서 말씀해 주시면 됩니다."]

1 OR 21

3-92

10-243

25-504

51-1005

101-2006

201-9997

1,000 OR MORE8

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_G33:

IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1, CONTINUE WITH QA13_G33;

IF QA13_A16 = 1, THEN DISPLAY “spouse”;

ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner”;

ELSE GO TO QA13_H1

QA13_G33 Which of the following was your {spouse/partner} doing last week?

다음 중에서 {배우자}께서 지난 주에 하신 일을 골라 주시겠습니까?

AG8

Working at a job or business,.....	1	[GO TO QA13_G35]
직장이나 사업체에서 일을 하셨습니까,	1	[GO TO QA13_G35]
With a job or business but not at work,	2	[GO TO QA13_G35]
직업이나 사업체에 소속되어 있긴 했지만 일은 하지 않으셨습니까,	2	[GO TO QA13_G35]
Looking for work, or	3	
일 자리를 구하고 계셨습니까, 아니면	3	
Not working at a job/business?	4	
직장이나 사업체에서 일하지 않으셨습니까?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA13_G34 Does your {spouse/partner} usually work?

귀하의 {배우자/파트너}는 평소에 일을 하십니까?

AG11

YES	1	
NO	2	[GO TO QA13_H1]
LOOKING FOR WORK	3	[GO TO QA13_H1]
REFUSED	-7	[GO TO QA13_H1]
DON'T KNOW	-8	[GO TO QA13_H1]

QA13_G35

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

{배우자} 분의 주된 직업에 대해서 말인데요, {배우자}께서 개인 회사나 정부에 고용되어 있습니까, 자영업을 하십니까, 아니면 가족끼리 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]

[IF NEEDED, SAY: "{배우자}께서 가장 많이 일하신 곳이 어디입니까?"]

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

Section H – Health Insurance

QA13_H1 The next topics are about health insurance and health care.

다음의 주제는 건강보험과 건강관리에 대한 것입니다.

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

아프거나 건강에 대한 조언이 필요할 때 **보통** 가시는 곳이 있습니까?

AH1

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

YES	1	
NO	2	[GO TO QA13_H3]
DOCTOR/MY DOCTOR	3	
KAISER	4	
MORE THAN ONE PLACE	5	
REFUSED	-7	[GO TO QA13_H3]
DON'T KNOW	-8	[GO TO QA13_H3]

PROGRAMMING NOTE QA13_H2:

IF QA13_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF QA13_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF QA13_H1 = 4 (KAISER) CIRCLE "1" FOR QA13_H2 AND GO TO QA13_H3

QA13_H2 {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

닥터 오피스, 보건소 또는 종합병원, 또는 응급실, 또는 다른 어떤 곳 중 가장 자주 가시는 곳이 어디입니까? 주치의는 개인병원, 보건소, 종합병원, 응급실, 또는 다른 어떤 곳 중 어디에 있습니까?

AH3

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

PROGRAMMING NOTE QA13_H3:

**IF QA13_B6 = 1 OR QA13_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA13_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA13_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA13_H4;
ELSE CONTINUE WITH QA13_H3**

QA13_H3 During the past 12 months, did you visit a hospital emergency room for your own health?

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

AH12

YES	1	
NO	2	[GO TO QA13_H5]
REFUSED	-7	[GO TO QA13_H5]
DON'T KNOW	-8	[GO TO QA13_H5]

PROGRAMMING NOTE QA13_H4:

**IF QA13_B6 = 1 OR QA13_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA13_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA13_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY “During the past 12 month, how many times did you visit a hospital emergency room for your own health?”;
ELSE DISPLAY “How many times did you do that?”**

QA13_H4 {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that?}

지난 12개월 동안, 귀하가 자신의 건강 때문에 병원 응급실에 간 적이 몇 번이나 됩니까? 그것을 몇 번이나 했습니까?

AH95

[IF NEEDED, SAY: “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”]

[IF NEEDED, SAY: “지난 12개월 동안, 귀하가 자신의 건강 때문에 병원 응급실에 간 적이 몇 번이나 됩니까? 그것을 몇 번이나 했습니까?”]

_____ NUMBER OF TIMES

REFUSED	-7
DON'T KNOW	-8

QA13_H5 Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?

메디케어는 65세 이상이거나 특정 장애자들을 위한 건강 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

A11

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

YES	1	[GO TO QA13_H8]
NO	2	
REFUSED	-7	[GO TO QA13_H15]
DON'T KNOW	-8	[GO TO QA13_H15]

POST-NOTE QA13_H5:
IF QA13_H5 = 1, SET ARM CARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H6:
IF [AAGE > 64 OR QA13_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA13_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA13_H6;
ELSE GO TO PROGRAMMING NOTE QA13_H8

QA13_H6 Is it correct that you are not covered by Medicare even though you told me earlier that you are 65 or older?

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

A12

CORRECT, NOT COVERED BY MEDICARE	1	[GO TO PN QA13_H15]
NOT CORRECT, R IS COVERED BY MEDICARE ..	2	[GO TO PN QA13_H8]
AGE IS INCORRECT	93	
REFUSED	-7	[GO TO PN QA13_H15]
DON'T KNOW	-8	[GO TO PN QA13_H15]

POST-NOTE QA13_H6:
IF QA13_H6 =2, SET ARM CARE = 1 AND SET ARINSURE = 1

QA13_H7 What is your age, please?

귀하 배우자의 연령은 어떻게 되십니까?

A13

_____ YEARS OF AGE [HR: 18-105] [GO TO PN QA13_H15]

REFUSED -7 [GO TO PN QA13_H15]

DON'T KNOW -8 [GO TO PN QA13_H15]

POST NOTE QA13_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA13_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA13_H8:
IF ARM CARE = 1, CONTINUE WITH QA13_H8;
ELSE GO TO PROGRAMMING NOTE QA13_H15

QA13_H8 Is your MediCARE coverage provided through an HMO?

귀하의 MediCARE는 HMO를 통해서 제공됩니까?

AH49

[IF NEEDED, SAY: "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]

[IF NEEDED, SAY: "HMO를 사용하는 경우에는 보통 HMO 의사로부터 진료를 받아야 하고, 그렇지 않은 경우에는 의료 응급 상황이 아닌 한 비용이 보상되지 않습니다."]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (YES).]

YES1
 NO2 [GO TO QA13_H10]
 REFUSED -7 [GO TO QA13_H10]
 DON'T KNOW -8 [GO TO QA13_H10]

POST-NOTE QA13_H8:
IF QA13_H8 = 1, SET ARMHMO = 1

QA13_H9 What is the name of your MediCARE HMO plan?

귀하의 MediCARE HMO 플랜의 이름은 무엇입니까?

AH50

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1 ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH.....	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN.....	18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM	19
CIGNA.....	20
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN.....	24
CONTRA COSTA HEALTH PLAN	25
EASY CHOICE HEALTH PLAN	26
GEM CARE	27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN.....	28
GREAT-WEST	29
HEALTH NET	30
HEALTH PLAN OF SAN JOAQUIN.....	31
HEALTH PLAN OF SAN MATEO.....	32
HUMANA GOLD PLUS	33
IEHP (INLAND EMPIRE HEALTH PLAN)	34
IEHP MEDICARE DUAL CHOICE.....	35
INTER VALLEY HEALTH PLAN	36
KAISER	37
KERN COUNTY HEALTH PLAN.....	38
L.A. CARE HEALTH PLAN	39
MD CARE.....	40
MOLINA HEALTH PLAN.....	41
MOLINA MEDICARE OPTIONS	42
ON LOK.....	43
ON LOK SENIOR HEALTH SERVICES.....	44
ONE CARE	45
PACIFICARE.....	46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA	47
SALUD CON HEALTH NET	48
SAN FRANCISCO HEALTH PLAN	49
SANTA CLARA FAMILY HEALTH PLAN.....	50
SCAN HEALTH PLAN.....	51
SECURE HORIZONS	52
SENIOR ADVANTAGE	53
SENIORITY PLUS.....	54
SERVICE TO SENIORS	55

SHARP HEALTH PLAN	56
TOTAL FIT	57
VALLEY HEALTH PLAN	58
VENTURA COUNTY HEALTH CARE PLAN.....	59
WESTERN HEALTH ADVANTAGE	60
WESTERN HEALTH ADVANTAGE CARE+	61
CHAMPUS/CHAMP-VA	62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	63
VA HEALTH CARE SERVICES	64
MEDI-CAL	65
MEDICARE	66
MEDICARE ADVANTAGE	67
OTHER.....	91
OTHER (SPECIFY: _____)	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA13_H9:
ALL ANSWERS GO TO PROGRAMMING NOTE QA13_H11;
IF QA13_H9 = 62, 63, OR 64 THEN ARMILIT = 1

QA13_H10 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

MediCARE 에 대한 자격이 있는 일부 사람들도 Medigap 또는 Medicare Supplement 라고 하는 민간 보험에 가입할 수 있습니다. 이러한 종류의 의료보험을 가지고 있습니까?

A14

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

[IF NEEDED, SAY: "이러한 보험은 Medicare만으로는 보상되지 않는 의료비를 보상합니다."]

YES	1	
NO	2	[GO TO PN QA13_H15]
REFUSED	-7	[GO TO PN QA13_H15]
DON'T KNOW	-8	[GO TO PN QA13_H15]

POST-NOTE FOR QA13_H10:
IF QA13_H10 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA13_H11:**IF QA13_H8 = 1 (MEDICARE HMO) CONTINUE WITH QA13_H11 AND DISPLAY “MediCARE HMO”;****IF QA13_H10 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA13_H11 AND DISPLAY “MediCARE Supplement plan”;****ELSE GO TO PROGRAMMING NOTE QA13_H15**

QA13_H11 For the {MediCARE HMO/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

{MediCARE Supplement plan}의 경우, 귀하는 이 보험에 직접 가입하셨습니까? 또는 현재의 고용주, 이전의 고용주, 노동조합, 가족 운영 사업, AARP, 또는 다른 방법으로 제공 받으셨습니까?

AH52**[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”]****[IF NEEDED, SAY: “AARP란 미국 은퇴자 협회를 말합니다.”]**

DIRECTLY1
 CURRENT EMPLOYER2
 FORMER EMPLOYER3
 UNION.....4
 FAMILY BUSINESS5
 AARP6
 SPOUSE'S EMPLOYER.....7
 SPOUSE'S UNION8
 PROFESSIONAL/FRATERNAL ORGANIZATION...9
 OTHER..... 91
 REFUSED -7
 DON'T KNOW -8

QA13_H12 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 이 건강 플랜의 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(co-pay)이나 공제액(deductible)에 대한 비용은 포함시키지 마십시오.

AH53

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

[IF NEEDED, SAY: "공동 부담액이란 건강플랜이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

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

[IF NEEDED, SAY: "공제액이란 건강플랜이 의료비를 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

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

[IF NEEDED, SAY: "보험료란 건강보험플랜 비용으로 매월 지불하는 요금을 말합니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_H13 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

고용주, 노동조합, 또는 전문인 단체와 같은 다른 사람이 이 의료보험료나 비용의 전부 또는 일부를 지불하니까?

AH54

YES1
NO2
REFUSED -7
DON'T KNOW -8

[GO TO PN QA13_H15]
[GO TO PN QA13_H15]
[GO TO PN QA13_H15]

QA13_H14 Who is that?

그 다른 사람이 누구 입니까?

AH55

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]

[IF NEEDED, SAY: "고용주, 노동조합, 전문인 단체 등 귀하의 배우자 이외에 이 의료보험료의 일부를 지불하고 있는 사람은 누구입니까?"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "다른 사람이 또 있습니까?"]

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

POST-NOTE FOR QA13_H14:

IF QA13_H14 = 7, SET ARMCAL = 1;

IF QA13_H14 = 8, SET ARHFAM = 1

PROGRAMMING NOTE QA13_H15:

**IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"**

QA13_H15 {Is it correct that you are/Are you} covered by Medi-CAL?

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

A16

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: "이것은 특정한 저소득층 자녀 및 가족, 임산부, 장애인 또는 노인들을 위한 플랜입니다."]

YES1 **[GO TO QA13_H17]**
NO2
REFUSED -7
DON'T KNOW -8

POST-NOTE FOR QA13_H15:

**IF QA13_H15 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA13_H15 = 2, SET ARMCAL = 0**

PROGRAMMING NOTE QA13_H16:

**IF AAGE > 18 OR [QA13_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA13_H17;
ELSE IF [AAGE = 18 OR QA13_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA13_H16 AND DISPLAY "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA13_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA13_H16 AND DISPLAY: "Are you"**

QA13_H16 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?

건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

A17

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

[IF NEEDED, SAY: "건강가족프로그램은 어린이가 19세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

POST-NOTE FOR QA13_H16:

**IF QA13_H16 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF ARHFAM = 1 AND QA13_H16 = 2, SET ARHFAM = 0**

PROGRAMMING NOTE QA13_H17:

IF ARSUPP = 1, DISPLAY “Besides the Medicare supplemental plan you told me about” AND “any other”;
ELSE IF ARMHMO = 1, DISPLAY “Besides the Medicare HMO plan you told me about” AND “any other”;
ELSE DISPLAY “a”

QA13_H17 {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

말씀해 주신 노인의료보험 추가 계획외에, 현재 또는 이전의 직장 또는 노동조합(Union)을 통해 의료보험 또는 HMO 혜택을 받고 계십니까?

AI8

[IF NEEDED, SAY: “...either through your own or someone else's employment?”]

[IF NEEDED, SAY: “...귀 하의 직장에서 또는 다른 분의 직장에서요?”]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE FOR QA13_H17:

IF QA13_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H18:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER),
CONTINUE WITH QA13_H18;
ELSE GO TO PROGRAMMING NOTE QA13_H20

QA13_H18 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

귀하는 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 구입한 건강보험 플랜의 혜택을 받으십니까?

AI11

[IF NEEDED, SAY: “Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you ‘extra cash’ if you are in a hospital.”]

[IF NEEDED, SAY: “암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 “추가 현금”만을 제공하는 플랜은 포함시키지 마십시오.”]

YES1
 NO2 **[GO TO PN QA13_H20]**
 REFUSED -7 **[GO TO PN QA13_H20]**
 DON'T KNOW -8 **[GO TO PN QA13_H20]**

POST-NOTE FOR QA13_H18:

IF QA13_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA13_H19;
ELSE GO TO PROGRAMMING NOTE QA13_H20

QA13_H19 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)

귀하의 배우자는 이 건강보험을 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 구입하셨습니까?

AH104

INSURANCE COMPANY OR HMO1
 COVERED CALIFORNIA.....2
 OTHER (SPECIFY: _____)..... 92
 REFUSED -7
 DON'T KNOW -8

POST-NOTE FOR QA13_H19:
IF QA13_H19= 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR QA13_H20:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA13_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA13_H20;
ELSE GO TO PROGRAMMING NOTE QA13_H22

QA13_H20 Was this plan obtained in your own name or in the name of someone else?

이 플랜은 자신의 이름으로 가입되었습니까, 아니면 다른 분의 이름으로 가입되었습니까?

A19

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

IN OWN NAME1 **[GO TO PN QA13_22]**
 IN SOMEONE ELSE'S NAME2
 REFUSED -7 **[GO TO PN QA13_22]**
 DON'T KNOW -8 **[GO TO PN QA13_22]**

POST-NOTE FOR QA13_H20:
IF QA13_H17 = 1 AND QA13_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA13_H17 = 1 AND QA13_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA13_H21:

IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 OR IF QA13_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA13_H21;
 ELSE GO TO PROGRAMMING NOTE QA13_H22;
 IF QA13_A16 = 1, THEN DISPLAY "spouse's name";
 IF QA13_A16 ≠ 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "partner's name";
 IF QA13_G13 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA13_H21 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

이 플랜은 귀하의 이름 (또는 귀하의 배우자의 부모 이름으로) {or your spouse's parent's name} 으로 가입하십니까?

AI9A

IN SPOUSE'S/PARTNER'S NAME1
 IN PARENT'S NAME2
 IN SOMEONE ELSE'S NAME3
 REFUSED -7
 DON'T KNOW -8

POST-NOTE FOR QA13_H21:

IF QA13_H17 = 1 AND QA13_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
 IF QA13_H19 = 1 AND QA13_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
 IF QA13_H17 = 1 AND QA13_H21 = 2 SET AREMPAR =1 AND AREMPOTH = 0;
 IF QA13_H18 = 1 AND QA13_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
 IF QA13_H18 = 1 AND QA13_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA13_H22:

IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) AND AK8 < 5 (FIRM SIZE <=100), CONTINUE WITH QA13_H22 AND DISPLAY;
 IF AREMPOWN = 1 THEN DISPLAY {you};
 IF AREMPSP = 1 OR AREMPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
 ELSE GO TO PROGRAMMING NOTE QA13_H23;

QA13_H22 How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program? (CHIS 2014 ONLY)

{귀하/자녀} 는 이 건강보험에 고용주, 노동조합 또는 Covered California의 SHOP 프로그램을 통해서 가입하십니까?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California."]

[IF NEEDED, SAY: "SHOP은 Small Business Health Options Program (소기업 건강 혜택 옵션 프로그램)의 약자입니다"]

AH105

EMPLOYER1
 UNION.....2
 SHOP / COVERED CALIFORNIA3
 OTHER (SPECIFY: _____). 92
 REFUSED -7
 DON'T KNOW -8

POST-NOTE FOR QA13_H22:
IF QA13_H22 = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE QA13_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA13_H23;
ELSE GO TO PROGRAMMING NOTE QA13_H25;

QA13_H23 Was this a bronze, silver, gold or platinum plan? (CHIS 2014 ONLY)

이 건강보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AH106

Bronze	1
Silver	2
Gold	3
Platinum	4
MEDI-CAL / MEDICAID	5
CATASTROPHIC	6
OTHER (SPECIFY: _____).....	92
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_H24:
IF QA13_H22 = 3, THEN GO TO QA13_H25;
ELSE CONTINUE WITH QA13_H24;

QA13_H24 Was there a subsidy or discount on the premium for this plan? (CHIS 2014 ONLY)

이 플랜의 보험료에는 보조금 또는 할인이 제공되었습니까?

AH107

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

PROGRAMMING NOTE QA13_H25:

**IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA13_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA13_H25;
ELSE GO TO PROGRAMMING NOTE QA13_H28**

QA13_H25 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 이 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(co-pays)이나 공제액(deductibles)에 대한 비용은 포함시키지 마십시오.

AH57

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

[IF NEEDED, SAY: "공동 부담액 (co-pays)이란 다른 사람이 귀하의 의료보험료를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 서비스를 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

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

[IF NEEDED, SAY: "공제액(deductibles)이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비용을 말합니다."]

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

[IF NEEDED, SAY: "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

[GO TO PN QA13_H27]

QA13_H26 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

고용주, 노동조합, 또는 전문인 단체와 같은 다른 사람이 이 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불하십니까?

AH58

YES1
NO2
REFUSED -7
DON'T KNOW -8

[GO TO PN QA13_H28]

[GO TO PN QA13_H28]

[GO TO PN QA13_H28]

PROGRAMMING NOTE QA13_H27:

IF QA13_H25 = 2 THEN DISPLAY “Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization”;
ELSE DISPLAY “Who is that”

QA13_H27 {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

위의 사람을 제외한 누가 이 의료보험에 대한 비용의 전부 또는 일부를 지불합니까?

AH56

[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]

[IF NEEDED, SAY: “귀하 이외에 이 플랜 비용의 일부를 누가 지불합니까(예를 들면, 고용주, 노동조합, 또는 전문인 단체 등)?”] [IF NEEDED, SAY: “귀하 이외에 이 플랜 비용의 일부를 누가 지불합니까(예를 들면, 고용주, 노동조합, 또는 전문인 단체 등)?”]

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “다른 사람이 또 있습니까?”]

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION.....	3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...	4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....	5
PROFESSIONAL/FRATERNAL ORGANIZATION ...	6
MEDICAID/MEDI-CAL ASSISTANCE	7
HEALTHY FAMILIES	8
MEDICARE	9
HEALTHY KIDS	10
COVERED CALIFORNIA.....	11
OTHER.....	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_H27:

IF QA13_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF QA13_H27 = 4 OR 5, THEN SET AREMPSP = 1;

IF QA13_H27 = 6, THEN SET AROTHER = 1;

IF QA13_H27 = 10, THEN SET ARHKID = 1;

IF QA13_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;

IF QA13_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;

IF QA13_H27 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0;

IF QA13_H27 = 11, SET ARHBEX = 1;

IF QA13_H27 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA13_H28:

**IF [QA13_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA13_G28 = 1 (R USUALLY WORKS)] AND QA13_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOW ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA13_H28;
ELSE GO TO PROGRAMMING NOTE QA13_H32**

QA13_H28 Does your employer offer health insurance to any of its employees?

지금 다니시는 직장에서 직장을 통하여 의료보험을 받고 있는 직원이 있습니까?

AI13

YES	1	
NO	2	[GO TO PN QA13_H32]
REFUSED	-7	[GO TO PN QA13_H32]
DON'T KNOW	-8	[GO TO PN QA13_H32]

QA13_H29 Are you eligible to be in this plan?

이 보험에 가입될 자격이 되십니까?

AI14

YES	1	
NO	2	[GO TO QA13_H31]
REFUSED	-7	[GO TO PN QA13_H32]
DON'T KNOW	-8	

QA13_H30 What is the one main reason why you aren't in this plan?

이 보험에 들어 있지 않은 제일 중요한 이유가 뭐니까?

AI15

COVERED BY ANOTHER PLAN	1	[GO TO PN QA13_H32]
TOO EXPENSIVE	2	[GO TO PN QA13_H32]
DIDN'T LIKE PLAN OFFERED	3	[GO TO PN QA13_H32]
DON'T NEED OR BELIEVE IN HEALTH INSURANCE	4	[GO TO PN QA13_H32]
OTHER (SPECIFY: _____).....	91	[GO TO PN QA13_H32]
REFUSED	-7	[GO TO PN QA13_H32]
DON'T KNOW	-8	[GO TO PN QA13_H32]

QA13_H31 What is the one main reason why you are not eligible for this plan?

이 보험에 들 자격이 안 되는 제일 중요한 이유가 뭐니까?

AI15A

HAVEN'T YET WORKED FOR THIS EMPLOYER
LONG ENOUGH TO BE COVERED1
CONTRACT OR TEMPORARY EMPLOYEES
NOT ALLOWED IN PLAN2
DON'T WORK ENOUGH HOURS PER WEEK
OR WEEKS PER YEAR3
OTHER (SPECIFY: _____) 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_H32:

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA13_H32;
ELSE GO TO PN QA13_H33**

QA13_H32 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

AI16

YES1
NO2
REFUSED -7
DON'T KNOW -8

POST-NOTE QA13_H32:

IF QA13_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H33:

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND AAGE = 18, CONTINUE WITH QA13_H33 AND DISPLAY "Healthy Kids";
ELSE GO TO PROGRAMMING NOTE QA13_H34**

QA13_H33 Are you covered by the Healthy Kids program?

귀하는 Healthy Kids 프로그램에 가입하셨습니까?

AH70

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

[IF NEEDED, SAY: "Healthy Kids는 귀하가 사시는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

POST-NOTE QA13_H33:

IF QA13_H33 = 1, SET ARHKID = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H34:

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA13_H34;
ELSE GO TO PROGRAMMING NOTE QA13_H36**

QA13_H34 Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, PCIP, or something else?

AIM, "Mister MIP", Family Pact 프로그램, PCIP와 같은 정부 의료보험 프로그램, 또는 다른 프로그램의 혜택을 받고 있습니까?

AI17

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men; and PCIP is the pre-existing condition insurance plan."]

[IF NEEDED, SAY: "AIM은 Access for Infants and Mothers(신생아 및 산모를 위한 접근)의 약어이고, 'Mister MIP' 약자로 MRMIP는 Major Risk Medical Insurance Program(주요 위험 의료보험 프로그램)의 약어이고, Family Pact는 피임/출산 보건 서비스 비용을 지불하는 무보험 저소득층 남성과 여성을 위한 주정부 프로그램이며, PCIP는 기존 질환 보험 플랜입니다."]

YES	1	
NO	2	[GO TO PN QA13_H36]
REFUSED	-7	[GO TO PN QA13_H36]
DON'T KNOW	-8	[GO TO PN QA13_H36]

POST-NOTE QA13_H34:

IF QA13_H34 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA13_H35 **ASK IF NECESSARY:** "What is the name of this program?"

ASK IF NECESSARY: "이 프로그램의 이름은 무엇입니까?"

AI17A

AIM	1
MRMIP ("Mister Mip")	2
FAMILY PACT	3
PCIP	4
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_H36:

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEALTHY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA13_H36;
ELSE GO TO PROGRAMMING NOTE QA13_H40**

QA13_H36 Do you have any health insurance coverage through a plan that I missed?

말씀드리지 않은 다른 어떤 보험에 들고 계십니까?

AI18

YES	1	
NO	2	[GO TO PN QA13_H40]
REFUSED	-7	[GO TO PN QA13_H40]
DON'T KNOW	-8	[GO TO PN QA13_H40]

QA13_H37 What type of health insurance do you have?

어떤 종류의 의료보험을 가지고 있습니까?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "다른 보험도 있습니까?"]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
COVERED CALIFORNIA	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_H37:

IF QA13_H37 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 8, SET ARIHS = 1;
 IF QA13_H37 = 9, SET ARHKID = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
 IF QA13_H37 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H38:

IF QA13_H37 = 1, 2, OR 3 CONTINUE WITH QA13_H38;
 ELSE GO TO PROGRAMMING NOTE QA13_H40

QA13_H38 Was this plan obtained in your own name or in the name of someone else?

이 의료보험은 귀하의 이름으로 가입하셨습니다? 또는 다른 사람의 이름으로 가입하셨습니다?

AH59

[PROBE: "Even someone who does not live in this household?"]

[PROBE: "이 가구 내에 거주하는 사람이 아니라도 상관 없습니다."]

IN OWN NAME	1	[GO TO PN QA13_H40]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA13_H40]
DON'T KNOW	-8	[GO TO PN QA13_H40]

POST-NOTE QA13_H38:

IF (QA13_H37 = 1 OR 2) AND QA13_H38 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
 IF QA13_H37 = 3 AND QA13_H38 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
 IF (QA13_H37 = 1 OR 2) AND (QA13_H38 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
 IF QA13_H37 = 3 AND (QA13_H38 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H39:

IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 OR IF QA13_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA13_H39;
 ELSE GO TO PROGRAMMING NOTE QA13_H40;
 IF QA13_A16 = 1 THEN DISPLAY "spouse's name";
 IF QA13_A16 ≠ 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "partner's name";
 IF QA13_G13 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA13_H39 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

이 의료보험은 귀하의 {배우자/부모님/배우자, 부모님, 혹은 다른 사람}의 이름으로 가입했습니까?

AH60

IN SPOUSE'S/PARTNER'S NAME1
 IN PARENT'S NAME2
 IN SOMEONE ELSE'S NAME3
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_H39:

IF QA13_H39 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
 IF QA13_H39 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA13_H40:

IF ARIHS ≠ 1 AND QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA13_H40;
 ELSE GO TO PROGRAMMING NOTE QA13_H41_INTRO

QA13_H40 Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

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

AI20

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_H40:

IF QA13_H40 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA13_H41_INTRO:

IF [QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1] AND QA13_G11 = 1
 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA13_H41_INTRO;
 IF QA13_A16 = 1, THEN DISPLAY “spouse”;
 ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner”;
 ELSE GO TO PROGRAMMING NOTE QA13_H63

QA13_H41_INTRO

These next questions are about the type of health insurance your {spouse/partner} may have.

다음은 배우자의 건강 보험에 대한 질문들입니다

AI37intro**PROGRAMMING NOTE QA13_H41:**

IF SPOUSE 65 OR OLDER THEN

IF ARM CARE ≠ 1, CONTINUE WITH QA13_H41 WITHOUT DISPLAY

ELSE IF ARM CARE = 1, CONTINUE WITH QA13_H41 AND DISPLAY “You said that you are covered by Medicare.” AND “also”;

ELSE GO TO PROGRAMMING NOTE QA13_H44

QA13_H41 {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

귀하의 {배우자}께서도 메디케어 혜택을 받으십니까?

AI37

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_H41:

IF QA13_H41 = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H42:

IF QA13_H41 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA13_H42 WITHOUT DISPLAY;
 ELSE IF QA13_H41 = 1 AND ARMHMO = 1, CONTINUE WITH QA13_H42 AND DISPLAY “You said that your Medicare coverage is provided through an HMO.” AND “also”;
 IF QA13_A16 = 1 (MARRIED) THEN DISPLAY “spouse’s”;
 ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY “partner’s”;
 ELSE GO TO PROGRAMMING NOTE QA13_H43

QA13_H42 {You said that your Medicare coverage is provided through an HMO.} Is your {spouse’s/partner’s} Medicare {also} provided through an HMO?

귀하의 MediCARE는 HMO를 통해 제공됩니까?

AH61

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_H42:

IF QA13_H42 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H43:

IF SPMHMO = 1, THEN SKIP TO PROGRAMMING NOTE QA13_H44;
 ELSE IF QA13_H41 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA13_H43 WITHOUT DISPLAY;
 ELSE IF QA13_H41 = 1 AND ARSUPP = 1, CONTINUE WITH QA13_H43 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”;
 IF QA13_A16 = 1 (MARRIED), THEN DISPLAY “spouse”;
 ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY “partner”;
 ELSE GO TO PROGRAMMING NOTE QA13_H44

QA13_H43 {You said that you have a Medicare Supplement plan.} Does your {partner/husband/wife/spouse} {also} have a Medicare supplemental policy?

{배우자}께서도 메디케어 혜택을 받으십니까?

AI37A

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_H43:

IF QA13_H43 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H44:**IF ARMCAL = 1, CONTINUE WITH QA13_H44 WITHOUT DISPLAY;****IF ARMCARE = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA13_H45****QA13_H44** You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

귀하의 배우자께서 Medi-Cal에{도} 가입되어 있다고 말씀하셨습니다. 귀하께서도 Medi-Cal 혜택을 받고 계십니까?

AI38

YES1

NO2

REFUSED -7

DON'T KNOW -8

POST-NOTE QA13_H44:**IF QA13_H44 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1****PROGRAMMING NOTE QA13_H45:****IF ARHFAM = 1 AND SPOUSE/PARTNER AGE ≤ 18, CONTINUE WITH QA13_H45;****IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA13_H46****QA13_H45** You said you {also} have Healthy Families. Is (SPOUSE/PARTNER) also covered by Healthy Families?

귀하의 배우자께서 Healthy Families에{도} 가입되어 있다고 말씀하셨습니다. 귀하께서도 Healthy Families 혜택을 받고 계십니까?

AI39

YES1

NO2

REFUSED -7

DON'T KNOW -8

POST-NOTE QA13_H45:**IF QA13_H45 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1**

PROGRAMMING NOTE QA13_H46:**IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA13_H46;****IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA13_H48**

QA13_H46 You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

귀하는 {또한} 귀하의 현재 또는 과거의 고용주나 노동 조합이 제공하는 보험이 있다고 말씀하셨습니다. 귀하의 {배우자}도 귀하의 고용주나 노동 조합이 제공하는 보험의 혜택을 받으니까?

AI40

YES1 **[GO TO PN QA13_H49]**
 NO2
 OTHER3
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_H46:**IF QA13_H46 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;****PROGRAMMING NOTE QA13_H47:****IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA13_H47;****IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA13_H48**

QA13_H47 You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance? (CHIS 2014 ONLY)

귀하는 Covered California의 SHOP 프로그램을 통해서 구입한 건강보험이 있다고 말씀하셨습니다. 귀하의 {배우자/파트너}도 {또한} 이 건강보험의 혜택을 받으니까?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California.”]

[IF NEEDED, SAY: “SHOP은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다”]

AH108

YES1 **[GO TO PN QA13_H49]**
 NO2
 OTHER3
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_H47:**IF QA13_H47 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;**

PROGRAMMING NOTE QA13_H48:

IF QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS),
CONTINUE WITH QA13_H48;

IF AREMPSP = 1 AND QA13_A16 = 1, DISPLAY "You said you have insurance from your spouse's
employer or union.";

ELSE IF AREMPSP = 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "You said you have
insurance from your partner's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE QA13_H49

QA13_H48 {You said you have insurance from your spouse's employer or union./You said you have
insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have
coverage through {his/her} own employer?

{배우자}께서 {귀하} 자신의 직장에서 자기 보험이 있습니까? 귀하께서는 배우자의 직장 또는
고용주를 통해 보험에 가입되어 있다고 말씀하셨습니다, 그럼 배우자께서도 다니시는 직장을 통해
보험에 가입되었으신지요?

AI40A

YES1
NO2
REFUSED-7
DON'T KNOW-8

POST-NOTE QA13_H48:

IF QA13_H48 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H49:

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA13_H49;

IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE QA13_H50

QA13_H49 You said you {also} have a plan you purchased directly from the insurer. Is
(SPOUSE/PARTNER) {also} covered by this plan?

{귀하}께서 보험 회사에 직접 보험료를 내고 가입한 건강 보험이 있다고 하셨습니다.
{배우자}께서도 그 보험에 들어 있습니까?

AI41

YES1
NO2
REFUSED-7
DON'T KNOW-8

POST-NOTE QA13_H49:

IF QA13_H49 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA13_H50:**IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH QA13_H50;****IF ARM CARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA13_H51**

QA13_H50 You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan? ^(CHIS 2014 ONLY)

귀하는 Covered California로부터 직접 구입한 플랜이 있다고 말씀하셨습니다.
귀하의{배우자/파트너}도 {또한} 이 플랜의 혜택을 받으니까?

AH109

YES1
NO2
REFUSED -7
DON'T KNOW -8

POST-NOTE QA13_H50:**IF QA13_H50 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;****PROGRAMMING NOTE QA13_H51:****IF ARMILIT = 1, CONTINUE WITH QA13_H51;****IF ARM CARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA13_H52**

QA13_H51 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

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

AI42

YES1
NO2
REFUSED -7
DON'T KNOW -8

POST-NOTE QA13_H51:**IF QA13_H51 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

PROGRAMMING NOTE QA13_H52:

IF AROTHGOV = 1, CONTINUE WITH QA13_H52;

IF QA13_H35 = 1, THEN DISPLAY "AIM";

IF QA13_H35 = 2, THEN DISPLAY "MRMIP";

IF QA13_H35 = 3, THEN DISPLAY "Family PACT";

IF QA13_H35 = 4, THEN DISPLAY "PCIP";

IF QA13_H35 = 91, THEN DISPLAY "some government health plan";

IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE QA13_H53

QA13_H52 You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?

귀하는 {또한} {정부 의료보험 플랜}을 통해서 의료보험에 가입했다고 말씀하셨습니다.
{배우자/파트너}도 이 플랜의 혜택을 받으십니까?

AI42A

YES1
NO2
REFUSED-7
DON'T KNOW-8

POST-NOTE QA13_H52:

IF QA13_H52 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H53:

IF SPINSURE ≠ 1, DISPLAY "any";

ELSE DISPLAY "through any other source"

QA13_H53 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

{배우자}께서 건강 보험을 가지고 있습니까? {배우자}께서 다른 어떤 데를 통해 건강 보험을 가지고 있습니까?

AI46

YES1
NO2
REFUSED-7
DON'T KNOW-8

[GO TO PN QA13_H55]

[GO TO QA13_H59]

[GO TO QA13_H59]

QA13_H54 What type of health insurance does {he/she} have?

{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

AI47

[CODE ALL THAT APPLY.]

[PROBE: “Any others?”]

[PROBE: “다른 보험도 있습니까?”]

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

[IF NEEDED, SAY: “현재 또는 이전의 고용주가 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다.”]

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

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?”]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
COVERED CALIFORNIA.....	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN.....	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_H54:

IF QA13_H54 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 8, SET SPIHS = 1;
 IF QA13_H54 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF QA13_H54 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H55:

IF SPINSURE ≠ 1, CONTINUE WITH QA13_H55;
 ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA13_H57;
 ELSE GO TO PROGRAMMING NOTE QA13_H59

QA13_H55 You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

{배우자}께서 어떤 종류의 건강 보험도 전혀 없다고 하셨습니다. 맞습니까?

AI48

YES	1	[GO TO PN QA13_H59]
NO	2	
REFUSED	-7	[GO TO PN QA13_H59]
DON'T KNOW	-8	[GO TO PN QA13_H59]

QA13_H56 What type of health insurance does {he/she} have?

{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

AI49

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “다른 보험도 있습니까?”]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?”]

EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE.....	4
MEDI-CAL	5
HEALTHY FAMILIES.....	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
HEALTHY KIDS.....	9
COVERED CALIFORNIA	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW.....	-8

POST-NOTE QA13_H56:

IF QA13_H56 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 8, SET SPIHS = 1;
 IF QA13_H56 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF QA13_H56 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA13_H57:

IF QA13_H54 = (1, 2, 3, 10, 11) OR QA13_H56 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA13_H57;
 IF QA13_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY "partner's";
 ELSE SKIP TO PROGRAMMING NOTE QA13_H59

QA13_H57 Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

이 플랜에는 {배우자/파트너} 이름으로 가입하십니까? 또는 다른 사람의 이름으로 가입하십니까?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household."]

[IF NEEDED, SAY: "이 가구 내에 거주하는 사람이 아니라도 상관 없습니다."]

IN SPOUSE'S/PARTNER'S NAME	1	[GO TO PN QA13_H59]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA13_H59]
DON'T KNOW	-8	[GO TO PN QA13_H59]

POST-NOTE QA13_H57:

IF QA13_H57 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA12_H54 = (1, 2, 3) OR QA13_H56 = (1, 2, 3)], SET SPEMPOW = 1 AND SET SPEMPOTH = 0;
 IF QA13_H57 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA12_H54 = (10, 11) OR QA13_H56 = (10, 11)], SET SPHBEX = 1;

QA13_H58 Is the plan in your name, parent's name, or someone else's name?

이 건강보험 플랜에 귀하, 귀하의 부모 또는 다른 사람의 이름으로 가입했습니까?

AH63

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

POST-NOTE QA13_H58:

IF QA13_H58 = 1 AND [QA12_H54 = (1, 2, 3) OR QA13_H56 = (1, 2, 3)], SET SPENPAR = 1 AND SET SPEMPOTH = 0 AND ARSAMESP=1;
 IF QA13_H58 = 1 AND [QA12_H54 = (10, 11) OR QA13_H56 = (10, 11)], SET SPHBEX = 1 AND ARSAMESP=1;
 IF QA13_H58 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0

PROGRAMMING NOTE QA13_H59:

IF SPENPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA13_H63;
 ELSE IF [QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS)]
 AND QA13_G33 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA13_H59;
 IF QA13_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
 ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner’s”
 ELSE GO TO PROGRAMMING NOTE QA13_H63

QA13_H59 Does your {spouse's/partner's} employer offer health insurance to any of its employees?

{배우자} 님의 직장에서는 그 직장에 다니는 사람들에게 건강 보험을 해 주니까?

AI43

YES	1	
NO	2	[GO TO PN QA13_H63]
REFUSED	-7	[GO TO PN QA13_H63]
DON'T KNOW	-8	[GO TO PN QA13_H63]

QA13_H60 Is {he/she} eligible to be in this plan?

{귀하께서는} 이 보험에 들 자격이 됩니까?

AI44

YES	1	
NO	2	[GO TO QA13_H62]
REFUSED	-7	[GO TO PN QA13_H63]
DON'T KNOW	-8	[GO TO PN QA13_H63]

QA13_H61 What is the ONE main reason why {he/she} isn't in this plan?

{귀하가} 이 보험에 가입되지 않은 제일 중요한 이유가 됩니까?

AI45

COVERED BY ANOTHER PLAN	1	[GO TO PN QA13_H63]
TOO EXPENSIVE	2	[GO TO PN QA13_H63]
DOESN'T LIKE PLAN OFFERED	3	[GO TO PN QA13_H63]
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE	4	[GO TO PN QA13_H63]
OTHER (SPECIFY: _____)	91	[GO TO PN QA13_H63]
REFUSED	-7	[GO TO PN QA13_H63]
DON'T KNOW	-8	[GO TO PN QA13_H63]

QA13_H62 What is the one main reason why {he/she} is not eligible for this plan?

{귀하께서} 이 보험에 가입될 자격이 안 되는 제일 중요한 이유가 됩니까?

AI45A

HASN'T YET WORKED FOR THIS EMPLOYER
LONG ENOUGH TO BE COVERED1
CONTRACT OR TEMPORARY EMPLOYEES
NOT ALLOWED IN PLAN2
DOESN'T WORK ENOUGH HOURS PER WEEK
OR WEEKS PER YEAR3
OTHER (SPECIFY: _____) 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_H63:

IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA13_H65;

IF ARHFAM = 1 OR ARHKID = 1; GO TO QA13_H64;

IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA13_H63;

IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "Next, I have some questions about your own main health plan."

IF ARMCAL = 1 DISPLAY "Medi-Cal";

ELSE GO TO QA13_H78

QA13_H63 {Next, I have some questions about your own main health plan.}

다음에는 귀하의 주 건강보험 플랜에 대해 몇 가지 질문을 드리겠습니다.

Is your {Medi-Cal} health plan an HMO?

귀하의 {Medi-Cal} 건강보험 플랜은 HMO입니까?

AI22C

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]

[IF NEEDED, SAY: "HMO는 Health Maintenance Organization(건강 관리 기구)의 약자입니다. HMO 플랜에서는 이 플랜의 네트워크에 속한 의사와 병원만을 이용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 지불하지 않습니다."]

[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "귀하의 주 건강보험 플랜."]

YES1 [GO TO QA13_H64]
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_H63B:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA13_H64;
ELSE CONTINUE WITH QA13_H63B;

QA13_H63B Is your health plan a PPO or EPO? (CHIS 2014 ONLY)

귀하의 건강 플랜은 PPO 또는 EPO 중에서 어느 것입니까?

AH122

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "EPO는 Exclusive Provider Organization(독점적 의료제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO는 Preferred Provider Organization(선호 의료제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "귀하의 주 건강 플랜."]

PPO.....	1
EPO.....	2
OTHER (SPECIFY: _____).....	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_H64:

IF (ARMCAL = 1 AND QA13_H63 = 1) OR (AROTHGOV = 1 AND QA13_H35 = 1) THEN LIST HMO MEDI-CAL BY COUNTY;

ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA13_H63 = 1 THEN LIST HMO HEALTHY FAMILIES BY COUNTY;

ELSE IF QA13_H63 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST HMO COMMERCIAL BY COUNTY;

ELSE IF QA13_H63 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST NON-HMO BY COUNTY

QA13_H64 What is the name of your main health plan?

귀하가 가입한 {Medi-Cal} 건강보험 플랜의 이름은 무엇입니까?

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?”]

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1 ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH.....	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN.....	18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM	19
CIGNA.....	20
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN.....	24
CONTRA COSTA HEALTH PLAN	25
EASY CHOICE HEALTH PLAN	26
GEM CARE	27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN.....	28
GREAT-WEST	29
HEALTH NET	30
HEALTH PLAN OF SAN JOAQUIN.....	31
HEALTH PLAN OF SAN MATEO.....	32
HUMANA GOLD PLUS	33
IEHP (INLAND EMPIRE HEALTH PLAN)	34

IEHP MEDICARE DUAL CHOICE.....	35
INTER VALLEY HEALTH PLAN	36
KAISER	37
KERN COUNTY HEALTH PLAN.....	38
L.A. CARE HEALTH PLAN	39
MD CARE.....	40
MOLINA HEALTH PLAN	41
MOLINA MEDICARE OPTIONS	42
ON LOK.....	43
ON LOK SENIOR HEALTH SERVICES	44
ONE CARE	45
PACIFICARE.....	46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA.....	47
SALUD CON HEALTH NET	48
SAN FRANCISCO HEALTH PLAN	49
SANTA CLARA FAMILY HEALTH PLAN	50
SCAN HEALTH PLAN.....	51
SECURE HORIZONS	52
SENIOR ADVANTAGE	53
SENIORITY PLUS.....	54
SERVICE TO SENIORS	55
SHARP HEALTH PLAN	56
TOTAL FIT	57
VALLEY HEALTH PLAN	58
VENTURA COUNTY HEALTH CARE PLAN.....	59
WESTERN HEALTH ADVANTAGE	60
WESTERN HEALTH ADVANTAGE CARE+	61
CHAMPUS/CHAMP-VA	62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME.....	63
VA HEALTH CARE SERVICES	64
MEDI-CAL	65
MEDICARE	66
MEDICARE ADVANTAGE	67
OTHER.....	91
OTHER (SPECIFY:.....)	92
REFUSED	-7
DON'T KNOW	-8

POST NOTE QA13_H64:
IF QA13_H64 = 62, 63, OR 64 THEN SET ARMILIT=1

PROGRAMMING NOTE QA13_H65:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR
QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “Next I have some questions about your own main
health plan.”

QA13_H65 {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

다음에는 귀하의 건강보험 플랜에 대해 몇 가지 질문을 드리겠습니다. 귀하는 처방약 비용을 보상 받습니까? 다시 말해서, 건강보험 플랜이 처방약 비용의 일부를 지불합니까?

AI25

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

PROGRAMMING NOTE QA13_H66:

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH QA13_H66;
ELSE GO TO QA13_H71**

QA13_H66 Does your health plan have a deductible that is more than \$1,000?

귀하의 건강보험 플랜의 공제액이 \$1,000이 넘습니까?

AH71

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "공제액은 건강보험 플랜이 의료비를 보상하기 전에 가입자가 지불해야 하는 금액입니다."]

YES1

NO2

YES, ONLY WHEN I GO OUT OF NETWORK3

REFUSED -7

DON'T KNOW -8

[GO TO QA13_H68]

[GO TO QA13_H68]

PROGRAMMING NOTE QA13_H67:

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH
QA13_H67;
ELSE GO TO QA13_H68**

QA13_H67 Does your health plan have a deductible that is more than \$2,000?

의료보험 플랜의 가입자 부담금이 \$2,000가 넘습니까?

AH96

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

YES1

NO2

YES, ONLY WHEN I GO OUT OF NETWORK3

REFUSED -7

DON'T KNOW -8

[GO TO PN QA13_H69]

QA13_H68 Does your health plan have a deductible for all covered persons that is more than \$2,000?

모든 가입자에 대한 귀하의 건강보험 플랜의 공제액이 \$2,000이 넘습니까?

AH72

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "공제액은 건강보험 플랜이 의료비를 보상하기 전에 가입자가 지불해야 하는 금액입니다."]

YES1

NO2

YES, ONLY WHEN I GO OUT OF NETWORK3

REFUSED-7

DON'T KNOW-8

[GO TO PN QA13_H70]

[GO TO PN QA13_H70]

PROGRAMMING NOTE QA13_H69:

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA13_H69;

ELSE GO TO PROGRAMMING NOTE QA13_H70

QA13_H69 Does your health plan have a deductible for all covered persons that is more than \$4,000?

의료보험 플랜의 혜택을 받는 모든 사람에 대한 가입자 부담금이 \$4,000가 넘습니까?

AH97

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

YES1

NO2

YES, ONLY WHEN I GO OUT OF NETWORK3

REFUSED-7

DON'T KNOW-8

PROGRAMMING NOTE QA13_H70:

**IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR ARMCARE = 1 (CURRENTLY HAS MEDICARE) OR ARHFAM = 1 (CURRENTLY HAS HEALTHY FAMILIES) OR ARHKID = 1 (CURRENTLY HAS HEALTHY KIDS) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, PCIP),, SKIP TO QA13_H71;
ELSE CONTINUE WITH QA13_H70**

QA13_H70 Do you have a special account or fund you can use to pay for medical expenses?

의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이 있습니까?

AH73

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 포함됩니다. 다른 계좌의 이름에는 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 고용주가 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_H71 Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

지난 12개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

AI31

YES1 **[GO TO PN QA13_H84]**
NO2
REFUSED -7 **[GO TO QA13_H74]**
DON'T KNOW -8

QA13_H72 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

지난 12개월 동안 지금의 그 건강 보험이 없었던 때에는, 다른 어떤 건강 보험이 있으셨습니까?

AI32

YES1
NO2 **[GO TO QA13_H75]**
REFUSED -7 **[GO TO QA13_H74]**
DON'T KNOW -8 **[GO TO QA13_H74]**

QA13_H73 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

귀하의 다른 건강보험은 Medi-Cal, Healthy Families, 고용주가 귀하에게 제공한 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 귀하가 Covered California를 통해서 구입한 플랜, 또는 어떤 다른 플랜이었습니까?

MODIFIED
AI33

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "다른 플랜이 또 있습니까?"]

MEDI-CAL	1
HEALTHY FAMILIES	2
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3
HEALTHY KIDS	4
PURCHASED DIRECTLY	5
COVERED CALIFORNIA	6
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

QA13_H74 During the past 12 months, was there any time when you had no health insurance at all?

지난 12개월 동안, 의료보험이 전혀 없던 때가 있었습니까?

AI34

YES	1	
NO	2	[GO TO PN QA13_H84]
REFUSED	-7	[GO TO PN QA13_H84]
DON'T KNOW	-8	[GO TO PN QA13_H84]

QA13_H75 For how many months of the past 12 months did you have no health insurance at all?

지난 12개월 동안 의료보험이 전혀 없었던 기간은 몇 개월이었습니까?

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS	[HR: 0-11]	[IF 0 GO TO PN QA13_H84]
REFUSED	-7	[GO TO PN QA13_H84]
DON'T KNOW	-8	[GO TO PN QA13_H84]

QA13_H76 What is the ONE MAIN reason why you did not have any health insurance during those months?

그 몇 달 동안 건강 보험이 없으셨던 제일 중요한 이유가 무엇 때문이시죠?

AI36

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA13_H77 During the time that you were uninsured, did you try to find health insurance on your own?

건강보험이 없던 기간 동안, 자력으로 보험에 가입하려고 노력했습니까?

AH74

YES1 [GO TO PN QA13_H84]
 NO2 [GO TO PN QA13_H84]
 REFUSED -7 [GO TO PN QA13_H84]
 DON'T KNOW -8 [GO TO PN QA13_H84]

QA13_H78 What is the ONE MAIN reason why you do not have any health insurance?

건강 보험이 없다고 하셨는데, 제일 중요한 이유가 무엇 때문이시죠? [응답자가 없다고 하면 상황에 대해서 더 자세히 물어보세요.]

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA13_H79 During the time that you have been uninsured, have you tried to find health insurance on your own?

의료보험이 없던 기간 동안, 혼자 힘으로 의료보험에 가입하려고 노력했습니까?

AH75

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_H80 Were you covered by health insurance at any time during the past 12 months?

지난 12개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

AI27

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO QA13_H82]

QA13_H81 How long has it been since you last had health insurance?

보험 혜택이 없으신지는 얼마나 되었습니까?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT	
MORE THAN 3 YEARS AGO	1 [GO TO PN QA13_H84]
MORE THAN 3 YEARS AGO	2 [GO TO PN QA13_H84]
NEVER HAD HEALTH INSURANCE.....	3 [GO TO PN QA13_H84]
REFUSED	-7 [GO TO PN QA13_H84]
DON'T KNOW	-8 [GO TO PN QA13_H84]

QA13_H82 For how many months out of the last 12 months did you have health insurance?

지난 12개월 중 몇 개월 동안 의료보험에 가입되어 있으셨습니까?

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] [IF 0, THEN GO TO PN QA13_H84]

REFUSED	-7
DON'T KNOW	-8

QA13_H83 During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

건강보험이 있었던 기간 동안, 귀하의 보험은 Medi-Cal, Healthy Families, 고용주가 귀하에게 제공한 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 귀하가 Covered California를 통해서 구입한 플랜, 또는 어떤 다른 플랜이었습니까?

AI30

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “다른 플랜이 또 있습니까?”]

MEDI-CAL	1
HEALTHY FAMILIES	2
THROUGH CURRENT OR FORMER	
EMPLOYER OR UNION	3
HEALTHY KIDS	4
PURCHASED DIRECTLY.....	5
COVERED CALIFORNIA.....	6
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_H84:

**IF ARINSURE ≠ 1 OR QA13_H72 = 2 OR ARDIRECT = 1 OR QA13_H83 = (5, 6) OR QA13_H73 = (5, 6) OR ARHBEX = 1 OR SPHBEX = 1; THEN CONTINUE WITH QA13_H84;
ELSE GO TO PROGRAMMING NOTE QA13_H101**

QA13_H84 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

지난 12개월 이내에, 귀하는 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 건강보험 플랜을 구입하려고 시도한 적이 있습니까?

AH103

YES	1	
NO	2	[GO TO PN QA13_H101]
REFUSED	-7	[GO TO PN QA13_H101]
DON'T KNOW	-8	[GO TO PN QA13_H101]

QA13_H85 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California? (CHIS 2014 ONLY)

그 플랜은 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서, 또는 보험회사로부터 직접 및 Covered California를 통해서 구입하십니까?

AH110

DIRECTLY FROM AN INSURANCE COMPANY		
OR HMO, OR	1	
THROUGH COVERED CALIFORNIA, OR	2	
BOTH, FROM AN INSURANCE COMPANY AND		
THROUGH COVERED CALIFORNIA	3	
REFUSED	-7	[GO TO PN QA13_H88]
DON'T KNOW	-8	[GO TO PN QA13_H88]

PROGRAMMING NOTE QA13_H86:**IF QA13_H85 = 1; THEN CONTINUE WITH QA13_H86;****IF QA13_H85 = 3; THEN CONTINUE WITH QA13_H86 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”****ELSE GO TO PROGRAMMING NOTE QA13_H90;**

QA13_H86 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.} (MODIFIED FOR CHIS 2014)

먼저, 보험회사 또는 HMO로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed? Was it...

귀하에게 필요한 혜택을 제공하는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

AH98

Very difficult,.....	1
매우 어려웠음.....	1
Somewhat difficult,	2
약간 어려웠음.....	2
Not too difficult, or	3
별로 어렵지 않았음	3
Not at all difficult?	4
전혀 어렵지 않았음	4
REFUSED	-7
DON'T KNOW	-8

QA13_H87 How difficult was it to find a plan you could afford? Was it...

귀하의 경제적 능력에 맞는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

AH99

Very difficult,.....	1
매우 어려웠음.....	1
Somewhat difficult,	2
약간 어려웠음.....	2
Not too difficult, or	3
별로 어렵지 않았음	3
Not at all difficult?	4
전혀 어렵지 않았음	4
REFUSED	-7
DON'T KNOW	-8

QA13_H88 Did anyone help you find a health plan?

귀하가 의료보험 플랜을 찾는 데 도움을 준 사람이 있습니까?

AH100

YES	1	
NO	2	[GO TO PN QA13_H90]
REFUSED	-7	[GO TO PN QA13_H90]
DON'T KNOW	-8	[GO TO PN QA13_H90]

QA13_H89 Who helped you?

누가 도움을 주었습니까?

AH101

BROKER	1
FAMILY MEMBER/FRIEND	2
INTERNET	3
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_H90:

IF QA13_H85 = 2; THEN CONTINUE WITH QA13_H90;

IF QA13_H85 = 3; THEN CONTINUE WITH QA13_H90 AND DISPLAY "Now, think about your experience with Covered California."

ELSE GO TO PROGRAMMING NOTE QA13_H94;

QA13_H90 {Now, think about your experience with Covered California.}

지금부터는 Covered California에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was it... (CHIS 2014 ONLY)

Covered California를 통해서 귀하에게 필요한 혜택을 제공하는 플랜을 찾기가 얼마나 어려웠습니까?

AH111

Very difficult,	1
매우 어려웠음	1
Somewhat difficult,	2
약간 어려웠음	2
Not too difficult, or	3
별로 어렵지 않았음	3
Not at all difficult?	4
전혀 어렵지 않았음	4
REFUSED	-7
DON'T KNOW	-8

QA13_H91 How difficult was it to find a plan you could afford? Was it... (CHIS 2014 ONLY)

귀하가 구입할 경제적 능력이 있는 플랜을 찾기가 얼마나 어려웠습니까?

AH112

Very difficult,1
매우 어려웠음1
Somewhat difficult,2
약간 어려웠음2
Not too difficult, or3
별로 어렵지 않았음3
Not at all difficult?4
전혀 어렵지 않았음4
REFUSED-7
DON'T KNOW-8

QA13_H92 Did anyone help you find a health plan? (CHIS 2014 ONLY)

누군가가 귀하가 건강 플랜을 찾는 것을 도와 주었습니까?

AH113

YES1
NO2 [GO TO QA13_H94]
REFUSED-7 [GO TO QA13_H94]
DON'T KNOW-8 [GO TO QA13_H94]

QA13_H93 Who helped you? (CHIS 2014 ONLY)

누가 귀하를 도와 주었습니까?

AH114

BROKER1
FAMILY MEMBER / FRIEND2
INTERNET3
CERTIFIED ENROLLMENT COUNSELOR4
OTHER (SPECIFY: _____) 92
REFUSED-7
DON'T KNOW-8

QA13_H94 Did you have all the information you felt you needed to make a good decision on a health plan? (CHIS 2014 ONLY)

귀하는 건강 플랜에 대한 올바른 결정을 하기 위해 필요하다고 생각하는 모든 정보를 가지고 있었습니까?

AH115

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_H95:

**IF QA13_G6 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA13_H95;
ELSE GO TO QA13_H96;**

QA13_H95 Were you able to get information about your health plan options in your language?
(CHIS 2014 ONLY)

귀하는 건강 플랜 옵션에 대한 정보를 귀하가 사용하는 언어로 제공받을 수 있었습니까?

AH116

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_H96 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

귀하가 선택한 플랜의 비용은 귀하가 플랜을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH117

VERY IMPORTANT1
SOMEWHAT IMPORTANT2
NOT IMPORTANT3
REFUSED-7
DON'T KNOW-8

QA13_H97 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

귀하가 원하는 의사로부터 진료를 받은 것은 귀하가 플랜을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH118

VERY IMPORTANT1
SOMEWHAT IMPORTANT2
NOT IMPORTANT3
REFUSED-7
DON'T KNOW-8

QA13_H98 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

귀하가 원하는 병원에서 진료를 받은 것은 귀하가 플랜을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH119

VERY IMPORTANT1
SOMEWHAT IMPORTANT2
NOT IMPORTANT3
REFUSED-7
DON'T KNOW-8

QA13_H99 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

플랜의 네트워크 내에서 의사를 선정하는 것은 귀하가 플랜을 선택할 때 얼마나 중요했습니까?
매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH120

VERY IMPORTANT1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT3
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_H100:

IF QA13_H23 = 1 THEN DISPLAY "Bronze"
ELSE IF QA13_H23 = 2 THEN DISPLAY "Silver"
ELSE IF QA13_H23 = 3 THEN DISPLAY "Gold"
ELSE IF QA13_H23 = 4 THEN DISPLAY "Platinum"
ELSE DISPLAY " ";

QA13_H100 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?
(CHIS 2014 ONLY)

마지막으로, 귀하가 {플래티넘} 플랜을 선택한 가장 중요한 이유는 무엇이었습니까? 그 이유는 비용, 귀하가 원하는 의사로부터 진료를 받을 수 있는 것, 귀하가 원하는 병원에 갈 수 있는 것, 플랜의 네트워크 내에서 의사를 선정, 또는 다른 이유 중에서 어느 것이었습니까?

AH121

COST1
SPECIFIC DOCTOR2
SPECIFIC HOSPITAL.....3
CHOICE OF DOCTORS IN NETWORK.....4
OTHER (SPECIFY: _____)..... 92
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_H101:

IF QA13_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA13_B41 = 1 (HOSPITALIZED FOR HEART DISEASE) THEN GO TO PROGRAMMING NOTE QA13_H102;
ELSE CONTINUE WITH QA13_H101

QA13_H101 During the past 12 months, were you a patient in a hospital overnight or longer?

지난 12개월 동안, 환자로서 하룻밤 이상 병원에 입원했던 적이 있습니까?

AH14

YES1
NO2 [GO TO PN QA13_H104]
REFUSED -7 [GO TO PN QA13_H104]
DON'T KNOW -8 [GO TO PN QA13_H104]

PROGRAMMING NOTE QA13_H102:

IF QA13_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA13_B41 = 1 (HOSPITALIZED FOR HEART DISEASE), THEN DISPLAY “During the past 12 months, when you were hospitalized for any reason,”

QA13_H102 {During the past 12 months, when you were hospitalized for any reason,} Altogether how many nights were you in the hospital?

지난 12개월 동안, 어떤 이유로든 병원에 입원한 일수를 모두 합하면 며칠 밤이나 됩니까? 모두 합해서, 병원에 며칠 밤을 입원했었습니까?

AH102

_____ NUMBER OF NIGHTS (HR: 1-365)

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_H103:

**IF ARINSURE ≠ 1 OR QA13_H75 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA13_H103;
ELSE GO TO PROGRAMMING NOTE QA13_H104**

QA13_H103 Was any of that hospital care paid for by Medi-Cal?

그러한 병원비 중에서 Medi-Cal이 지불한 금액이 있습니까?

AH76

YES1

NO2

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE FOR QA13_H104:

**IF [ARINSURE ≠ 1 OR QA13_H75 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA13_A5 = 2 (FEMALE) AND [QA13_E1 = 1 (PREGNANT) OR QA13_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA13_H104;
ELSE SKIP TO PROGRAMMING NOTE QA13_I1**

QA13_H104 During the last 12 months, did you get prenatal care that you didn't have to pay for?

지난 12개월 동안, 귀하가 비용을 지불할 필요가 없는 출산 전 진료를 받았습니까?

AH77

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO PN QA13_I1]

[GO TO PN QA13_I1]

[GO TO PN QA13_I1]

QA13_H105 Was it paid for by Medi-Cal?

그 비용을 Medi-Cal이 지불했습니까?

AH78

YES1
NO2
REFUSED-7
DON'T KNOW-8

Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA13_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA13_I41 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA13_I2;
ELSE CONTINUE WITH QA13_I1

QA13_I1 These next questions are about health insurance (CHILD) may have.

다음은 {CHILD NAME /AGE/SEX}(이)가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.

Does (CHILD) have the same insurance as you?

{자녀이름/나이/성}이/가 귀하와 같은 보험을 갖고 있습니까?

CF10A

YES	1	[GO TO QA13_I35]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I1:
IF QA13_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA13_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE QA13_I2:**IF SPINSURE ≠ 1, THEN SKIP TO QA13_I3;****ELSE IF QA13_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA13_I3;****ELSE CONTINUE WITH QA13_I2**

QA13_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/
PARTNER NAME}?

{자녀이름/나이/성}{이} 가 귀하의 {배우자} (와) 과 같은 보험을 갖고 있습니까?

MA1

YES1 **[GO TO QA13_I22]**
 NO.....2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_I2:**IF QA13_I2 = 1 AND SPMPCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA13_I2 = 1 AND SPIHS = 1, SET CHIHS = 1****IF QA13_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**

QA13_I3 Is {he/she} currently covered by Medi-CAL?

{자녀} 이/가 현재 메디칼 (Medi-CAL) 에 들어 있습니까?

CF1

**[IF NEEDED, SAY: “Medi-CAL is a plan for certain low income children and their families,
pregnant women, and disabled or elderly people.”]**

**[IF NEEDED, SAY: “메디-칼은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고
장애자나 노령자들을 위한 보험입니다.”]**

YES1 **[GO TO QA13_I5]**
 NO.....2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_I3:**IF QA13_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1**

QA13_I4 Is (CHILD) covered by the Healthy Families Program?

{자녀 이름/나이/성별}가 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

CF2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

[IF NEEDED, SAY: "건강가족프로그램은 어린이가 19세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_I4:

IF QA13_I4 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1

QA13_I5 Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

{자녀 이름/나이/성별}가 귀하 또는 다른 분의 직장 또는 노동조합(Union)을 통해 의료보험 또는 HMO 혜택을 받고 계십니까?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA13_I7]

[GO TO PN QA13_I7]

[GO TO PN QA13_I7]

POST-NOTE QA13_I5:

IF QA13_I5 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA13_I6 Is this plan through an employer, through a union, or through Covered California's SHOP program? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

이 플랜을 고용주, 노동조합, 또는 Covered California의 SHOP 프로그램을 통해서 구입하십니까?

AI90

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California."]

[IF NEEDED, SAY: "SHOP은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다"]

EMPLOYER1
 UNION.....2
 SHOP / COVERED CALIFORNIA3
 OTHER (SPECIFY:)..... 91
 REFUSED -7
 DON'T KNOW -8

POST-NOTE FOR QA13_I6:
IF QA13_I6 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA13_I7:
IF CHINSURE = 1 THEN GO TO QA13_I9;
ELSE CONTINUE WITH QA13_I7

QA13_I7 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

{CHILD NAME /AGE/SEX}은(는) 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 구입한 건강보험 플랜의 혜택을 받으니까?

CF4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

[IF NEEDED, SAY: "암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 플랜은 포함시키지 마십시오."]

YES1
 NO.....2 **[GO TO PN QA13_I14]**
 REFUSED -7 **[GO TO PN QA13_I14]**
 DON'T KNOW -8 **[GO TO PN QA13_I14]**

POST-NOTE QA13_I7:
IF QA13_I7 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA13_I8:
IF CHDIRECT = 1, THEN CONTINUE WITH QA13_I8;
ELSE GO TO PROGRAMMING NOTE QA13_I9

QA13_I8 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)

귀하는 이 건강보험을 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 구입하셨습니까?

AI91

INSURANCE COMPANY OR HMO1
 COVERED CALIFORNIA.....2
 OTHER (SPECIFY: _____)..... 91
 REFUSED -7
 DON'T KNOW -8

POST-NOTE FOR QA13_I8:
IF QA13_I8 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA13_I9
IF CHHBEX = 1, THEN CONTINUE WITH QA13_I9;
ELSE GO TO PROGRAMMING NOTE QA13_I11;

QA13_I9 Was this a bronze, silver, gold or platinum plan? (CHIS 2014 ONLY)

이 건강보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AI92

Bronze1
 Silver2
 Gold3
 Platinum4
 MEDI-CAL / MEDICAID5
 CATASTROPHIC6
 OTHER (SPECIFY: _____)..... 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I10
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA13_I10;
ELSE GO TO PROGRAMMING NOTE QA13_I11;

QA13_H10 Was there a subsidy or discount on the premium for this plan?

이 플랜의 보험료에는 보조금 또는 할인이 제공되었습니까?

AI93

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I11:

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA13_I11;
ELSE GO TO PROGRAMMING NOTE QA13_14**

QA13_I11 Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하의 배우자는 {CHILD NAME/AGE/SEX}의 의료보험료 일부 또는 전부를 지불하고 계십니까?
귀하의 배우자나 가족이 부담했던 공동부담액(co-pays) 및 공제액(deductibles)은 포함하지
마십시오.

AI54

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

[IF NEEDED, SAY: "공동부담액(co-pays)이란 다른 사람이 귀하의 의료보험료를 지불해주는 상황에서 귀하가 의사의 진료를 받거나 의료서비스를 제공받을 때마다 내야 하는 의료비의 일부를 말합니다."]

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

[IF NEEDED, SAY: "공제액(deductibles)이란 보험회사에서 지불해주기 전에 본인이 지불하는 의료비용입니다."]

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

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

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_I12 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

고용주, 노동조합, 또는 전문인 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX} 의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

AI50

YES1
NO2 **[GO TO PN QA13_I14]**
REFUSED -7 **[GO TO PN QA13_I14]**
DON'T KNOW -8 **[GO TO PN QA13_I14]**

QA13_I13 Who else pays all or some portion of the cost for (CHILD)'s health plan?

그 외에 또 누가 {CHILD NAME/AGE/SEX}(이)의 의료보험 플랜 비용의 전부 또는 일부를 지불합니까?

AI51

CURRENT EMPLOYER1
 FORMER EMPLOYER2
 UNION.....3
 SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
 SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
 PROFESSIONAL/FRATERNAL ORGANIZATION ...6
 MEDICAID/MEDI-CAL ASSISTANCE7
 HEALTHY FAMILIES8
 HEALTHY KIDS9
 COVERED CALIFORNIA..... 10
 OTHER..... 91
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_I13:

IF QA13_I13 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF QA13_I13 = 8, SET CHHFAM = 1;

IF QA13_I13 = 7, SET CHMCAL = 1

IF QA13_I13 = 9, SET CHHKID = 1

IF QA13_I13 = 10, SET CHHBEX = 1;

PROGRAMMING NOTE QA13_I14:

IF CHINSURE = 1, GO TO PN QA13_I22;

ELSE CONTINUE WITH QA13_I14

QA13_I14 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{자녀분}이 CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

CF6

YES1 **[GO TO PN QA13_I22]**
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_I14:

IF QA13_I14 = 1, SET CHMILIT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA13_I15:

IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA13_I11 AND DISPLAY "Healthy Kids";

QA13_I15 Is {he/she} covered by the Healthy Kids program?

{CHILD NAME/AGE/SEX}(이)는 Healthy Kids 프로그램에 가입했습니까?

AI70

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

[IF NEEDED, SAY: "Healthy Kids는 귀하가 사시는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

YES	1	[GO TO PN QA13_I22]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I15:

IF QA13_I15 = 1, SET CHHKID = 1 AND SET CHINSURE = 1

QA13_I16 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", PCIP, or something else?

{그 자녀}는 AIM, "Mister MIP", PCIP 프로그램과 같은 다른 정부 의료보험 프로그램, 또는 다른 프로그램의 혜택을 받고 있습니까?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and PCIP is the pre-existing condition insurance plan."]

[IF NEEDED, SAY: "AIM은 Access for Infants and Mothers(신생아 및 산모를 위한 접근)의 약어이고, 'Mister MIP' 또는 MRMIP는 Major Risk Medical Insurance Program(주요 위험 의료보험 프로그램)의 약어이고, PCIP는 기존 질환 보험 플랜입니다."]

AIM	1	[GO TO PN QA13_I22]
"MISTER MIP"/MRMIP	2	[GO TO PN QA13_I22]
PCIP	3	[GO TO PN QA13_I22]
NO OTHER PLAN	4	
SOMETHING ELSE (SPECIFY: _____)	91	[GO TO PN QA13_I22]
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I16:

IF QA13_I16 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA13_I17 Does {he/she} have any health insurance coverage through a plan that I missed?

{자녀분}이, 지금까지 말씀드리지 않은 다른 어떤 보험에 들어 있습니까?

CF8

YES	1	
NO	2	[GO TO PN QA13_I20]
REFUSED	-7	[GO TO PN QA13_I20]
DON'T KNOW	-8	[GO TO PN QA13_I20]

QA13_I18 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy = Families, an employer or union, or from some other source?

{자녀분}이 어떤 종류의 건강 보험에 가입되어 있습니까? 그 보험은 메디칼이나 건강 가족프로그램, 또는 직장/노동조합 등 다른 어떤 단체나 기관을 통한 것입니까?

CF9

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "다른 것은요?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
COVERED CALIFORNIA	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_I18:

IF QA13_I18 = 1, SET CHEMP = 1 AND CHINSURE = 1
 IF QA13_I18 = 2, SET CHEMP = 1 AND CHINSURE = 1
 IF QA13_I18 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
 IF QA13_I18 = 4, SET CHMCARE = 1 AND CHINSURE = 1
 IF QA13_I18 = 5, SET CHMCAL = 1 AND CHINSURE = 1
 IF QA13_I18 = 6, SET CHHFAM = 1 AND CHINSURE = 1
 IF QA13_I18 = 7, SET CHMILIT = 1 AND CHINSURE = 1
 IF QA13_I18 = 8, SET CHIHS = 1
 IF QA13_I18 = 9, SET CHHKID = 1 AND CHINSURE = 1
 IF QA13_I18 = 10, SET CHHBEX = 1 AND CHINSURE = 1
 IF QA13_I18 = 11, SET CHHBEX = 1 AND CHINSURE = 1
 IF QA13_I18 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
 IF QA13_I18 = 92, SET CHOTHER = 1 AND CHINSURE = 1
 IF QA13_I18 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA13_I19:

IF QA13_I18 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA13_I19;
 ELSE SKIP TO PROGRAMMING NOTE QA13_I20

QA13_I19 Just to verify, you said that (CHILD) gets health insurance through Medicare?

재확인하는 차원에서 다시 여쭙어 봅니다. {자녀}가 메디케일 혜택을 받는다고 하셨습니까?

CF9VER

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I20:

IF CHINSURE ≠ 1 CONTINUE WITH QA13_I20;
 ELSE GO TO QA13_I22;

QA13_I20 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

{자녀 이름/나이/성별} 가 메디칼에 들어 있지 않은 가장 큰 이유는 무엇입니까?

CF1A

PAPERWORK TOO DIFFICULT1
 DIDN'T KNOW IF ELIGIBLE2
 INCOME TOO HIGH, NOT ELIGIBLE3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 OTHER NOT ELIGIBLE5
 DON'T BELIEVE IN HEALTH INSURANCE6
 DON'T NEED IT BECAUSE HEALTHY7
 ALREADY HAVE INSURANCE8
 DIDN'T KNOW IT EXISTED.....9
 DON'T LIKE / WANT WELFARE 10
 OTHER (SPECIFY)..... 91
 REFUSED -7
 DON'T KNOW -8

QA13_I21 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

{CHILD NAME /AGE/SEX}{이} 가 Healthy Families 프로그램에 등록하지 않은 **한** 가지 주된 이유는 무엇입니까?

CF2A

PAPERWORK TOO DIFFICULT1
 DIDN'T KNOW IF ELIGIBLE2
 INCOME TOO HIGH, NOT ELIGIBLE3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 OTHER NOT ELIGIBLE5
 DON'T BELIEVE IN HEALTH INSURANCE6
 DON'T NEED IT BECAUSE HEALTHY7
 ALREADY HAVE INSURANCE8
 DIDN'T KNOW IT EXISTED.....9
 DON'T LIKE / WANT WELFARE 10
 OTHER (SPECIFY)..... 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I22:

IF QA13_I1 = 1 AND ARMCARE = 1, THEN QA13_I22 = QA13_H8 AND QA13_I23 = QA13_H9 AND SKIP TO QA13_I24;

ELSE IF QA13_I1 = 1, THEN QA13_I22 = QA13_H63 AND QA13_I23 = QA13_H64 AND QA13_I24 = QA13_H65 AND GO TO PN QA13_I25;

ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA13_I22;

ELSE GO TO PN QA13_I25

QA13_I22 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

{CHILD NAME /AGE/SEX}{이}의 주요 건강보험이 HMO, 즉 건강 관리 기구입니까?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]

[IF NEEDED, SAY: "HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지 않습니다."]

YES1 **[GO TO QA13_I23]**
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I22B:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA13_I23;
ELSE CONTINUE WITH QA13_I22B;

QA13_I22B Is (CHILD)'s health plan a PPO or EPO? ^(CHIS 2014 ONLY)

{자녀}의 건강 플랜은 PPO 또는 EPO 중에서 어느 것입니까?

AI115

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: "EPO는 Exclusive Provider Organization(독점적 의료제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: "PPO는 Preferred Provider Organization(선호 의료제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{자녀}의 주 건강 플랜."]

PPO.....	1
EPO.....	2
OTHER (SPECIFY: _____).....	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I23:

IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA13_I23;

IF CHMCARE = 1 AND QA13_I22 = 1 THEN list HMO MediCare by county;

ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I22 = 1 THEN list HMO MEDICAL by county;

ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA13_I22 = 1 THEN list HMO Healthy Families by county;

ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 2) OR CHOTHER = 1) AND QA13_I22 = 1 THEN list HMO Commercial by county;

ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1) AND QA13_I22 = 2 THEN list Non-HMO by county

QA13_I23 What is the name of (CHILD)'s main health plan?

{CHILD NAME/AGE/SEX}{이}가 가입한 {Medi-Cal} 건강보험 플랜의 이름은 무엇입니까?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "{CHILD}{이}가 플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?"]

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1 ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH.....	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN.....	18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM	19
CIGNA.....	20
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN.....	24
CONTRA COSTA HEALTH PLAN	25
EASY CHOICE HEALTH PLAN	26
GEM CARE	27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN.....	28
GREAT-WEST	29
HEALTH NET	30
HEALTH PLAN OF SAN JOAQUIN.....	31
HEALTH PLAN OF SAN MATEO.....	32
HUMANA GOLD PLUS	33
IEHP (INLAND EMPIRE HEALTH PLAN)	34
IEHP MEDICARE DUAL CHOICE.....	35
INTER VALLEY HEALTH PLAN	36
KAISER	37

KERN COUNTY HEALTH PLAN.....	38
L.A. CARE HEALTH PLAN	39
MD CARE.....	40
MOLINA HEALTH PLAN.....	41
MOLINA MEDICARE OPTIONS	42
ON LOK.....	43
ON LOK SENIOR HEALTH SERVICES.....	44
ONE CARE	45
PACIFICARE.....	46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA.....	47
SALUD CON HEALTH NET.....	48
SAN FRANCISCO HEALTH PLAN	49
SANTA CLARA FAMILY HEALTH PLAN	50
SCAN HEALTH PLAN.....	51
SECURE HORIZONS	52
SENIOR ADVANTAGE	53
SENIORITY PLUS.....	54
SERVICE TO SENIORS	55
SHARP HEALTH PLAN	56
TOTAL FIT	57
VALLEY HEALTH PLAN	58
VENTURA COUNTY HEALTH CARE PLAN.....	59
WESTERN HEALTH ADVANTAGE	60
WESTERN HEALTH ADVANTAGE CARE+	61
CHAMPUS/CHAMP-VA	62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME.....	63
VA HEALTH CARE SERVICES	64
MEDI-CAL	65
MEDICARE	66
MEDICARE ADVANTAGE	67
OTHER.....	91
OTHER (SPECIFY: _____).....	92
REFUSED	-7
DON'T KNOW	-8

QA13_I24 Is (CHILD) covered for prescription drugs?

{자녀 이름/나이/성별}의 처방약도 의료보험 혜택 받을 수 있습니까?

CF14

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

PROGRAMMING NOTE FOR QA13_I25:

**IF (ARINSURE ≠ 1 OR QA13_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA13_I25;
ELSE SKIP TO PROGRAMMING NOTE QA13_I30**

QA13_I25 Does (CHILD)'s health plan have a deductible that is more than \$1,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 건강플랜의 공제금액이 \$1,000가 넘습니까?

AI79

[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

[IF NEEDED, SAY: “공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다.”]

YES	1	
NO	2	[GO TO QA13_I27]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO QA13_I27]
REFUSED	-7	
DON'T KNOW	-8	

**PROGRAMMING NOTE FOR QA13_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA13_I26;
ELSE GO TO QA13_I27**

QA13_I26 Does (CHILD)'s health plan have a deductible that is more than \$2,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 의료보험 플랜의 가입자 부담금이 \$2,000가 넘습니까?

AI85

[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

[IF NEEDED, SAY: “가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다.”]

YES	1	[GO TO PN QA13_I28]
NO	2	
YES, ONLY WHEN GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA13_I27 Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 건강플랜이 가입한 사람 전체에 대해 적용하는
공제금액이 \$2,000가 넘습니까?

AI80

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

[IF NEEDED, SAY: “공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다.”]

YES	1	
NO	2	[GO TO PN QA13_I29]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO PN QA13_I29]
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE FOR QA13_I28:
IF CHEMP = 1, THEN CONTINUE WITH QA13_I28;
ELSE GO TO PROGRAMMING NOTE QA13_I29

QA13_I28 Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$4,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 의료보험 플랜의 혜택을 받는 모든 사람에 대한 가입자
부담금이 \$4,000가 넘습니까?

AI86

[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

[IF NEEDED, SAY: “가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다.”]

YES	1
NO	2
YES, ONLY WHEN GO OUT OF NETWORK	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I29:
IF (QA13_I25 = 1 OR 3) OR (QA13_I26 = 1 OR 3) OR (QA13_I27 = 1 OR 3), CONTINUE WITH QA13_I29;

ELSE SKIP TO PROGRAMMING NOTE QA13_I30

QA13_I29 Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

{CHILD NAME/AGE/SEX}의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "이러한 계좌들은 때때로 건강 저축 계좌(HSA), 의료비 상환 계좌(HRA)라고도 하며, 이와 유사한 다른 계좌들도 포함됩니다. 다른 계좌 이름에는 개인 간호 계좌, 개인 의료 기금, 또는 선택 기금 등이 있고, 고용주가 제공하는 유연 지출 계좌와는 다릅니다."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

**PROGRAMMING NOTE QA13_I30:
 IF CHINSURE = 1, GO TO QA13_I35;
 ELSE CONTINUE WITH QA13_I30**

QA13_I30 What is the one main reason (CHILD) does not have any health insurance?

{자녀 이름/나이/성별}가 의료보험이 없는 가장 큰 이유는 무엇입니까?

CF18

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY)..... 91
 REFUSED -7
 DON'T KNOW -8

QA13_I31 Was (CHILD) covered by health insurance at any time during the past 12 months?

{자녀 이름/나이/성별}가 지난 12개월 중 의료보험 혜택을 받은 적이 있습니까?

CF20

YES1 **[GO TO QA13_I33]**
 NO2
 REFUSED-7
 DON'T KNOW-8

QA13_I32 How long has it been since (CHILD) last had health insurance?

{자녀 이름/나이/성별}가 보험 혜택이 없는지는 얼마나 되었습니까?

CF21

MORE THAN 12 MONTHS, BUT NOT
 MORE THAN 3 YEARS AGO1 **[GO TO PN QA13_I41]**
 MORE THAN 3 YEARS AGO2 **[GO TO PN QA13_I41]**
 NEVER HAD HEALTH INSURANCE COVERAGE ..3 **[GO TO PN QA13_I41]**
 REFUSED-7 **[GO TO PN QA13_I41]**
 DON'T KNOW-8 **[GO TO PN QA13_I41]**

QA13_I33 For how many of the last 12 months did {he/she} have health insurance?

지난 12개월 중 {그 자녀}는 몇 개월 동안 의료보험에 가입되어 있었습니까?

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA13_I41]**

REFUSED-7
 DON'T KNOW-8

QA13_I34 During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

{CHILD NAME/AGE/SEX }이(가) 건강보험이 있었던 기간 동안, {자녀}의 보험은 Medi-Cal, Healthy Families, 고용주가 귀하에게 제공한 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 귀하가 Covered California를 통해서 구입한 플랜, 또는 어떤 다른 플랜이었습니까?

CF23

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "다른 플랜이 또 있습니까?"]

MEDI-CAL	1	[GO TO PN QA13_I41]
HEALTHY FAMILIES	2	[GO TO PN QA13_I41]
THROUGH CURRENT OR FORMER EMPLOYER UNION.....	3	[GO TO PN QA13_I41]
HEALTHY KIDS	4	[GO TO PN QA13_I41]
PURCHASED DIRECTLY.....	5	[GO TO PN QA13_I41]
COVERED CALIFORNIA.....	6	[GO TO PN QA13_I41]
OTHER HEALTH PLAN	91	[GO TO PN QA13_I41]
REFUSED	-7	[GO TO PN QA13_I41]
DON'T KNOW	-8	[GO TO PN QA13_I41]

QA13_I35

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

지난 12개월 동안 한 달도 빠짐없이{자녀 이름/나이/성별}가 동일한 보험에 들어 있었습니까?

CF24

YES	1	[GO TO PN QA13_I41]
NO.....	2	
HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD) ...	3	[GO TO PN QA13_I41]
REFUSED	-7	
DON'T KNOW	-8	

QA13_I36

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

CF25

YES	1	
NO.....	2	[GO TO QA13_I38]
REFUSED	-7	[GO TO QA13_I38]
DON'T KNOW	-8	[GO TO QA13_I38]

QA13_I37

Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

이 다른 건강보험은 Medi-Cal, Healthy Families, 고용주가 귀하에게 제공한 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 귀하가 Covered California를 통해서 구입한 플랜, 또는 어떤 다른 플랜이었습니까?

CF26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "다른 플랜이 또 있습니까?"]

MEDI-CAL1
 HEALTHY FAMILIES2
 HEALTHY KIDS3
 THROUGH CURRENT OR FORMER
 EMPLOYER/UNION4
 PURCHASED DIRECTLY5
 COVERED CALIFORNIA6
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

QA13_I38

During the past 12 months, was there any time when {he/she} had no health insurance at all?

지난 12개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

CF27

YES1
 NO2 [GO TO PN QA13_I41]
 REFUSED -7 [GO TO PN QA13_I41]
 DON'T KNOW -8 [GO TO PN QA13_I41]

QA13_I39

For how many of the past 12 months did {he/she} have no health insurance?

지난 12개월 동안{CHILD NAME /AGE/SEX}이(가) 의료보험이 없었던 기간은 몇 개월입니까?

CF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

REFUSED -7
 DON'T KNOW -8

QA13_I40

What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

{자녀 이름/나이/성별}가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 큰 이유는 무엇이었습니까?

CF29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE	1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB	2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
FAMILY SITUATION CHANGED	5
DON'T BELIEVE IN INSURANCE	6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN	7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE	8
OTHER (SPECIFY).....	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I41:
IF NO TEEN SELECTED, GO TO PN QA13_I81;
IF ARINSURE = 1, CONTINUE WITH QA13_I41;
IF ARINSURE = 0, GO TO PN QA13_I42;
ELSE CONTINUE WITH QA13_I41

QA13 I41 These next questions are about health insurance (TEEN) may have.

다음은 {TEEN NAME /AGE/SEX}(이)가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

{CHILD NAME /AGE/SEX}이(가) 귀하와 같은 보험을 갖고 있습니까?

IA10A

YES1 **[GO TO QA13_I75]**
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13 I41:

IF QA13_I41 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARIHS = 1, SET TEIHS = 1
IF QA13_I41 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA13_I42:**IF SPINSURE ≠ 1 THEN SKIP TO QA13_I43;****ELSE IF QA13_I41 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA13_I43;****ELSE CONTINUE WITH QA13_I42****QA13_I42** Does (TEEN) have the same insurance as your spouse?

{자녀이름/나이/성}{이}가 귀하의 {배우자}과 같은 보험을 갖고 있습니까?

MA5

YES1 **[GO TO QA13_I62]**
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_I42:**IF QA13_I42 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPEMPTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;****IF QA13_I42 = 1 AND SPIHS = 1, SET TEIHS = 1****IF QA13_I42 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;****PROGRAMMING NOTE QA13_I43:****IF CHINSURE ≠ 1, THEN SKIP TO QA13_I44;****ELSE IF (QA13_I41 = 2 AND ARSAMECH = 1) OR (QA13_I42 = 2 AND SPSAMECH = 1), THEN SKIP TO QA13_I44;****ELSE CONTINUE WITH QA13_I43;****QA13_I43** Does (TEEN) have the same insurance as (CHILD)?

{자녀이름/나이/성}{이}가 {자녀이름/나이/성}과 같은 보험을 갖고 있습니까?

MA6

YES1 **[GO TO PN QA13_I75]**
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA13_I43:

IF QA13_I43 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF QA13_I43 = 1 AND CHHS = 1, SET TEHS = 1

QA13_I44 Is {he/she} currently covered by Medi-CAL?

{귀하/배우자}는 메디-칼(Medi-CAL)에 가입되어 있습니까?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: "메디-칼(Medi-CAL)은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애인이나 노령자들을 위한 보험입니다."]

YES1 **[GO TO QA13_I46]**
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_I44:

IF QA13_I44 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA13_I45 Is (TEEN) covered by the Healthy Families Program?

{CHILD NAME /AGE/SEX}은(는) 건강가족 프로그램 (Healthy Families Program)의 혜택을 받고 있습니까?

IA2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

[IF NEEDED, SAY: "건강가족프로그램은 어린이가 19세가 될 때까지 건강보험료를 지불해주는 주정부 프로그램입니다."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_I45:

IF QA13_I45 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA13_I46 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

{어린이 이름/나이/성별}가 귀하 또는 다른 사람의 직장 또는 조합(Union)을 통해 건강보험 또는 HMO의 혜택을 받고 있습니까?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES	1	
NO	2	[GO TO QA13_I48]
REFUSED	-7	[GO TO QA13_I48]
DON'T KNOW	-8	[GO TO QA13_I48]

POST-NOTE QA13_I46:
IF QA13_I45 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA13_I47 Is this plan through an employer, through a union, or through Covered California's SHOP program? (CHIS 2014 ONLY)

이 플랜은 고용주, 노동조합, 또는 Covered California를 통해서 구입하십니까

AI94

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다"]

EMPLOYER	1
UNION	2
SHOP / COVERED CALIFORNIA	3
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA13_I47:
IF QA13_I47 = 3, THEN SET TEHBEX = 1

PROGRAM NOTE QA13_I48:
IF TEINSURE = 1 THEN GO TO QA13_I49;
ELSE CONTINUE WITH QA13_I48

QA13_I48 Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

{CHILD NAME /AGE/SEX}은(는) 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 구입한 건강보험 플랜의 혜택을 받으니까?

IA4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital."]

[IF NEEDED, SAY: "암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금" 만을 제공하는 플랜은 포함시키지 마십시오."]

YES	1	
NO	2	[GO TO PN QA13_I55]
REFUSED	-7	[GO TO PN QA13_I55]
DON'T KNOW	-8	[GO TO PN QA13_I55]

POST-NOTE QA13_I48:
IF QA13_I48 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA13_I49:
IF TEDIRECT = 1, THEN CONTINUE WITH QA13_I49;
ELSE GO TO PROGRAMMING NOTE QA13_I50

QA13_I49 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)

귀하는 이 건강보험을 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 구입하십니까?

AI95

INSURANCE COMPANY OR HMO	1
COVERED CALIFORNIA.....	2
OTHER (SPECIFY: _____).....	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA13_I49:
IF QA13_I49 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA13_I50
IF TEHBEX = 1, THEN CONTINUE WITH QA13_I50;
ELSE GO TO PROGRAMMING NOTE QA13_I52;

QA13_I50 Was this a bronze, silver, gold or platinum plan? ^(CHIS 2014 ONLY)

이 건강보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AI96

Bronze1
 Silver2
 Gold3
 Platinum4
 MEDI-CAL / MEDICAID5
 CATASTROPHIC6
 OTHER (SPECIFY:). 91
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_I51
IF QA13_I47 = 3, THEN GO TO PN QA13_I52;
ELSE CONTINUE WITH QA13_I51;

QA13_I51 Was there a subsidy or discount on the premium for this plan? ^(CHIS 2014 ONLY)

이 플랜의 보험료에는 보조금 또는 할인이 제공되었습니까?

AI97

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_I52:

**IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA13_I52;
ELSE GO TO PROGRAMMING NOTE QA13_I55**

QA13_I52 Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 {CHILD NAME/AGE/SEX}의 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까?
귀하나 귀하의 가족이 지불해야하는 공동 부담액(co-pays)이나 공제액(deductibles)에 대한 비용은
포함시키지 마십시오.

AI55

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

[IF NEEDED, SAY: "공동 부담액(co-pays)이란 다른 사람이 귀하의 의료보험료를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 서비스를 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

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

[IF NEEDED, SAY: "공제액(deductibles)이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비용을 말합니다."]

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

[IF NEEDED, SAY: "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_I53 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

고용주, 노동조합, 또는 전문인 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX}의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불하십니까?

AI52

YES1
NO2
REFUSED -7
DON'T KNOW -8

[GO TO PN QA13_I55]

[GO TO PN QA13_I55]

[GO TO PN QA13_I55]

QA13_I54 Who else pays all or some portion of the cost for (TEEN)'s health plan?

{ADOLESCENT /AGE/SEX}{이}의 의료보험 플랜 비용의 전부 또는 일부를 지불하는 다른 사람이나 단체가 있습니까?

AI53

CURRENT EMPLOYER1
 FORMER EMPLOYER2
 UNION.....3
 SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
 SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
 PROFESSIONAL/FRATERNAL ORGANIZATION ...6
 MEDICAID/MEDI-CAL ASSISTANCE7
 HEALTHY FAMILIES8
 HEALTHY KIDS9
 OTHER..... 91
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_I54:

IF QA13_I54 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
 IF QA13_I54 = 7, SET TEMCAL = 1;
 IF QA13_I54 = 8, SET TEHFAM = 1;
 IF QA13_I54 = 9, SET TEHKID = 1 AND SET TEINSURE = 1
 IF QA13_I54 = 10, SET TEHBEX = 1;

PROGRAMMING NOTE QA13_I55:

IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA13_I62;
 ELSE CONTINUE WITH QA13_I55

QA13_I55 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{어린이}가 CHAMPUS/CHAMP VA, Tricare, 또는 군인이나 군인가족을 위한 의료혜택을 받고 있습니까?

IA6

YES1 **[GO TO PN QA13_I62]**
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA13_I55:

IF QA13_I55 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE FOR QA13_I56:

IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA13_I48 AND DISPLAY "Healthy Kids";

QA13_I56 Is {he/she} covered by the Healthy Kids program?

{CHILD NAME/AGE/SEX}(이)는 Healthy Kids 프로그램에 가입했습니까?

AI71

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

[IF NEEDED, SAY: "Healthy Kids는 귀하가 사시는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

YES	1	[GO TO PN QA13_I62]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I56:

IF QA13_I56 = 1, SET TEHKID = 1 AND SET TEINSURE = 1

QA13_I57 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, PCIP or something else?

{그 자녀}는 AIM, "Mister MIP", Family Pact, PCIP 프로그램과 같은 다른 정부 의료보험 프로그램, 또는 다른 프로그램의 혜택을 받고 있습니까?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men; and PCIP is the pre-existing condition insurance plan."]

[IF NEEDED, SAY: "AIM은 Access for Infants and Mothers(신생아 및 산모를 위한 접근)의 약어이고, 'Mister MIP' 또는 MRMIP는 Major Risk Medical Insurance Program(주요 위험 의료보험 프로그램)의 약어이고, Family Pact는 피임/출산 보건 서비스 비용을 지불하는 무보험 저소득층 남성과 여성을 위한 주정부 프로그램이며, PCIP는 기존 질환 보험 플랜입니다."]

AIM	1	[GO TO PN QA13_I62]
"MISTER MIP"/MRMIP	2	[GO TO PN QA13_I62]
Family PACT	3	[GO TO PN QA13_I62]
PCIP	4	[GO TO PN QA13_I62]
NO OTHER PLAN	5	
SOMETHING ELSE (SPECIFY: _____)	91	[GO TO PN QA13_I62]
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I57:

IF QA13_I57 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA13_I58 Does {he/she} have any health insurance coverage through a plan that I missed?

{자녀}(이)가 제가 말씀드리지 않은 다른 보험에 들어 있습니까?

IA8

YES	1	
NO	2	[GO TO PN QA13_I62]
REFUSED	-7	[GO TO PN QA13_I62]
DON'T KNOW	-8	[GO TO PN QA13_I62]

QA13_I59 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

어떤 종류의 건강 보험을 {자녀}(이)가 가지고 있습니까? 그게 메디-칼, 건강 가족 프로그램(Healthy Families), 직장이나 노동 조합을 통한 보험입니까, 아니면 다른 어떤 데를 통해서입니까?

IA9

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "귀하는 이 건강 플랜을 현 직장, 전 직장, 노동조합, 학교, 전문인 단체, 동일업종단체, 또는 다른 조직을 통해 제공 받으십니까, 아니면 의료플랜을 통해 직접 가입하십니까?"]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "또 다른 보험이 있습니까?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1	
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....	2	
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)	3	
MEDICARE	4	(VERIFY)
MEDI-CAL	5	
HEALTHY FAMILIES	6	
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7	
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....	8	
HEALTHY KIDS	9	
COVERED CALIFORNIA.....	10	
SHOP THROUGH COVERED CALIFORNIA	11	
OTHER GOVERNMENT HEALTH PLAN	91	
OTHER NON-GOVERNMENT HEALTH PLAN.....	92	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I59:

IF QA13_I59_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
 IF QA13_I59_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
 IF QA13_I59_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
 IF QA13_I59_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
 IF QA13_I59_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
 IF QA13_I59_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1;
 IF QA13_I59_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
 IF QA13_I59_8 = 1, SET TEIHS = 1;
 IF QA13_I59_9 = 1, SET TEHKID = 1 AND TEINSURE = 1;
 IF QA13_I59 = 10, SET TEHBEX = 1 AND CHINSURE = 1;
 IF QA13_I59 = 11, SET TEHBEX = 1 AND CHINSURE = 1;
 IF QA13_I59_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
 IF QA13_I59_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
 IF QA13_I59 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA13_I60:

IF TEINSURE ≠ 1 CONTINUE WITH QA13_I60;
 ELSE GO TO QA13_I62;

QA13_I60 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

{CHILD NAME /AGE/SEX}이(가) 메디칼(Medi-CAL)에 등록되어 있지 않은 **제일** 주된 이유는 무엇입니까?

IA1A

PAPERWORK TOO DIFFICULT1
 DIDN'T KNOW IF ELIGIBLE2
 INCOME TOO HIGH, NOT ELIGIBLE3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 OTHER NOT ELIGIBLE5
 DON'T BELIEVE IN HEALTH INSURANCE6
 DON'T NEED IT BECAUSE HEALTHY7
 ALREADY HAVE INSURANCE8
 DIDN'T KNOW IT EXISTED.....9
 DON'T LIKE / WANT WELFARE 10
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA13_I61 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

{CHILD NAME /AGE/SEX} (이)가 Healthy Families 프로그램에 등록되어 있지 않은 한 가지 주된 이유는 무엇입니까?

IA2A

PAPERWORK TOO DIFFICULT1
 DIDN'T KNOW IF ELIGIBLE2
 INCOME TOO HIGH, NOT ELIGIBLE3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 OTHER NOT ELIGIBLE5
 DON'T BELIEVE IN HEALTH INSURANCE6
 DON'T NEED IT BECAUSE HEALTHY7
 ALREADY HAVE INSURANCE8
 DIDN'T KNOW IT EXISTED.....9
 DON'T LIKE / WANT WELFARE 10
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I62:

IF QA13_I41 = 1 AND ARMCARE = 1, THEN QA13_I62 = QA13_H8 AND QA13_I63 = QA13_H9 AND SKIP TO QA13_I64;

ELSE IF QA13_I41 = 1, THEN QA13_I62 = QA13_H63 AND QA13_I63 = QA13_H64 AND QA13_I64 = QA13_H65 AND GO TO PN QA13_I65;

ELSE IF QA13_I43 = 1, THEN QA13_I62 = QA13_I22 AND QA13_I63 = QA13_I23 AND QA13_I64 = QA13_I24 AND GO TO PN QA13_I65;

ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA13_I62;

ELSE GO TO PROGRAMMING NOTE QA13_I65

QA13_I62 Is (TEEN)'s {Medi-Cal} health plan an HMO? (CHIS 2014 ONLY)

{CHILD NAME /AGE/SEX}(이)의 건강보험 은 HMO입니까?

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF NEEDED, SAY: "HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지 않습니다."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his or her} 주요 건강보험 “]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

YES1 [GO TO QA13_I63]
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I62B:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA13_I63;
ELSE CONTINUE WITH QA13_I62B;

QA13_I62B Is (TEEN)'s health plan a PPO or EPO?

{자녀}의 건강 플랜은 PPO 또는 EPO 중에서 어느 것입니까?

AI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: "EPO는 Exclusive Provider Organization(독점적 의료제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: "PPO는 Preferred Provider Organization(선호 의료제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{자녀}의 주 건강 플랜."]

PPO.....	1
EPO.....	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I63:

IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA13_I63;

IF TEMCARE = 1 AND QA13_I62= 1 THEN list HMO MediCare by county;

ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I62 = 1 THEN list HMO MEDICAL by county;

ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA13_I62 = 1 THEN list HMO Healthy Families by county;

ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA13_I57 = 2) OR TEOTHER = 1) AND QA13_I62 = 1 THEN list HMO Commercial by county;

ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA13_I62 = 2 THEN list Non-HMO by county

QA13_I63 What is the name of (TEEN)'s main health plan?

{CHILD NAME/AGE/SEX}(이)가 가입한 {Medi-Cal} 건강보험 플랜의 이름은 무엇입니까?

MA7

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "{CHILD}(이)가 플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?"]

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1 ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH.....	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN.....	18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM	19
CIGNA.....	20
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN.....	24
CONTRA COSTA HEALTH PLAN	25
EASY CHOICE HEALTH PLAN	26
GEM CARE	27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN.....	28
GREAT-WEST	29
HEALTH NET	30
HEALTH PLAN OF SAN JOAQUIN.....	31
HEALTH PLAN OF SAN MATEO.....	32
HUMANA GOLD PLUS	33
IEHP (INLAND EMPIRE HEALTH PLAN)	34
IEHP MEDICARE DUAL CHOICE.....	35
INTER VALLEY HEALTH PLAN	36
KAISER	37

KERN COUNTY HEALTH PLAN.....	38
L.A. CARE HEALTH PLAN	39
MD CARE.....	40
MOLINA HEALTH PLAN.....	41
MOLINA MEDICARE OPTIONS	42
ON LOK.....	43
ON LOK SENIOR HEALTH SERVICES.....	44
ONE CARE	45
PACIFICARE.....	46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA.....	47
SALUD CON HEALTH NET.....	48
SAN FRANCISCO HEALTH PLAN	49
SANTA CLARA FAMILY HEALTH PLAN	50
SCAN HEALTH PLAN.....	51
SECURE HORIZONS	52
SENIOR ADVANTAGE	53
SENIORITY PLUS.....	54
SERVICE TO SENIORS	55
SHARP HEALTH PLAN	56
TOTAL FIT	57
VALLEY HEALTH PLAN	58
VENTURA COUNTY HEALTH CARE PLAN.....	59
WESTERN HEALTH ADVANTAGE	60
WESTERN HEALTH ADVANTAGE CARE+	61
CHAMPUS/CHAMP-VA	62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME.....	63
VA HEALTH CARE SERVICES	64
MEDI-CAL	65
MEDICARE	66
MEDICARE ADVANTAGE	67
OTHER.....	91
OTHER (SPECIFY:.....)	92
REFUSED	-7
DON'T KNOW	-8

QA13_I64 Is (TEEN) covered for prescription drugs?

{CHILD NAME/AGE/SEX} 의 처방약도 의료보험 혜택을 받을 수 있습니까?

IA14

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

PROGRAMMING NOTE FOR QA13_I65:

**IF [(ARINSURE ≠ 1 OR QA13_I41 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN
CONTINUE WITH QA13_I65;
ELSE SKIP TO PN QA13_I70**

QA13_I65 Does (TEEN)'s health plan have a deductible that is more than \$1,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 건강플랜의 공제금액이 \$1,000가 넘습니까?

AI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다."]

YES	1	
NO	2	[GO TO QA13_I67]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO QA13_I67]
REFUSED	-7	
DON'T KNOW	-8	

**PROGRAMMING NOTE QA13_I66:
IF TEEMP = 1, THEN CONTINUE WITH QA13_I66;
ELSE GO TO QA13_I64**

QA13_I66 Does (TEEN)'s health plan have a deductible that is more than \$2,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 의료보험 플랜의 가입자 부담금이 \$2,000가 넘습니까?

AI87

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

YES	1	[GO TO PN QA13_I68]
NO	2	
YES, ONLY WHEN GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA13_I67 Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 건강플랜이 가입한 사람 전체에 대해 적용하는
공제금액이 \$2,000가 넘습니까?

AI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다."]

YES	1	
NO	2	[GO TO PN QA13_I69]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO PN QA13_I69]
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA13_I68:
IF TEEMP = 1, THEN CONTINUE WITH QA13_I68;
ELSE GO TO PROGRAMMING NOTE QA13_I69

QA13_I68 Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$4,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 의료보험 플랜의 혜택을 받는 모든 사람에 대한 가입자
부담금이 \$4,000가 넘습니까?

AI88

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

YES	1
NO	2
YES, ONLY WHEN GO OUT OF NETWORK	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I69:
IF (QA13_I65 = 1 OR 3) OR (QA13_I66 = 1 OR 3) OR (QA13_I67 = 1 OR 3), CONTINUE WITH QA13_I69;

ELSE SKIP TO PROGRAMMING NOTE QA13_I70

QA13_I69 Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

{CHILD NAME/AGE/SEX}의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "이러한 계좌들은 때때로 건강 저축 계좌(HSA), 의료비 상환 계좌(HRA)라고도 하며, 이와 유사한 다른 계좌들도 포함됩니다. 다른 계좌 이름에는 개인 간호 계좌, 개인 의료 기금, 또는 선택 기금 등이 있고, 고용주가 제공하는 유연 지출 계좌와는 다릅니다."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_I70:
IF TEINSURE = 1, GO TO QA13_I75;
ELSE CONTINUE WITH QA13_I70

QA13_I70 What is the one main reason (TEEN) does not have any health insurance?

{CHILD NAME /AGE/SEX}이 아무 건강 보험도 없는 **제일 주된** 이유가 뭐니까?

IA18

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY: _____)..... 91
 REFUSED-7
 DON'T KNOW-8

QA13_I71 Was (TEEN) covered by health insurance at any time during the past 12 months?

{CHILD NAME /AGE/SEX}가 지난 12개월 중 건강보험의 혜택을 받은 적이 한번이라도 있습니까?

IA20

YES1 **[GO TO QA13_I73]**
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_I72

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

{CHILD NAME /AGE/SEX}(이)가 건강보험이 없게 된 지 얼마나 되었습니까?

IA21

MORE THAN 12 MONTHS, BUT NOT
 MORE THAN 3 YEARS AGO1 **[GO TO QA13_I81]**
 MORE THAN 3 YEARS AGO2 **[GO TO QA13_I81]**
 NEVER HAD HEALTH INSURANCE COVERAGE ..3 **[GO TO QA13_I81]**
 REFUSED -7 **[GO TO QA13_I81]**
 DON'T KNOW/NOT SURE -8 **[GO TO QA13_I81]**

QA13_I73

For how many of the last 12 months did {he/she} have health insurance?

지난 12개월 중 몇 개월 동안 {그 자녀}가 의료보험에 가입되어 있었습니까?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA13_I81]**

REFUSED -7
 DON'T KNOW -8

QA13_I74

During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

{CHILD NAME/AGE/SEX}이(가) 건강보험이 있었던 기간 동안, {자녀}의 보험은 Medi-CAL, Healthy Families, 고용주가 제공하는 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 귀하가 Covered California를 통해서 구입한 플랜, 또는 어떤 다른 플랜이었습니까?

IA23

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "다른 플랜이 또 있습니까?"]

MEDI-CAL	1	[GO TO QA13_I81]
HEALTHY FAMILIES	2	[GO TO QA13_I81]
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3	[GO TO QA13_I81]
HEALTHY KIDS	4	[GO TO QA13_I81]
PURCHASED DIRECTLY	5	[GO TO QA13_I81]
COVERED CALIFORNIA	6	[GO TO QA13_I81]
OTHER HEALTH PLAN	91	[GO TO QA13_I81]
REFUSED	-7	[GO TO QA13_I81]
DON'T KNOW	-8	[GO TO QA13_I81]

QA13_I75

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

{CHILD NAME/AGE/SEX}의 현재 건강 보험에 대해서 말인데요, {CHILD NAME/AGE/SEX}{이}가 지난 12개월 내내 #같은\ 보험을 가지고 있었습니까?

IA24

YES	1	[GO TO QA13_I81]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA13_I76

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

{어린이}에게 현재 들어있는 보험이 없었을 때에는 다른 보험이 있었습니까?

IA25

YES	1	
NO	2	[GO TO QA13_I78]
REFUSED	-7	[GO TO QA13_I78]
DON'T KNOW	-8	[GO TO QA13_I78]

QA13_I77

Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

{자녀}의 다른 건강보험은 Medi-CAL, Healthy Families, 고용주가 귀하에게 제공한 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 귀하가 Covered California를 통해서 구입한 플랜, 또는 어떤 다른 플랜이었습니까?

IA26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "다른 플랜이 또 있습니까?"]

MEDI-CAL1
 HEALTHY FAMILIES2
 THROUGH CURRENT OR FORMER
 EMPLOYER/UNION3
 HEALTHY KIDS4
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

QA13_I78

During the past 12 months, was there any time when {he/she} had no health insurance at all?

지난 12개월 동안, {CHILD NAME/AGE/SEX}에게 건강보험이 전혀 없던 때가 있었습니까?

IA27

YES1
 NO2 [GO TO QA13_I81]
 REFUSED -7 [GO TO QA13_I81]
 DON'T KNOW -8 [GO TO QA13_I81]

QA13_I79

For how many of the past 12 months did {he/she} have no health insurance?

지난 12개월 동안{CHILD NAME /AGE/SEX}이(가) 의료보험이 없었던 기간은 몇 개월입니까?

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

REFUSED -7
 DON'T KNOW -8

QA13_I80

What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

{자녀이름/나이/성}이/가 건강 보험이 없었던 기간 동안 {자녀}이/가 건강 보험이 없었던 제일 중요한 이유가 무엇 때문입니까?

IA29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY) 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I81:

IF NOT ANSWERED IN SECTION H (AH103 = -1 AND KAH103 = -1), THEN CONTINUE;

[IF CHILD SELECTED]

IF CHINSURE ≠ 1 OR QA13_I31 = 2 OR QA13_I36 = 2 OR QA13_I38 = 1 OR QA13_I34 = (5, 6) OR QA13_I37 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA13_I81;

[IF TEEN SELECTED]

IF TEINSURE ≠ 1 OR QA13_I71 = 2 OR QA13_I76 = 2 OR QA13_I78 = 1 OR QA13_I74 = (5, 6) OR QA13_I77 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA13_I81;

ELSE GO TO PROGRAMMING NOTE QA13_I98

QA13_I81 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)

지난 12개월 이내에, 귀하는 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 건강보험 플랜을 구입하려고 시도한 적이 있습니까?

AH103

YES1
 NO2 **[GO TO PN QA13_I98]**
 REFUSED -7 **[GO TO PN QA13_I98]**
 DON'T KNOW -8 **[GO TO PN QA13_I98]**

QA13_I82 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California? (CHIS 2014 ONLY)

그 플랜은 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서, 또는 보험회사로부터 직접 및 Covered California를 통해서 구입하셨습니까?

AH110

DIRECTLY FROM AN INSURANCE COMPANY
OR HMO, OR1
THROUGH COVERED CALIFORNIA, OR2
BOTH, FROM AN INSURANCE COMPANY AND
COVERED CALIFORNIA3
REFUSED -7 [GO TO PN QA13_I85]
DON'T KNOW -8 [GO TO PN QA13_I85]

PROGRAMMING NOTE QA13_I83:

IF QA13_I82 = 1; THEN CONTINUE WITH QA13_I83;

IF QA13_I82 = 3; THEN CONTINUE WITH QA13_I83 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE QA13_I87;

QA13_I83 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.} How difficult was it to find a plan with the coverage you needed? Was it... (CHIS 2014 ONLY)

먼저, 보험회사 또는 HMO로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오. 귀하에게 필요한 혜택을 제공하는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

AH98

Very difficult,1
매우 어려웠음1
Somewhat difficult,2
약간 어려웠음2
Not too difficult, or3
별로 어렵지 않았음3
Not at all difficult?4
전혀 어렵지 않았음4
REFUSED -7
DON'T KNOW -8

QA13_I84 How difficult was it to find a plan you could afford? Was it... (CHIS 2014 ONLY)

귀하의 경제적 능력에 맞는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

AH99

Very difficult,1
 매우 어려웠음1
 Somewhat difficult,2
 약간 어려웠음2
 Not too difficult, or3
 별로 어렵지 않았음3
 Not at all difficult?4
 전혀 어렵지 않았음4
 REFUSED -7
 DON'T KNOW -8

QA13_I85

Did anyone help you find a health plan? (CHIS 2014 ONLY)

귀하가 의료보험 플랜을 찾는 데 도움을 준 사람이 있습니까?

AH100

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA13_I87]

[GO TO PN QA13_I87]

[GO TO PN QA13_I87]

QA13_I86

Who helped you? (CHIS 2014 ONLY)

누가 도움을 주었습니까?

AH101

BROKER1
 FAMILY MEMBER/FRIEND2
 INTERNET3
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I87:**IF QA13_I82 = 2; THEN CONTINUE WITH QA13_I87;****IF QA13_I82 = 3; THEN CONTINUE WITH QA13_I87 AND DISPLAY “Now, think about your experience with Covered California.”****ELSE GO TO PROGRAMMING NOTE QA13_I91;****QA13_I87** {Now, think about your experience with Covered California.}

지금부터는 Covered California에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
(CHIS 2014 ONLY)

Covered California를 통해서 귀하에게 필요한 혜택을 제공하는 플랜을 찾기가 얼마나 어려웠습니까?

AH111

Very difficult,.....	1
매우 어려웠음.....	1
Somewhat difficult,	2
약간 어려웠음.....	2
Not too difficult, or	3
별로 어렵지 않았음	3
Not at all difficult?	4
전혀 어렵지 않았음	4
REFUSED	-7
DON'T KNOW	-8

QA13_I88 How difficult was it to find a plan you could afford? Was it... (CHIS 2014 ONLY)

귀하가 구입할 경제적 능력이 있는 플랜을 찾기가 얼마나 어려웠습니까?

AH112

Very difficult,.....	1
매우 어려웠음.....	1
Somewhat difficult,	2
약간 어려웠음.....	2
Not too difficult, or	3
별로 어렵지 않았음	3
Not at all difficult?	4
전혀 어렵지 않았음	4
REFUSED	-7
DON'T KNOW	-8

QA13_I89 Did anyone help you find a health plan? (CHIS 2014 ONLY)

누군가가 귀하가 건강 플랜을 찾는 것을 도와 주었습니까?

AH113

YES	1	
NO	2	[GO TO QA13_I91]
REFUSED	-7	[GO TO QA13_I91]
DON'T KNOW	-8	[GO TO QA13_I91]

QA13_I90 Who helped you? (CHIS 2014 ONLY)

누가 귀하를 도와 주었습니까?

AH114

BROKER	1
FAMILY MEMBER / FRIEND	2
INTERNET	3
CERTIFIED INSURANCE AGENTS	4
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA13_I91 Did you have all the information you felt you needed to make a good decision on a health plan? (CHIS 2014 ONLY)

귀하는 건강 플랜에 대한 올바른 결정을 하기 위해 필요하다고 생각하는 모든 정보를 가지고 있었습니까?

AH115

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

PROGRAMMING NOTE QA13_I92:

**IF QA13_G6 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA13_I92;
ELSE GO TO QA13_I93;**

QA13_I92 Were you able to get information about your health plan options in your language? (CHIS 2014 ONLY)

귀하는 건강 플랜 옵션에 대한 정보를 귀하가 사용하는 언어로 제공받을 수 있었습니까?

AH116

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

QA13_I93 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

귀하가 선택한 플랜의 비용은 귀하가 플랜을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH117

VERY IMPORTANT1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT3
REFUSED -7
DON'T KNOW -8

QA13_I94 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

귀하가 원하는 의사로부터 진료를 받은 것은 귀하가 플랜을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH118

VERY IMPORTANT1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT3
REFUSED -7
DON'T KNOW -8

QA13_I95 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

귀하가 원하는 병원에서 진료를 받은 것은 귀하가 플랜을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH119

VERY IMPORTANT1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT3
REFUSED -7
DON'T KNOW -8

QA13_I96 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

플랜의 네트워크 내에서 의사를 선정하는 것은 귀하가 플랜을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH120

VERY IMPORTANT1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT3
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_I97:

IF QA13_I9 = 1 OR QA13_I50 = 1, THEN DISPLAY “Bronze”
 ELSE IF QA13_I9 = 2 OR QA13_I50 = 2, THEN DISPLAY “Silver”
 ELSE IF QA13_I9 = 3 OR QA13_I50 = 3, THEN DISPLAY “Gold”
 ELSE IF QA13_I9 = 4 OR QA13_I50 = 4, THEN DISPLAY “Platinum”
 ELSE DISPLAY “ “;

QA13_I97

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan’s network, or was it something else?
 (CHIS 2014 ONLY)

마지막으로, 귀하가 {플래티넘} 플랜을 선택한 **가장** 중요한 이유는 무엇이었습니까? 그 이유는 비용, 귀하가 원하는 의사로부터 진료를 받을 수 있는 것, 귀하가 원하는 병원에 갈 수 있는 것, 플랜의 네트워크 내에서 의사를 선정, 또는 다른 이유 중에서 어느 것이었습니까?

AH121

COST1
 SPECIFIC DOCTOR2
 SPECIFIC HOSPITAL.....3
 CHOICE OF DOCTORS IN NETWORK.....4
 OTHER (SPECIFY: _____). 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_I98:**IF QA13_A5 = 1 (R IS MALE), DISPLAY “mother”;****IF QA13_A5 = 2 (R IS FEMALE), DISPLAY “father”;****QA13_I98** In what country was (TEEN)’s {mother/father} born?

{CHILD NAME/AGE/SEX }의 어머니는 어느 나라에서 출생하셨습니다?

{CHILD NAME/AGE/SEX}의 아버지는 어느 나라에서 출생하셨습니다?

AI56**[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

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

PROGRAMMING NOTE QA13_I99:

**IF QA13_I98 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO NEXT SECTION;
ELSE CONTINUE WITH QA13_I99;**

IF QA13_A5 = 1 (R IS MALE), DISPLAY “mother”;

IF QA13_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA13_I99 Does (TEEN)’s {mother/father} now live in the U.S.?

{CHILD}의 어머니는 현재 미국에 살고 계십니까?

{CHILD}의 아버지는 현재 미국에 살고 계십니까?

AI57

YES1
NO2
MOTHER/FATHER DECEASED3
MOTHER/FATHER NEVER LIVED IN US4
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_I100:

IF QA13_A5 = 1 (R IS MALE), DISPLAY “mother”;

IF QA13_A5 = 2 (R IS FEMALE), DISPLAY “father”;

IF QA13_I99 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;

ELSE DISPLAY “Is”

QA13_I100 {Is/Was} (TEEN)’s {mother/father} a citizen of the United States?

{CHILD}(이)의 아버지는 미국 시민권자였습니까?

{CHILD}(이)의 어머니는 미국 시민권자였습니까?

AI58

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES1 **[GO TO PN QA13_I102]**
NO2
APPLICATION PENDING3
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_I101:

IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father";
 IF QA13_I99 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

QA13_I101 {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

{CHILD NAME/AGE/SEX}의 어머니는 그린카드를 소지한 영주권자입니까?

{CHILD NAME/AGE/SEX}의 아버지는 그린카드를 소지한 영주권자입니까?

AI59

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

YES1
 NO2
 APPLICATION PENDING3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_I102:

IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA13_I102 About how many years has (TEEN)'s {mother/father} lived in the United States?

{CHILD NAME/AGE/SEX}의 어머니는 미국에서 대략 몇 년이나 사셨습니까?

{CHILD NAME/AGE/SEX}의 아버지는 미국에서 대략 몇 년이나 사셨습니까?

AI60

[IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

_____ YEAR FIRST CAME AND LIVE IN U.S.

MOTHER/FATHER DECEASED3
 MOTHER/FATHER NEVER LIVED IN US4
 REFUSED-7
 DON'T KNOW-8

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA13_J1:

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care YOU receive”;

ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”

QA13_J1 {Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?

이제는 받고 계시는 의료 서비스에 대해 여쭙보고자 합니다. 지난 12개월 동안, 의사를 몇 번이나 방문하셨습니다?

AH5

_____ TIMES

[HR: 0-365]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_J2:

IF QA13_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA13_J2;

ELSE GO TO PROGRAMMING NOTE QA13_J3

QA13_J2 About how long has it been since you last saw a doctor about your own health?

자신의 건강 문제 때문에 가장 최근에 의사를 본 게 얼마 전이었습니까?

AH6

ONE YEAR AGO OR LESS0

MORE THAN 1 UP TO 2 YEARS AGO1

MORE THAN 2 UP TO 5 YEARS AGO2

MORE THAN 5 YEARS AGO3

NEVER4

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_J3:

**IF QA13_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA13_J4;
ELSE CONTINUE WITH QA13_J3**

QA13_J3 About how long has it been since you last saw a doctor or medical provider for a routine check-up?

귀하가 **일상적인 검진**을 받기 위해 의사나 의료제공자를 마지막으로 방문한 지가 대략 얼마나 되었습니까?

[IF NEEDED, SAY: "A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking."]

[IF NEEDED, SAY: "일상적인 검진이란 병이나 건강 문제가 없을 때 의사를 방문하는 것을 말합니다. 일상적인 검진을 할 때는 흡연과 같은 건강과 관련된 행동에 대한 질문을 할 수도 있습니다."]

AJ114

ONE YEAR AGO OR LESS.....0
MORE THAN 1 UP TO 2 YEARS AGO1
MORE THAN 2 UP TO 5 YEARS AGO2
MORE THAN 5 YEARS AGO3
NEVER.....4
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_J4:

**IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J4;
ELSE GO TO PROGRAMMING NOTE QA13_J5**

QA13_J4 Do you have a personal doctor or medical provider who is your main provider?

귀하의 주치의 역할을 하는 개인의사 또는 의료제공자가 있습니까?

AJ77

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

[IF NEEDED, SAY: "여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 다른 의료제공자가 포함될 수 있습니다."]

YES1
NO.....2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_J5:

IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR) OR [QA13_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA13_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH QA13_J5; ELSE GO TO PROGRAMMING NOTE FOR QA13_J7

QA13_J5 During the past 12 months, did you phone or e-mail the doctor's office with a medical question?

지난 12개월 동안, 병원으로 전화하거나 이메일을 보내어 치료에 대한 질문을 한 적이 있습니까?

AJ78

YES	1	
NO	2	[GO TO QA13_J7]
REFUSED	-7	[GO TO QA13_J7]
DON'T KNOW	-8	[GO TO QA13_J7]

QA13_J6 How often did you get an answer as soon as you needed it? Would you say...

답변을, 필요할 때마다 얼마나 자주 받았습니까?

AJ79

Never,	1
전혀 없었음	1
Sometimes,	2
가끔	2
Usually, or	3
보통	3
Always?	4
항상	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_J7:

IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA13_J7; ELSE GO TO PROGRAMMING NOTE QA13_J9

QA13_J7 How often does your doctor or medical provider listen carefully to you? Would you say...

주치의 또는 의료제공자가 귀하의 말을 주의해서 듣는 경우가 얼마나 자주 있었습니까?

AJ112

Never,	1
전혀 없었음	1
Sometimes,	2
가끔	2
Usually, or	3
보통	3
Always?	4
항상	4
REFUSED	-7
DON'T KNOW	-8

QA13_J8 How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...

주치의 또는 의료제공자는 귀하가 건강을 돌보기 위해 해야 할 일에 대해 명확하게 설명하는 경우가 얼마나 자주 있었습니까?

AJ113

Never,.....	1
전혀 없었음	1
Sometimes,	2
가끔	2
Usually, or	3
보통	3
Always?	4
항상	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_J9:

IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J9;
 ELSE GO TO PROGRAMMING NOTE QA13_J11;
 IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY “your”;
 ELSE DISPLAY “a”;

QA13_J9 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 이내에, 귀하가 아팠거나 부상을 당했기 때문에 주치의 또는 의료제공자와 2일 이내에 진료 예약을 하려고 시도했던 적이 있습니까?

AJ102

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

[IF NEEDED, SAY: “긴급 진료 (urgent) 또는 응급 진료 (emergency) 방문은 포함시키지 마십시오. 저는 단지 예약에 대해서만 질문을 드립니다.”]

YES	1	
NO	2	[GO TO QA13_J11]
REFUSED	-7	[GO TO QA13_J11]
DON'T KNOW	-8	[GO TO QA13_J11]

QA13_J10 How often were you able to get an appointment within two days? Would you say...

예약을 2일 이내에 할 수 있었던 경우가 얼마나 자주 있었습니까?

AJ103

Never,.....1
 전혀 없었음1
 Sometimes,2
 가끔2
 Usually, or3
 보통3
 Always?4
 항상4
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE FOR QA13_J11:

IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA13_J4 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)) OR QA13_B18 = 1 (HAS DIABETES) OR QA13_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA13_J11;
 ELSE GO TO PROGRAMMING NOTE FOR QA13_J12

QA13_J11 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?

귀하의 병원이나 클리닉에 다른 의사로부터 진료, 또는 검사나 치료와 같은 의료서비스를 받을 수 있도록 도와주는 사람이 있습니까?

AJ80

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_J12:

IF QA13_J1 > 0 OR QA13_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA13_J12;
 ELSE GO TO PROGRAMMING NOTE QA13_J17

QA13_J12 The last time you saw a doctor, did you have a hard time understanding the doctor?

지난 번에 의사를 보았을 때 의사가 하는 말이 알아 듣기 힘들었습니까?

AJ8

YES1 [GO TO PN QA13_J14]
 NO2
 REFUSED-7 [GO TO QA13_J17]
 DON'T KNOW-8 [GO TO QA13_J17]

PROGRAMMING NOTE QA13_J13:

**IF QA13_J12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA13_J13;
ELSE SKIP TO PROGRAMMING NOTE QA13_J17**

QA13_J13 In what language did the doctor speak to you?

그 의사는 귀하와 어떤 언어로 대화합니까?

AJ50

ENGLISH	1	[GO TO QA13_J15]
SPANISH	2	[GO TO PN QA13_J17]
CANTONESE	3	[GO TO PN QA13_J17]
VIETNAMESE	4	[GO TO PN QA13_J17]
TAGALOG	5	[GO TO PN QA13_J17]
MANDARIN	6	[GO TO PN QA13_J17]
KOREAN	7	[GO TO PN QA13_J17]
ASIAN INDIAN LANGUAGES	8	[GO TO PN QA13_J17]
RUSSIAN	9	[GO TO PN QA13_J17]
OTHER (SPECIFY: _____)	91	[GO TO PN QA13_J17]
REFUSED	-7	[GO TO PN QA13_J17]
DON'T KNOW	-8	[GO TO PN QA13_J17]

QA13_J14 Was this because you and the doctor spoke different languages?

그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

AJ9

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

QA13_J15 Did you need someone to help you understand the doctor?

의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

AJ10

YES	1	
NO	2	[GO TO PN QA13_J17]
REFUSED	-7	[GO TO PN QA13_J17]
DON'T KNOW	-8	[GO TO PN QA13_J17]

QA13_J16 Who was this person who helped you understand the doctor?

의사의 말을 알아 들도록 도와 주었던 사람이 누구였습니까?

AJ11

[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.]

MINOR CHILD (UNDER AGE 18)1
 AN ADULT FAMILY MEMBER OR
 FRIEND OF MINE2
 NON-MEDICAL OFFICE STAFF3
 MEDICAL STAFF INCLUDING
 NURSES/DOCTORS4
 PROFESSIONAL INTERPRETER (BOTH IN
 PERSON AND ON THE TELEPHONE)5
 OTHER (PATIENTS, SOMEONE ELSE)6
 DID NOT HAVE SOMEONE TO HELP7
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_J17:

**IF QA13_G7 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA13_J17;
 ELSE GO TO PROGRAMMING NOTE QA13_J18**

QA13_J17 In California, you have the right to get help from an interpreter for free during your medical visits.
 Did you know this before today?

캘리포니아 주에서는 병원에서 진료를 받는 동안 통역 서비스를 무료로 받을 권리가 있습니다.
 지금까지 이러한 권리가 있다는 것을 알고 계셨습니까?

AJ105

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_J18:

**IF [ARINSURE = 1 OR QA13_H80 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J18;
 ELSE GO TO QA13_J20**

QA13_J18 In the past 12 months, did you change where you usually go for health care?

지난 12개월 동안, 진료를 받으러 다니던 병원을 바꾼 적이 있습니까?

AJ106

YES1
 NO2 **[GO TO QA13_J20]**
 REFUSED -7 **[GO TO QA13_J20]**
 DON'T KNOW -8 **[GO TO QA13_J20]**

QA13_J19 Did you have to change because of your health insurance plan?

의료보험 플랜 때문에 병원을 바꾸어야 했습니까?

AJ107

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]

[IF NEEDED, SAY: "의료보험 플랜과 관련된 이유로 진료를 받으러 다니던 병원을 바꾸어야 했습니까?"]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_J20 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 복용하지 않고 미루거나 아예 약사로부터 사지 않으신 적이 있습니까?

AH16

YES1
NO2 **[GO TO QA13_J25]**
REFUSED -7 **[GO TO QA13_J25]**
DON'T KNOW -8 **[GO TO QA13_J25]**

QA13_J21 Was cost or lack of insurance a reason why you delayed or did not get the prescription?

비용이 많이 들거나 보험이 없었기 때문에 의사의 처방을 받는 게 지체되었거나, 아니면 아예 처방전을 못 받고 말았던 적이 있었습니까?

AJ19

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE FOR QA13_J22:

**IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)) AND QA13_J21= 1 (COST/LACK OF INSURANCE REASON FOR DELAY)] CONTINUE WITH QA13_J22;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J23**

QA13_J22 Was this prescription for your asthma?

이 처방은 귀하의 천식에 대한 것이었습니까?

AJ81

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE FOR QA13_J23:

**IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J21= 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J23;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J24**

QA13_J23 Was this prescription for your diabetes?

이 처방은 귀하의 당뇨병에 대한 것이었습니까?

AJ82

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE FOR QA13_J24:

**IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J24;
ELSE GO TO QA13_J25**

QA13_J24 Was this prescription for your heart disease?

이 처방은 귀하의 심장병에 대한 것이었습니까?

AJ83

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_J25 During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

지난 12개월 동안 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것과 같은 귀하가 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

AH22

YES1
NO2
REFUSED -7
DON'T KNOW -8

[GO TO QA13_J33]

[GO TO QA13_J33]

[GO TO QA13_J33]

QA13_J26 Did you get the care eventually?

귀하는 결국 진료를 받았습니까?

AJ129

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_J27 Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

비용이 많이 들거나 보험이 없었기 때문에, 의사의 진료를 받아야 한다고 생각하시면서도 지체되었거나, 아니면 아예 진료를 못 받고 말았던 적이 있었습니까?

AJ20

YES	1	
NO	2	[GO TO QA13_J29]
REFUSED	-7	[GO TO QA13_J29]
DON'T KNOW	-8	[GO TO QA13_J29]

QA13_J28 Was that the main reason?

그것이 주된 이유였습니까?

AJ130

YES	1	[GO TO PN QA13_J30]
NO	2	
REFUSED	-7	[GO TO PN QA13_J30]
DON'T KNOW	-8	[GO TO PN QA13_J30]

QA13_J29 What was the one main reason why you delayed getting the care you felt you needed?

귀하가 필요하다고 느낀 진료받기를 연기한 한 가지 주된 이유는 무엇이었습니까?

AJ131

COULDN'T GET APPOINTMENT	1
MY INSURANCE NOT ACCEPTED	2
INSURANCE DID NOT COVER	3
LANGUAGE PROBLEMS	4
TRANSPORTATION PROBLEMS	5
HOURS NOT CONVENIENT	6
NO CHILD CARE FOR CHILDREN AT HOME	7
FORGOT OR LOST REFERRAL	8
I DIDN'T HAVE TIME	9
COULDN'T AFFORD/COST TOO MUCH	10
NO INSURANCE	11
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_J30:

**IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)] AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J30;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J31**

QA13_J30 Was this medical care for your asthma?

이 치료는 귀하의 천식에 대한 것이었습니까?

AJ84

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_J31:

**IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J31;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J32**

QA13_J31 Was this medical care for your diabetes?

이 치료는 귀하의 당뇨병에 대한 것이었습니까?

AJ85

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_J32:

**IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J32;
ELSE GO TO QA13_J33**

QA13_J32 Was this medical care for your heart disease?

이 치료는 귀하의 심장병에 대한 것이었습니까?

AJ86

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_J33 The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

다음의 질문들은 전문의에 대한 것입니다. 전문의란 외과의사, 심장과의사, 알레르기 의사, 피부과의사 같은 의사들, 그리고 건강 관리의 한 분야를 전문적으로 진료하는 의사들을 말합니다.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

지난 12개월 동안, 귀하 또는 주치의가 귀하가 전문의의 진료를 받을 필요가 있다고 생각한 적이 있습니까?

AJ136

[IF NEEDED, SAY: "Do not include dental visits."]

[IF NEEDED, SAY: "치과 방문은 포함시키지 마십시오."]

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_J34:

IF QA13_J33 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA13_J34;

ELSE GO TO QA13_J37

QA13_J34 During the past 12 months, did you have any trouble finding a medical specialist who would see you?

지난 12개월 동안, 귀하를 진료할 전문의를 찾는 데 문제가 있었습니까?

AJ137

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_J35 During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

지난 12개월 동안, 전문의의 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

AJ138

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_J36:

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J36;
ELSE SKIP TO QA13_J37**

QA13_J36 During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

지난 12개월 동안, 전문의병원에서 귀하의 주 건강보험을 받지 않겠다고 말한 적이 있습니까?

AJ139

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_J37 Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

이제 일반의에 대해 답변해 주십시오. 지난 12개월 동안, 귀하를 진료해 줄 일반의를 찾는 데 문제가 있었습니까?

AJ133

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_J38 During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

지난 12개월 동안, 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

AJ134

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_J39:

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J39;
ELSE SKIP TO QA13_J40**

QA13_J39 During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

지난 12개월 동안, 병원에서 귀하의 주 건강보험을 받지 않겠다고 말한 적이 있습니까?

AJ135

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_J40:

**IF AGE >49 AND SONOMA COUNTY RESIDENT CONTINUE WITH QA13_J40;
ELSE SKIP TO QA13_J41**

QA13_J40 Do you currently have something in writing that states your wishes regarding end-of-life medical care?

귀하는 현재 임종 전 치료에 대한 희망사항을 기록한 어떤 문서를 가지고 계십니까?

AJ151

[IF R MENTIONS "ADVANCE HEALTH CARE DIRECTIVE" OR "POWER OF ATTORNEY FOR HEALTH CARE," THEN CODE "YES"]

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA13_J41 Have you ever used the Internet?

귀하는 인터넷을 사용한 적이 있습니까?

AJ108

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

YES1
NO2 [GO TO QA13_J44]
REFUSED-7 [GO TO QA13_J44]
DON'T KNOW-8 [GO TO QA13_J44]

QA13_J42 How confident are you that you can fill out an application on-line on your own? Would you say you are...

신청서를 혼자서 온라인으로 작성하는 것에 얼마나 자신이 있습니까?

AJ110

Very confident,1 [GO TO PN QA13_J45]
매우 자신 있음1 [GO TO PN QA13_J45]
Somewhat confident,2 [GO TO PN QA13_J45]
약간 자신 있음2 [GO TO PN QA13_J45]
Not too confident, or,3
별로 자신 없음3
Not at all confident?,4
전혀 자신 없음4
REFUSED-7
DON'T KNOW-8

QA13_J43 If you wanted to fill out an application on-line, is there someone who could help you with it?

신청서를 온라인으로 작성할 때 귀하에게 도움을 줄 수 있는 사람이 있습니까?

AJ111

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_J44:
IF QA13_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA13_J48;
ELSE CONTINUE WITH QA13_J44;

QA13_J44 During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?

지난 12개월 동안, 귀하 는 의사나 의료제공자로부터 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

AJ140

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_J45 During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?

지난 12개월 동안, 귀하 는 의사나 의료제공자로부터 피임 방법이나 처방을 제공받은 적이 있습니까?

AJ141

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VASECTOMY OF PARTNER]

YES1
 NO2 **[GO TO QA13_J51]**
 REFUSED -7 **[GO TO QA13_J51]**
 DON'T KNOW -8 **[GO TO QA13_J51]**

QA13_J46 What MAIN birth control method or prescription did you receive?

귀하께서 제공 받으신 주 피임 방법이나 처방은 무엇이었습니까?

AJ142

[IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]

[IF MORE THAN ONE METHOD, ASK: "가장 최근에 제공받은 피임 방법은 어느 것입니까?"]

[IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT)1
 VASECTOMY (MALE STERILIZATION)2
 IUD (MIRENA, PARAGARD)3
 IMPLANT (IMPLANON, NEXPLANON)4
 BIRTH CONTROL PILLS5
 OTHER HORMONAL METHODS
 (INJECTION/DEPO-PROVERA, PATCH,
 VAGINAL RING/NUVA RING)6
 CONDOMS (MALE)7
 OTHER (SPECIFY: _____)8
 REFUSED-7
 DON'T KNOW-8

QA13_J47 Where did you receive the main birth control method or prescription?

귀하는 주 피임 방법이나 처방을 어디에서 제공받았습니까?

AJ143

PRIVATE DOCTOR'S OFFICE1
 HMO FACILITY2
 HOSPITAL OR HOSPITAL CLINIC3
 PLANNED PARENTHOOD4
 COUNTY HEALTH DEPARTMENT, FAMILY
 PLANNING CLINIC, COMMUNITY CLINIC5
 SCHOOL OR SCHOOL-BASED CLINIC6
 EMPLOYER OR COMPANY CLINIC7
 INDIAN HEALTH SERVICE8
 PHARMACY9
 SOME OTHER PLACE (SPECIFY: _____) . 91
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_J48:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA13_J51;
ELSE CONTINUE WITH QA13_J48;

QA13_J48 During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

지난 12개월 동안, 귀하는 의사나 의료제공자로부터 남성 또는 여성의 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

AJ144

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_J49 During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?

지난 12개월 동안, 귀하는 의사나 의료제공자로부터 콘돔이나 정관 수술 같은 남성 피임 방법을 제공받은 적이 있습니까?

AJ145

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO QA13_J51]

[GO TO QA13_J51]

[GO TO QA13_J51]

QA13_J50 Where did you receive it?

그 피임 방법을 어디에서 제공받았습니까?

AJ146

PRIVATE DOCTOR'S OFFICE1
 HMO FACILITY2
 HOSPITAL OR HOSPITAL CLINIC3
 PLANNED PARENTHOOD4
 COUNTY HEALTH DEPARTMENT, FAMILY
 PLANNING CLINIC, COMMUNITY CLINIC5
 SCHOOL OR SCHOOL-BASED CLINIC6
 EMPLOYER OR COMPANY CLINIC7
 INDIAN HEALTH SERVICE8
 PHARMACY9
 SOME OTHER PLACE (SPECIFY: _____) . 91
 REFUSED -7
 DON'T KNOW -8

QA13_J51 These next questions are about dental health.

다음 질문들은 치아 건강에 관한 것입니다.

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

치과 의사나 치과 클리닉을 마지막으로 방문한 지가 얼마나 되었습니까? 치과 위생관리사와 모든 종류의 치과 진료 전문가들을 포함시키십시오.

AG1

HAVE NEVER VISIT0
 6 MONTHS AGO OR LESS1
 MORE THAN 6 MONTHS UP TO 1 YEAR AGO2
 MORE THAN 1 YEAR UP TO 2 YEARS AGO3
 MORE THAN 2 YEARS UP TO 5 YEARS AGO4
 MORE THAN 5 YEARS AGO5
 REFUSED -7
 DON'T KNOW -8

QA13_J52 Do you now have any type of insurance that pays for part or all of your dental care?

치과 진료비를 조금이라도 내주거나 아니면 모두 내주는 보험이 현재 있으십니까?

AG3

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_J53:
IF NO TEEN SELECTED, GO TO Section K;
ELSE CONTINUE WITH QA13_J53

QA13_J53 Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

현재 {자녀}의 치과 진료비를 일부 또는 모두 내주는 보험이 있으십니까?

MA10

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA13_K1:

IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA13_G28 = 1 (R USUALLY WORKS) CONTINUE WITH QA13_K1;
ELSE GO TO PROGRAMMING NOTE QA13_K5

QA13_K1 The next questions are about your employment.

다음의 질문들은 귀하의 고용에 관한 것입니다.

How many hours per week do you usually work at all jobs or businesses?

귀하는 보통 모든 직장 또는 사업체에서 주 당 몇 시간씩 일하십니까?

AK3

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

_____ HOURS [HR: 0-95]

REFUSED -7

DON'T KNOW -8

QA13_K2 How long have you worked at your main job?

지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

AK7

[IF NEEDED, SAY: "That is, for your current employer."]

[IF NEEDED, SAY: "그것은 지금 현재 다니시는 직장입니다."]

_____ MONTHS [HR: 0-12]

_____ YEARS [HR: 0-50]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_K4:

IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA13_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA13_K4;
ELSE SKIP TO PROGRAMMING NOTE QA13_K5

QA13_K4 What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

지난 달, 시간당 임금, 월급, 팁, 그리고 커미션을 포함해 모든 직장 및 비즈니스에서 번 소득을 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

AK10

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

\$ _____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_K5:

IF QA13_G31 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA13_G32 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA13_K5 AND:

IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND QA13_A16 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "The next question is about your partner's employment."

IF QA13_A16 = 1 THEN DISPLAY "spouse";

ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY "partner";

ELSE SKIP TO QA13_K7

QA13_K5 {The next question is about your spouse's employment.}

다음의 질문은 귀하의 {배우자/파트너}의 직장 및 사업체에 관한 것입니다.

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

귀하의 {배우자/파트너}는 모든 직장이나 사업체에서 보통 한 주에 몇 시간 일을 합니까?

AK20

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

_____ HOURS [HR: 0-95]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_K6:**IF QA13_K5 ≠ 0 CONTINUE WITH QA13_K6;****IF QA13_QA13_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;****ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner’s”;****ELSE GO TO QA13_K7****QA13_K6**

What is your best estimate of all your {spouse’s/partner’s} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

{배우자}의 소득에 관한 질문인데요. 시간당 임금, 봉급, 팁이나 수수료 등을 모두 포함해서 배우자의 경우 지난 달에 모든 직장 및 사업체에서 나온 수입이 모두 얼마나 되시는지요? 최선으로 추정해 말씀해 주시겠습니까? 단, 세금을 공제하기 전의 액수입니다.

AK10A**[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]**

\$_____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

QA13_K7 What is your best estimate of your household's total annual income from all sources before taxes in {2012/2013}?

세금을 공제하기 전 의 모든 수입을 포함할 때, 2013년도에 귀 가정의 1년 총 수입은 얼마나 됩니까? 최선으로 추정해서 말씀해 주시겠습니까?

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF NEEDED, SAY: "직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 지원 등을 포함해 주십시오. 아울러, 이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의 현금 수입도 포함해 주십시오."]

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

\$_____ AMOUNT [HR: 0-999995]

REFUSED -7 [GO TO PN QA13_K9]
DON'T KNOW -8 [GO TO PN QA13_K9]

QA13_K8 PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?

귀하의 가구소득을 \${999,999}라고 기록했는데, 맞게 기록된 숫자입니까?

AK22A

YES1 [GO TO PN QA13_K15]
NO2 [GO BACK TO QA13_K7]

PROGRAMMING NOTE QA13_K9:
IF QA13_K7 = -7 OR -8 CONTINUE WITH QA13_K9;
ELSE GO TO PROGRAMMING NOTE QA13_K15

QA13_K9 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

저희가 정확하게 알 필요는 없습니다. 그렇지만, 귀댁의 세금 공제전 연간 가구당 총수입이 \$20,000 이상입니까, 이하입니까?

AK11

MORE1 [GO TO QA13_K11]
EQUAL TO \$20K OR LESS2
REFUSED -7 [GO TO PN QA13_K15]
DON'T KNOW -8 [GO TO PN QA13_K15]

QA13_K10 Is it ...

수입이...

AK12

\$5,000 or less,.....	1	[GO TO PN QA13_K15]
\$5,001 to \$10,000,	2	[GO TO PN QA13_K15]
\$10,001 to \$15,000, or	3	[GO TO PN QA13_K15]
\$15,001 to \$20,000?	4	[GO TO PN QA13_K15]
REFUSED	-7	[GO TO PN QA13_K15]
DON'T KNOW	-8	[GO TO PN QA13_K15]

QA13_K11 Is it more or less than \$70,000 per year?

수입이 연 \$70,000 이상입니까, 아니면 그 이하입니까?

AK13

MORE	1	[GO TO QA13_K13]
EQUAL TO \$70K OR LESS.....	2	
REFUSED	-7	[GO TO PN QA13_K15]
DON'T KNOW	-8	[GO TO PN QA13_K15]

QA13_K12 Is it ...

수입이...

AK14

\$20,001 to \$30,000,	1	[GO TO PN QA13_K15]
\$20,001 에서 \$30,000 사이	1	[GO TO PN QA13_K15]
\$30,001 to \$40,000,	2	[GO TO PN QA13_K15]
\$30,001 에서 \$40,000 사이	2	[GO TO PN QA13_K15]
\$40,001 to \$50,000,	3	[GO TO PN QA13_K15]
\$40,001 에서 \$50,000 사이	3	[GO TO PN QA13_K15]
\$50,001 to \$60,000, or	4	[GO TO PN QA13_K15]
\$50,001 에서 \$60,000 사이	4	[GO TO PN QA13_K15]
\$60,001 to \$70,000?	5	[GO TO PN QA13_K15]
\$60,001 에서 \$70,000 사이	5	[GO TO PN QA13_K15]
REFUSED	-7	[GO TO PN QA13_K15]
DON'T KNOW	-8	[GO TO PN QA13_K15]

QA13_K13 Is it more or less than \$135,000 per year?

수입이 연 \$135,000 이상입니까, 이하입니까?

AK15

MORE	1	[GO TO PN QA13_K15]
EQUAL TO \$135K OR LESS.....	2	
REFUSED	-7	[GO TO PN QA13_K15]
DON'T KNOW	-8	[GO TO PN QA31_K15]

QA13_K14 Is it ...

수입이...

AK16

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

PROGRAMMING NOTE QA13_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA13_K16;
ELSE CONTINUE WITH QA13_K15

QA13_K15 Including yourself, how many people living in your household are supported by your total household income?

귀하 자신을 포함해서 같이 살고 있는 분들 중, 귀하 가정의 총 가구당 소득으로 몇 명을 부양하십니까?

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_K16:
QA13_K16 MUST BE LESS THAN QA13_K15;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR
TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) =
QA13_K15 GO TO PROGRAMMING NOTE QA13_19;
ELSE CONTINUE WITH QA13_K16

QA13_K16 How many of these {INSERT NUMBER FROM QA13_K15} people are children under the age of 18?

{K15의 인원수 입력} 중 몇 명이 18세 미만의 자녀분이십니까?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

REFUSED	-7
DON'T KNOW	-8

QA13_K17 Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

미국에 거주하고 있으나 현재 귀하의 가정에 살고 있지 않고, 귀하의 가계 소득으로 부양받는 다른 사람들이 있습니까?

AK32

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA13_K19]

[GO TO PN QA13_K19]

[GO TO PN QA13_K19]

QA13_K18 How many?

그러한 사람들이 몇 명이나 됩니까?

AK33

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_K19:

OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA13_K15 AND QA13_K16 RESPECTIVELY.

(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2010 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2010" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)

IF EITHER QA13_K15 OR QA13_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA13_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 50% FPL;
- 2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
- 3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
- 4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
- 5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
- 6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
- 7) ABOVE 400% FPL; OR
- 8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA13_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA13_K25;

ELSE IF QA13_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, ASK QA13_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);

ELSE IF QA13_K7 = -7 OR -8 (REF/DK) AND IF QA13_K9 = -7 OR QA13_K11 = -7 OR QA13_K13 = -7, GO TO PROGRAMMING NOTE QA13_K25

ELSE GO TO PROGRAMMING NOTE QA13_K20

QA13_K19 I need to ask just one more question about income.

수입에 관해 한두 가지 질문을 드리겠습니다.

Was your total annual household income before taxes less than or more than \${POVRT50}?

귀하의 가구의 연간 세금 전 총수입이 \${POVRT50} 보다 많았습니까? 또는 적었습니까?

AK29

EQUAL TO OR LESS	1	[GO TO PN QA13_K25]
MORE	2	[GO TO PN QA13_K25]
REFUSED	-7	[GO TO PN QA13_K25]
DON'T KNOW	-8	[GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K20:

IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA13_K21

QA13_K20 I need to ask just one or two more questions about income.

수입에 관해 한두 가지 질문을 드리겠습니다.

Was your total annual household income before taxes less than or more than \${POVRT100}?

귀하의 가구의 연간 세금 전 총수입이 \${POVRT100} 보다 많았습니까? 또는 적었습니까?

AK18A

EQUAL TO OR LESS	1	[GO TO PN QA13_K25]
MORE	2	
REFUSED	-7	[GO TO PN QA13_K25]
DON'T KNOW	-8	[GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K21:

IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);

IF QA13_K20 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";

ELSE DISPLAY "Was it";

ELSE GO TO PROGRAMMING NOTE QA13_K22

QA13_K21 {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than \${POVRT133}?

{수입에 관해 한두 가지 질문을 드리겠습니다.} 그것은 \${POVRT133}보다 많거나 또는 적었습니까?

AK30

EQUAL TO OR LESS	1	[GO TO PN QA13_K25]
MORE	2	[GO TO PN QA13_K25]
REFUSED	-7	[GO TO PN QA13_K25]
DON'T KNOW	-8	[GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K22:

IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA13_K23

QA13_K22 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT200}?

수입에 관해 한두 가지 질문을 드리겠습니다. \${POVRT200}이하입니까, 이상입니까?

AK18B

EQUAL TO OR LESS	1	[GO TO PN QA13_K25]
MORE	2	[GO TO PN QA13_K25]
REFUSED	-7	[GO TO PN QA13_K25]
DON'T KNOW	-8	[GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K23:

IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K23 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA13_K24

QA13_K23 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT300}?

수입에 관해 한두 가지 질문을 드리겠습니다. \${POVRT300}이하입니까, 이상입니까?

AK18C

EQUAL TO OR LESS	1	[GO TO PN QA13_K25]
MORE	2	[GO TO PN QA13_K25]
REFUSED	-7	[GO TO PN QA13_K25]
DON'T KNOW	-8	[GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K24:

IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA13_K25

QA13_K24 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT400}?

수입에 관해 한두 가지 질문을 드리겠습니다. \${POVRT400}이하입니까, 이상입니까?

AK31

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

PROGRAMMING NOTE QA13_K25:

**IF POVERTY < 5 (HH Income ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN), CONTINUE WITH QA13_K25;
ELSE GO TO QA13_L1**

QA13_K25 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

다음 질문들은 지난 12개월 동안 먹어서 드신 음식에 대해, 그리고 식비를 부담하실 수 있었는지의 경제적 형편에 관한 겁니다.

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

사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12개월 동안의 귀하 본인과 귀하 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.

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

첫번째 문장은 "{I/가 산 음식은 금방 떨어졌고, I/는 음식을 더 살 돈이 없었다"입니다. 지난 12개월 동안의 귀하 본인과 귀하 가정의 경우에, 이 말이 여러번 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

AM1

OFTEN TRUE1
SOMETIMES TRUE2
NEVER TRUE3
REFUSED -7
DON'T KNOW -8

QA13_K26 The second statement is: "{I/We} couldn't afford to eat balanced meals."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

두 번째 문장은 "{자신 또는 우리}가 골고루 영양분을 섭취할 수 있는 식사를 할 여유가 없었다"인데, 그런 일이 지난 12개월 동안 귀하나 귀하의 가정에서 자주 있었습니까, 가끔 있었습니까, 아니면 전혀 있지 않았습니까?

AM2

OFTEN TRUE1
SOMETIMES TRUE2
NEVER TRUE3
REFUSED -7
DON'T KNOW -8

QA13_K27 Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

귀하의 가정에서 귀하나 다른 성인이 지난 12개월 동안 음식을 살 충분한 돈의 여유가 없었기 때문에 식사의 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오로 대답해주시요.

AM3

YES	1	
NO	2	[GO TO QA13_K29]
REFUSED	-7	[GO TO QA13_K29]
DON'T KNOW	-8	[GO TO QA13_K29]

QA13_K28 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2개월 동안만 있었습니까?

AM3A

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

QA13_K29 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

지난 12개월 동안 음식을 살 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

AM4

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

QA13_K30 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

지난 12개월 동안 귀하가 음식을 살 충분한 돈이 없었기 때문에 배가 고팠지만 음식을 걸렀던 적이 있습니까?

AM5

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

Section L - Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L:

IF HOUSEHOLD INCOME IS \leq 300% FPL (POVERTY = <6) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) CONTINUE WITH SECTION L;
ELSE GO TO QA13_M1

QA13_L1 Are you now receiving TANF or CalWORKs?

현재 TANF나 CalWORKS를 받고 있습니까?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "TANF는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC를 대체한 것입니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA13_L2:

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L2;
ELSE GO TO QA13_L3;

QA13_L2 Is (TEEN) now receiving TANF or CalWORKs?

{청년,남/여}{이)가 AFDC나 TANF나 칼워크스를 현재 받고 있습니까?

IAP1

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "TANF는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC를 대체한 것입니다."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA13_L3 Are you receiving Food Stamp benefits, also known as CalFresh?

귀하는 CalFresh라고 하는 푸드스탬프 혜택을 받고 계십니까?

AL5

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_L4:

**IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L4;
 ELSE GO TO QA13_L5**

QA13_L4 Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

{ADOLESCENT /AGE/SEX}{0}는 CalFresh라고 하는 푸드스탬프 혜택을 받고 있습니까?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_L5 Are you receiving SSI?

SSI를 받고 계십니까?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security."]

[IF NEEDED, SAY: "SSI는 생활보조금을 말합니다. 사회보장금하곤 다릅니다."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_L6:

**IF QA13_A5 = 2 (FEMALE) AND [QA13_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA13_L6;
ELSE GO TO PROGRAMMING NOTE QA13_L7**

QA13_L6 Are you on WIC?

WIC(윅) 혜택을 받고 계십니까?

AL7

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

[IF NEEDED, SAY: "WIC는 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다."]

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_L7:

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA13_K15.

IF QA13_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

**IF QA13_K15 = 1 DISPLAY \$3000;
IF QA13_K15 = 2 DISPLAY \$3000;
IF QA13_K15 = 3 DISPLAY \$3150;
IF QA13_K15 = 4 DISPLAY \$3300;
IF QA13_K15 = 5 DISPLAY \$3450;
IF QA13_K15 = 6 DISPLAY \$3600;
IF QA13_K15 = 7 DISPLAY \$3750;
IF QA13_K15 = 8 DISPLAY \$3900;
IF QA13_K15 = 9 DISPLAY \$4050;
IF QA13_K15 ≥ 10 DISPLAY \$4200;**

**IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"**

QA13_L7 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

귀하가 소유하고 있는 주택이나 자동차의 가치를 제외하고, 귀하의 가족이 소유한 현금, 저축, 투자, 가구와 같은 가족 자산의 총 가치가 {\$5,000}를 넘습니까?

AL9

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA13_L8:

IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

QA13_L8 Did {you or your spouse/you or your partner/you} receive any money last month for alimony, or child support?

귀하 {또는 귀하의 배우자}는 #지난달에 위자료나 자녀 양육비를 받으셨습니까?

AL15

YES	1	
NO	2	[GO TO PN QA13_L10]
REFUSED	-7	[GO TO PN QA13_L10]
DON'T KNOW	-8	[GO TO PN QA13_L10]

PROGRAMMING NOTE QA13_L9:

IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

QA13_L9 What was the {combined} total amount that you {and your spouse/and your partner} received from alimony or child support last month?

귀하 {및 귀하의 아내/남편}(이)가 지난 달에 받은 위자료나 자녀 양육비의 {합산} 총액은 얼마였습니까?

AL16

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

\$_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_L10:

IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
 ELSE DISPLAY "you"

QA13_L10 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?

귀하께서 {또는 귀하의 배우자, 또는 두 분이 함께} 지난 달 지불한 위자료나 자녀 양육비가 있습니까?

AL17

YES, RESPONDENT PAID	1	
YES, SPOUSE/PARTNER PAID	2	
YES, BOTH PAID.....	3	
NO	4	[GO TO PN QA13_L12]
REFUSED	-7	[GO TO PN QA13_L12]
DON'T KNOW	-8	[GO TO PN QA13_L12]

PROGRAMMING NOTE QA13_L11:

IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
 ELSE DISPLAY "you"

QA13_L11 What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in alimony or support last month?

귀하 또는 귀하의 {배우자/동반자}, 또는 두 분이 함께 지난달 지불한 위자료나 양육비 총 합계 액수는 얼마입니까?

AL18

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

_____ AMOUNT	[000001-999995]
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_L12:

IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

QA13_L12 Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

귀하{또는 귀하의 배우자}는 지난 달에 근로자 재해 보상금을 받으셨습니까?

AL32

YES	1	
NO	2	[GO TO PN QA13_L14]
REFUSED	-7	[GO TO PN QA13_L14]
DON'T KNOW	-8	[GO TO PN QA13_L14]

PROGRAMMING NOTE QA13_L13:

IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

QA13_L13 What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

귀하 {및 귀하의 아내/남편}(이)가 지난 달에 받은 근로자 재해 보상금의 {합산} 총액은 얼마였습니까?

AL33

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

\$ _____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_L14:

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA13_L12 AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA13_L14 AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA13_L14 AND DISPLAY "you";

ELSE GO TO PROGRAMMING NOTE QA13_L16

QA13_L14 Did { you or your spouse/you or your partner/you } receive any Social Security or Pension payments last month?

귀하나 귀하의 {배우자}가 지난달 사회보장금 (Social Security)이나 연금 (Pension payments)을 받았습니까?

AL18A

YES	1	
NO	2	[GO TO PN QA13_L16]
REFUSED	-7	[GO TO PN QA13_L16]
DON'T KNOW	-8	[GO TO PN QA13_L16]

QA13_L15 What was the total amount received last month from Social Security and Pensions?

지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?

AL18B

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

_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_L16:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA13_L16;
ELSE GO TO QA13_M1

QA13_L16 What is the one main reason why you are not enrolled in the Medi-Cal program?

귀하가 메디칼(Medi-Cal)에 등록되어있지 않은 **한 가지** 주요한 이유는 무엇입니까?

AL19

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED.....	9
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

Section M – Housing and Social Cohesion

QA13_M1 These next questions are about your housing and neighborhood.

다음의 질문들은 귀하의 주택과 이웃에 관한 것입니다.

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

단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

AK23

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]

[IF NEEDED, SAY: “두 가구가 사는 연립 주택(듀플렉스)은 한 건물 안에 두 가구가 사는 구조입니다.”]

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

QA13_M2 Do you own or rent your home?

집은 소유자이십니까, 아니면 렌트하십니까?

AK25

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

PROGRAMMING NOTE QA13_M3:

**IF AGE ≥ 65 AND QA13_M2 = 1 (OWNS HOME), THEN CONTINUE WITH QA13_M3
ELSE GO TO QA13_M4**

QA13_M3 Are you currently paying off a mortgage or loan on this home?

귀하는 현재 이 주택에 대해 모기지 또는 융자금을 상환하고 있습니까?

AM37

[IF SPOUSE/PARTNER IS PAYING, CODE AS “YES”]

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

QA13_M4 About how long have you lived at your current address?

현재의 주소지에 대략 얼마나 오래 살았습니까?

AM14

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_M5:

**IF QA13_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA13_M7;
ELSE CONTINUE WITH QA13_M5**

QA13_M5 About how long have you lived in your current neighborhood?

지금까지 현재의 동네에 사신 지는 대략 얼마나 되셨습니까?

AM15

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

REFUSED -7

DON'T KNOW -8

QA13_M6 The last time you moved, what was your main reason for moving?

가장 최근에 이사를 한 주된 이유는 무엇이었습니까?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1

TO ESTABLISH OWN HOUSEHOLD.....2

FOR CHILD'S EDUCATION3

TO ATTEND OR LEAVE COLLEGE4

WORK RELATED5

COULDN'T AFFORD MORTGAGE/RENT6

OTHER HOUSING RELATED7

BETTER NEIGHBORHOOD/LESS CRIME8

OTHER..... 91

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_M7:

**IF QA13_M7 THROUGH QA13_M11 NOT ANSWERED IN CHILD INTERVIEW, THEN CONTINUE WITH QA13_M7;
ELSE GO TO QA13_M12**

QA13_M7 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

지금부터 문장을 읽어 드릴 테니까요, 거기에 전적으로 동의한다, 동의한다, 동의하지 않는다, 아니면 전적으로 동의하지 않는다 중에서 하나를 골라 주십시오.

People in my neighborhood are willing to help each other.

우리 동네 사람들은 기꺼이 서로 돕습니다.

AM19

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

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

QA13_M8 People in this neighborhood generally do NOT get along with each other.

이 동네 사람들은 보통 서로 친하게 지내지 않습니다.

AM20

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

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

QA13_M9 People in this neighborhood can be trusted.

이 동네 사람들은 믿을 수 있습니다.

AM21

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?”]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.]

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

QA13_M10 You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

이 이웃에 있는 어른들은 자녀들이 안전하고 문제가 발생하지 않는지 지켜본다고 생각하십니까?

AM35

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “귀하가 동의하시는 정도는 매우 동의, 동의, 부정, 매우 부정 중에서 어느 것에 해당됩니까?”]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.]

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

QA13_M11 Do you feel safe in your neighborhood...

귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오

AK28

All of the time,	1
항상 안전하다.....	1
Most of the time,.....	2
대체적으로 안전하다.....	2
Some of the time, or.....	3
때때로 안전하다.....	3
None of the time.....	4
절대 안전하지 않다.....	4
REFUSED.....	-7
DON'T KNOW.....	-8

QA13_M12 In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

지난 12개월 동안, 보수를 받지 않고 자원봉사 또는 지역사회 봉사를 한 적이 있습니까?

AM36

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_M13 In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?

귀하는 지난 12개월 동안 지역사회의 문제를 처리하는 지역 위원회, 이사회 또는 단체에서 자원 봉사를 한 적이 있습니까?

AM39

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA13_M14 In the past 12 months, have you gotten together informally with others to deal with community problems?

귀하는 지난 12개월 동안 지역사회의 문제를 처리하기 위해 다른 사람들과 비공식적으로 모임을 가진 적이 있습니까?

AM40

[IF NEEDED SAY: "For example, with a neighborhood watch group."]
[IF NEEDED SAY: "예를 들면, 이웃 안전 감시 그룹."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

Section S – Suicide Ideation and Attempts

QA13_S1 The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

다음 섹션에서는 자기 자신을 해치려는 생각에 대해 질문을 드립니다. 앞에서 말씀 드렸듯이, 당황스러운 질문에 대해서는 답변하실 필요가 없습니다.

Have you ever seriously thought about committing suicide?

자살에 대해서 심각하게 생각해본 적이 있습니까?

AF86

YES	1	
NO	2	[GO TO PN QA13_N1]
REFUSED	-7	[GO TO PN QA13_N1]
DON'T KNOW	-8	[GO TO PN QA13_N1]

QA13_S2 Have you seriously thought about committing suicide at any time in the past 12 months?

지난 12개월 동안 자살에 대해서 심각하게 생각해본 적이 있습니까?

AF87

YES	1	
NO	2	[GO TO QA13_S4]
REFUSED	-7	[GO TO QA13_S4]
DON'T KNOW	-8	[GO TO QA13_S4]

QA13_S3 Have you seriously thought about committing suicide at any time in the past 2 months?

지난 2개월 간 자살에 대해 심각하게 생각해본 적이 있으십니까?

AF91

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

QA13_S4 Have you ever attempted suicide?

자살을 기도해본 적이 있습니까?

AF88

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

PROGRAMMING NOTE QA13_S5:

IF QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF QA13_S3 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF QA13_S3 = 1 AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

ELSE CONTINUE WITH QA13_S5

QA13_S5 Have you attempted suicide at any time in the past 12 months?

지난 12개월 동안 자살을 기도해본 적이 있습니까?

AF89

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org

자살에 대한 생각이나 자살 시도에 대해서 누군가와 얘기하고 싶으시다면 음의 무료 전화번호로 전화하십시오. 하루 24시간 대기 중인 요원이 정보를 드리고 귀하를 도와드릴 것입니다. 저는 귀하가 적을 종이를 찾는 동안 기다린 후에 전화번호를 알려드릴 수 있습니다. 전화번호는 **1-800-273-TALK (8255)**입니다.

또는 웹사이트에서도 도움이 되는 정보를 얻으실 수 있습니다. 웹사이트 주소는 www.suicidepreventionlifeline.org입니다.

POST-NOTE FOR SUICIDE RESOURCE:

IF QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN SKIP TO PN QA13_N1 (NEXT SECTION); ELSE CONTINUE

QA13_S6 Would you like to discuss your thoughts with this person?

이 사람과 귀하의 생각을 의논하고 싶으십니까?

AF90

YES1 [GO TO SUICIDE PROTOCOL]
 NO2 [GO TO PN QA13_N1]
 REFUSED -7 [GO TO PN QA13_N1]
 DON'T KNOW -8 [GO TO PN QA13_N1]

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA13_N1:
IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA13_N1;
ELSE SKIP TO QA13_N7

QA13_N1 Just a few final questions and then we are done.

이제 마지막 두개에 문제입니다.

To be sure we are covering the entire state, what county do you live in?

주 전체에서 빠진 지역이 없도록하기 위한 확인 작업입니다. 어느 카운티에 거주하십니까?

AH42

ALAMEDA	1
ALPINE	2
AMADOR	3
BUTTE	4
CALAVERAS.....	5
COLUSA	6
CONTRA COSTA.....	7
DEL NORTE.....	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES.....	19
MADERA.....	20
MARIN.....	21
MARIPOSA	22
MENDOCINO.....	23
MERCED.....	24
MODOC	25
MONO	26
MONTEREY.....	27
NAPA	28
NEVADA	29
ORANGE.....	30
PLACER.....	31
PLUMAS	32
RIVERSIDE.....	33
SACRAMENTO.....	34
SAN BENITO	35
SAN BERNARDINO.....	36
SAN DIEGO	37
SAN FRANCISCO.....	38
SAN JOAQUIN.....	39
SAN LUIS OBISPO	40

SAN MATEO	41
SANTA BARBARA	42
SANTA CLARA	43
SANTA CRUZ	44
SHASTA	45
SIERRA	46
SISKIYOU	47
SOLANO	48
SONOMA	49
STANISLAUS	50
SUTTER	51
TEHAMA	52
TRINITY	53
TULARE	54
TUOLUMNE	55
VENTURA	56
YOLO	57
YUBA	58
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_N2:
IF ADVANCE LETTER SENT, ASK QA13_N2;
IF R'S ADDRESS IS A P.O. BOX, GO TO QA13_N3;
ELSE GO TO QA13_N3

QA13_N2 Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

귀하의 전화번호는 이 연구를 위해 컴퓨터에 의해 무작위로 선정되었습니다. 저희는 이 조사의 목적을 설명하는 서신을 귀하의 집으로 보내기 위하여 귀하의 전화번호와 일치하는 주소를 찾았습니다.

귀하의 주거 환경과 그러한 환경이 건강에 미치는 영향을 더 잘 이해하기 위해 귀하의 주소를 확인하고 싶습니다. 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

Do you now live at {R's ADDRESS AND STREET}?

귀하가 현재 사는 곳의 주소는 무엇입니까?

AO1

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

[GO TO QA13_N6]

QA13_N3 What is your zip code?

귀하 거주지의 우편번호가 무엇입니까?

AM7

_____ ZIP CODE

REFUSED -7

DON'T KNOW -8

QA13_N4 To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

귀하의 주거 환경과 그러한 환경이 건강에 미치는 영향을 저희가 더 잘 이해할 수 있도록 귀하의 집 주소를 말씀해 주시겠습니까? 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

A02

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING) **[GO TO QA13_N6]**

_____ STREET TYPE

_____ APT. NO

REFUSED -7

DON'T KNOW -8

QA13_N5 Can you tell me just the name of the street you live on?

사시는 곳의 길 이름만 말씀해 주실 수 있습니까?

AM8

_____ NAME OF STREET

REFUSED -7 **[GO TO QA13_N7]**

DON'T KNOW -8 **[GO TO QA13_N7]**

QA13_N6 And what is the name of the street down the corner from you that crosses your street?

사시는 곳의 거리에서 다음 교차하는 거리 이름은 무엇입니까?

AM9

_____ NAME OF CROSS-STREET

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA13_N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA13_N11;
ELSE CONTINUE WITH QA13_N7

QA13_N7 I'm won't ask you for the number, but do you have a working cell phone?

귀하는 사용하시는 핸드폰이 있습니까? 전화번호는 묻지 않습니다.

AM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES1
 NO2
 SHARES CELL PHONE3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_N8:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA13_N10;
ELSE CONTINUE WITH QA13_N8

QA13_N8 Is there a regular or landline telephone in your household?

귀하의 집에는 일반 유선전화 있습니까?

AN6

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

[GO TO PN QA13_N10]
[GO TO PN QA13_N10]
[GO TO PN QA13_N10]

QA13_N9 Is that telephone for personal use or business use only?

그 전화의 용도는 개인용 또는 업무용 중 어느 것입니까?

AN7

PERSONAL USE ONLY1
 BUSINESS USE ONLY2
 BOTH PERSONAL USE AND BUSINESS USE3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA13_N10:

IF QA13_N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA13_N9 = 1 OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA13_N10; ELSE SKIP TO PROGRAMMING QA13_N11

QA13_N10 Of all the telephone calls that you receive, are...

걸려오는 전화를 어떻게 받으십니까?

AM34

All or almost all calls received on a cell phone,1
 모든 또는 거의 모든 전화를 핸드폰으로 받는다.1
 Some on cell phones & some on regular
 phones, or2
 일부 전화는 핸드폰으로 받고 다른 일부 전화는 일반
 전화기로 받는다. 또는2
 Very few or none on cell phones.....3
 전혀 또는 거의 핸드폰으로 받지 않는다.3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA13_N11:

**IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
 ELSE CONTINUE WITH QA13_N11**

QA13_N11 Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

AM10

YES1
 MAYBE/PROBABLY YES2
 DEFINITELY NOT3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE SUICIDE RESOURCE 2:

IF QA13_S6 = (2, -7, -8),

AND [QA13_S3 = 1 OR (QA13_S3 = 2, -7, -8 AND QA13_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;

ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is **1-800-273-TALK (8255)**.

Or you can visit their website at www.suicidepreventionlifeline.org

앞에서 말씀드린 것처럼, 자살에 대한 생각이나 시도에 대해 상담을 받고 싶으시면 담당자가 하루 24 시간 귀하에게 도움이 되는 정보를 제공합니다. 저는 귀하가 적을 종이 찾는 동안 기다린 후에 전화번호를 알려드릴 수 있습니다. 무료 전화번호는 **1-800-273-TALK (8255)**입니다.

또는 이 기관의 웹사이트 www.suicidepreventionlifeline.org 를 방문하실 수도 있습니다.

QA13_N12 Would you like to speak with someone now?

지금 이러한 상담을 받고 싶으십니까

AN8

YES	1	[GO TO SUICIDE PROTOCOL]
NO	2	[GO TO CLOSE1 AND CLOSE2]
REFUSED	-7	[GO TO CLOSE1 AND CLOSE2]
DON'T KNOW	-8	[GO TO CLOSE1 AND CLOSE2]

PROGRAMMING NOTE CLOSE1 AND CLOSE2:

IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;

ELSE CONTINUE WITH CLOSE1

CLOSE1 Let me check to see if there is anyone else. [GO TO HHSELECT]
통화를 해야 하는 다른 분이 있는지 확인해 보겠습니다.

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

감사합니다. 귀하는 주 전역에서 실시되는 매우 중요한 설문 조사를 하는 데 도움이 되셨습니다. 질문이 있으시면 이 연구의 책임자인 **Ninez Ponce** 박사에게 연락하십시오. 이 분의 전화번호를 원하십니까? [IF YES, SAY: Ponce 박사에게 연락하시려면 무료 전화 1-866-275-2447로 전화하십시오.]