

CHIS 2005 Adult Questionnaire Version 6.4 September 4, 2013 (Adult Respondents Age 18 and older)

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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 2005 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

PROGRAMM	MING NOTE QA05_A1:	
	TE = CURRENT DATE (YYYYMMDD)	
Age QA05_A1	What is your date of birth? 나이를 말씀해 주시겠습니까?	
	()년 ()월 ()일	
	())引	
AA1		
	MONTH DAY YEAR [GO TO QA05_A5] [RANGE: 1-12] [RANGE: 1-31] [RANGE: 1898-1985]	
	REFUSED7 DON'T KNOW8	
	1. JANUARY 7. JULY	
	2. FEBRUARY 8. AUGUST	
	3. MARCH9. SEPTEMBER4. APRIL10. OCTOBER	
	4. APRIL 10. OCTOBER 5. MAY 11. NOVEMBER	
	6. JUNE 12. DECEMBER	
	MING NOTE QA05_A2: 1 = -7 OR8 (REF/DK), CONTINUE WITH QA05_A2; O QA05_A5	
QA05_A2	What month and year were you born? 귀하는 몇 년 몇 월에 출생하셨습니까?	
AA1A	MONTH YEAR [GO TO QA05_A5] [RANGE: 1-12] [RANGE: 1898-1985]	
	REFUSED7	
	DON'T KNOW8	
	1. JANUARY 7. JULY	
	2. FEBRUARY 8. AUGUST 3. MARCH 9. SEPTEMBER	
	4. APRIL 10. OCTOBER	
	5. MAY 11. NOVEMBER	
	6. JUNE 12. DECEMBER	

ELSE GO TO	= -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A3; 0 QA05_A5
0.405.40	What is your and places 2
QA05_A3	What is your age, please? 나이를(연세를) 말씀해 주시겠습니까?
	만으로 ()세
AA2	
	YEARS OF AGE [GO TO QA05_A5]
	REFUSED7
	DON'T KNOW
	ING NOTE QA05_A4:
IF QA05_A3 = ELSE GO TO	= -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A4;
QA05_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 18 세와 29 세 사이, 30 세와 39 세 사이, 40 세와 44 사이, 45 세와 49 세 사이, 50 세와 64 세
	사이, 또는 65 세 이상 중 어디에 속하십니까?
	사이, 또는 65 세 이상 중 어디에 속아잡다까?
AA2A	BETWEEN 18 AND 291
	BETWEEN 10 AND 29
	BETWEEN 40 AND 44
	BETWEEN 45 AND 49
	BETWEEN 50 AND 645
	65 OR OLDER6
	REFUSED7
	DON'T KNOW8
	ING NOTE QA05_A5: AAGE ENUM.AGE
QUESTIONS	VALUE OF AAGE BASED ON QA05_A1, QA05_A2, OR QA05_A3 TO USE IN ALL AGE-RELATED
	, QA05_A2, OR QA05_A3 = -7 OR -8 (REF/DK), THEN USE QA05_A4;
ELSE USE E	
Gender	
QA05_A5	Are you male or female?
	이건 어느 분께나 드리게 되어 있는 성별에 관한 질문인데요. 남성분이십니까,
	여성분이십니까?
AA3	
LI	MALE1
	FEMALE2
	REFUSED7
F 4b wister	DON'T KNOW
Ethnicity QA05_A6	Are you lating or Hispanic?
WAUD_A0	Are you Latino or Hispanic?

라티노나 히스패닉계이십니까?

AA4

YES	
NO	2]
	ſ
	J

REFUSED7	[GO TO PN QA05_A8]
DON'T KNOW8	

QA05_A7And 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.
그럼, 어떤 라티노나 히스패닉계에 속하십니까? 예를 들면, 멕시코인, 엘살바도르인, 큐바인,
온두라스인 등이요-- 하나 이상에 해당되는 경우, 모두 말씀해 주십시오.

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

MEXICAN/MEXICANO1
MEXICAN AMERICAN2
CHICANO
SALVADORAN4
GUATEMALAN5
COSTA RICAN6
HONDURAN7
NICARAGUAN8
PANAMANIAN9
PUERTO RICAN10
CUBAN11
SPANISH-AMERICAN (FROM SPAIN)12
OTHER LATINO (SPECIFY):91
REFUSED
DON'T KNOW8
DON'T KNOW8

PROGRAMMING NOTE QA05_A8:

IF QA05_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY "You said you are Latino or Hispanic. Also..." IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA05_A8, CONTINUE WITH PROGRAMMING NOTE QA05_A9;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

RaceQA05_A8 {You said you are Latino or Hispanic. Also} please tell me which one <u>or more</u> 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? 또한 귀하가 다음의 인종 중 어느 것 하나나 하나 #이상\에 속하는지를 말씀해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 주민, 아메리컨 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중에서 어느 인종에 속합니까?

AA5A

[IF R SAYS "아메리카 원주민," CODE AS "4"]

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

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

WHITE BLACK OR AFRICAN AMERICAN ASIAN AMERICAN INDIAN OR ALASKA NATIVE OTHER PACIFIC ISLANDER NATIVE HAWAIIAN	2 3 4 5 6	[GO TO PN QA05_A14 IF ONLY ONE RACE]
OTHER (SPECIFY): REFUSED DON'T KNOW	7	

PROGRAMMING NOTE QA05_A9:

IF QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_A9; ELSE GO TO PROGRAMMING NOTE QA05_A12

QA05_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 말씀하셨는데요, 어떤 부족에 속하십니까? 하나 이상의 부족에 속하신 경우, 모두 말씀해 주십시오.

AA5B

[CODE ALL THAT APPLY]

APACHE1	
BLACKFOOT/BLACKFEET2	
CHEROKEE	
CHOCTAW4	
MEXICAN AMERICAN INDIAN5	
NAVAJO6	
POMO7	
PUEBLO8	
SIOUX9	
YAQUI	
OTHER TRIBE [Ask for spelling] (SPECIFY):	91
REFUSED7	
DON'T KNOW8	
u an aprolled member in a federally or state reasonized t	triba?

QA05_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 REFUSED......-7≻ [GO TO PN QA05_A12] DON'T KNOW-8J Which tribe are you enrolled in? QA05 A11 귀하는 어느 부족으로 등록했습니까? AA5D APACHE MESCALERO APACHE, NM.....1 APACHE (NOT SPECIFIED)2 OTHER APACHE [Ask for spelling] (SPECIFY):91 **BLACKFEET** CHEROKEE WESTERN CHEROKEE......4 CHEROKEE (NOT SPECIFIED)......5 OTHER CHEROKEE [Ask for spelling] (SPECIFY)..92 CHOCTAW CHOCTAW OKLAHOMA......6 CHOCTAW (NOT SPECIFIED)7 OTHER CHOCTAW [Ask for spelling] (SPECIFY): ..93 NAVAJO NAVAJO (NOT SPECIFIED)8 POMO HOPLAND BAND, HOPLAND RANCHERIA......9 POMO (NOT SPECIFIED)11 OTHER POMO [Ask for spelling] (SPECIFY):94 PUEBLO HOPI12 YSLETA DEL SUR PUEBLO OF TEXAS13 PUEBLO (NOT SPECIFIED)14 OTHER PUEBLO [Ask for spelling] (SPECIFY):95 SIOUX OGLALA/PINE RIDGE SIOUX15 SIOUX (NOT SPECIFIED)......16 OTHER SIOUX [Ask for spelling] (SPECIFY):.....96 YAQUI PASCUA YAQUI TRIBE OF ARIZONA17 YAQUI (NOT SPECIFIED)......18 OTHER YAQUI [Ask for spelling] (SPECIFY):.....97 OTHER OTHER [Ask for spelling] (SPECIFY): _____ 98 REFUSED......-7 DON'T KNOW-8

PROGRAMMING NOTE QA05_A12:

IF QA05_A8= 3 (ASIAN) CONTINUE WITH QA05_A12; ELSE GO TO PROGRAMMING NOTE QA05_A13

QA05_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]

PROGRAMMING NOTE QA05_A13: IF QA05_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA05_A13; ELSE GO TO PROGRAMMING NOTE QA05_A14

QA05_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 SAMOAN1	
GUAMANIAN2	
TONGAN	
FIJIAN4	
OTHER PACIFIC ISLANDER (SPECIFY):	91
REFUSED7	
DON'T KNOW8	

PROGRAMMING NOTE QA05_A14:

IF QA05_A6 = 1 (LATINO) AND [QA05_A8= 6 (NATIVE HAWAIIAN) OR QA05_A8= 5 (OTHER PACIFIC ISLANDER) OR QA05_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA05_A8= 3 (ASIAN) OR QA05_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA05_A8= 1 (WHITE) OR QA05_A8= 91 (OTHER)], CONTINUE WITH QA05_A14; ELSE IF MULTIPLE RESPONSES TO QA05_A8, QA05_A12, OR QA05_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA05_A14; ELSE GO TO QA05_A15

[NOTE: FOR QA05_A14 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF QA05_A7 = -7 (REFUSE), INSERT "Latino"]

IF QA05_A6 = 1 (YES, LATINO) AND ANY OF QA05_A7 = 1 THRU 12, DO NOT DISPLAY QA05_A14 = 14 (LATINO). IF QA05_A8 = 5 (OTHER PACIFIC ISLANDER) AND QA05_A13 = 1 THRU 4, DO NOT DISPLAY QA05_A14 = 17 (OTHER PACIFIC ISLANDER). IE QA05_A8 = 3 (ASIAN) AND ANY OF QA05_A12 = 1 THRU 17_DO NOT SAY QA05_A14 = 19 (ASIAN)

IF QA05_A8= 3 (ASIAN) AND ANY OF QA05_A12 = 1 THRU 17, DO NOT SAY QA05_A14 = 19 (ASIAN)

QA05_A14 You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you <u>most</u> identify with? 귀하께서 { }(이)라고 말씀하셨습니다. 이 중에서, 귀하를 가장 잘 나타낸다고 생각되는 것은 무엇입니까?

AA5F

[IF R UNABLE TO CHOOSE ONE, OFFER OPTION "BOTH/ALL/MULTIRACIAL"]

MEXICAN/MEXICANO	1
MEXICAN AMERICAN	2
CHICANO	3
SALVADORAN	4
GUATEMALAN	
COSTA RICAN	
HONDURAN	
NICARAGUAN	8
PANAMANIAN	
PUERTO RICAN	
CUBAN	
SPANISH-AMERICAN (FROM SPAIN)	
LATINO, OTHER SPECIFY	
LATINO	
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	
ASIAN	19
BLACK OR AFRICAN AMERICAN	
WHITE	
RACE, OTHER SPECIFY	
BANGLADESHI	
BURMESE	
CAMBODIAN	
CHINESE	
FILIPINO	
HMONG	35
INDIAN (INDIA)	
INDONESIAN.	
JAPANESE	

QA05_A14 CONTINUED...

KOREAN	39
LAOTIAN	40
MALAYSIAN	41
PAKISTANI	42
SRI LANKAN	43
TAIWANESE	44
THAI	45
VIETNAMESE	46
ASIAN, OTHER SPECIFY	49
SAMOAN/AMERICAN SAMOAN	
GUAMANIAN	51
TONGAN	52
FIJIAN	53
PACIFIC ISLANDER, OTHER SPECIFY	55
BOTH/ALL/MULTIRACIAL	90
NONE OF THESE	
REFUSED	
DON'T KNOW	

Marital Status

QA05_A15

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 마찬가지인 동거자와 함께 살고 계십니까, 미망인이십니까, 이혼하셨습니까, 별거중이십니까, 아니면 미혼이십니까?

AH43

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

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

Section B – Health Conditions

QA05_B1	These next questions are about your health. Would you say that in general your health is excellent, very good, good, fair or poor? 다음은 귀하의 건강에 대해 몇 가지 질문을 드리겠습니다. 전반적으로 건강이 굉장히 좋으십니까? 상당히 좋으십니까, 좋으십니까, 괜찮으십니까? 아니면 안 좋으십니까?
	EXCELLENT
Asthma QA05_B2	Has a doctor <u>ever</u> told you that you have asthma? 귀하께서 천식이 있다고 의사가 말한 적이 있습니까?
AB17	YES
QA05_B3	Do you still have asthma? 아직도 천식이 있으십니까?
AB40	YES
QA05_B4	During the <u>past 12 months</u> , have you had an episode of asthma or an asthma attack? 지난 12 개월 동안, 이따금씩 또는 한 번이라도 천식 증상이 있었던 적이 있습니까?
AB41	YES

PROGRAMM	ING NOTE QA05_B5:
	2, -7, or –8 (NO, REFUSED, DON'T KNOW) <u>AND</u> QA05_B4= 2, -7, or –8 (NO, REFUSED, DON'T
KNOW), GO T	
,.	— /
ELSE CONTIN	NUE WITH QA05_B5
QA05_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 12 개월 동안, 기침, 휘휘거리는 쉰 목소리, 숨가쁨, 흉부 압박감 및 가래 등의 천식 증상이
	얼마나 자주 있었습니까? 다음 중에서 선택해 주십시오
AB19	
	Not at all1
	아무 증상도 없었습니까
	Less than every month2
	매 달 한 번도 안됐습니까
	Every month
	•
	매달3
	Every week, or4
	매주, 아니면
	Every day?5
	매일 있었습니까?
	REFUSED7
	DON'T KNOW8
	DON T KNOWo
QA05_B6	During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic
	because of your asthma?
	지난 12 개월 동안, 천식때문에 병원 응급실이나 응급 진료소에 가야 했던 때가 있었습니까?
	시민 12 개별 등한, 전식때군에 정된 등법철이가 등법 전묘도에 가야 있던 때가 있었답니까?
AH13A	
	YES1
	NO2
	REFUSED7
	DON'T KNOW
0 4 0 E D 7	
QA05_B7	Are you now taking a <u>daily</u> 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
	DON'T KNOW8

	ING NOTE QA05_B8:
	= 1 (YES, STILL HAVE ASTHMA) OR QA05_B4 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO
	ING NOTE QA05_B10
ELSE CONTI	NUE WITH QA05_B8
QA05_B8	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 12 개월\ 동안, 기침, 씨근거림, 가쁜 숨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주
	발생했습니까?
AB66	
	Not at all1
	전혀 발생하지 않았음1
	Less than every month2
	몇 달에 한 번 발생2
	Every month
	매달 발생3
	Every week, or4
	매주 발생
	Every day?5
	매일 발생
	REFUSED
	DON'T KNOW
QA05_B9	During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic
4.100_20	because of your asthma?
	지난 12 개월\동안 #귀하의\천식 때문에 병원 응급실이나 긴급 치료 진료소를 방문하신 적이
	있습니까?
AB67	
ADUI	YES1
	NO
	REFUSED7
	DON'T KNOW
PROGRAMM	ING NOTE QA05 B10;
	9 GO TO QA05 B11
	NUE WITH QA05_B10
L	
0405 B10	During the past 12 months, how many days of work did you miss due to asthma?

QA05_B10During the past 12 months, how many days of work did you miss due to asthma?
지난 12 개월 동안, 천식때문에 직장에 나가지 못했던게 며칠이나 되십니까?

AB42

_____ 0-365 DAYS

NOT WORKING	6
REFUSED	7
DON'T KNOW	8

QA05_B11 Has a doctor or other health professional <u>ever given you an asthma management plan?</u> 의사나 다른 어떤 의료 전문가한테서 천식 관리 안내서를 받은 적이 있으습니까?

AB43

[IF NEEDED, SAY: "An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room"] [INCLUDE NURSES AND ASTHMA EDUCATORS]

[IF NEEDED, SAY: "천식 관리 안내서란 언제 약의 복용량이나 종류를 바꾸고, 자문을 위해 언제 의사에게 전화하며,응급실에 언제 가야 하는 지에 대한 설명이 나와 있는 인쇄물입니다. "]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

QA05_B12 Has a doctor ever told you that you have a lung disease other than asthma, such as emphysema or COPD?

의사가 귀하께 천식 이외에 폐기종이나 COPD 같은 폐 질환이 있다고 말한 적이 있습니까?

AB62

[IF NEEDED, SAY: "COPD means Chronic Obstructive Pulmonary Disease and is also known as Chronic Lower Respiratory Disease. Do not include Tuberculosis (TB)."] [IF NEEDED, SAY: "COPD 란 만성 폐쇄성 폐 질환을 말하며 만성 하기도 질환이라고도 합니다. 폐결핵(TB)은 포함시키지 마십시오."]

NO2
REFUSED7
DON'T KNOW8

PROGRAMMING NOTE QA05_B13

IF QA05_A5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has"; ELSE BEGIN DISPLAY WITH "Has"

Diabetes

QA05_B13 {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have diabetes or sugar diabetes?

당뇨병이나 혈당이 있다는 말을 의사에게서 들은 적이 있습니까?

AB22

1	
	٦ ١
3	
-7	├ [GO TO QA05_B22]
-8]
	1 2 ⁻ 3 -7 -8

QA05_B14	How old were you when a doctor first told you that you have diabetes? 귀하께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇살 때입니까? (_) 세
AB23	AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
	REFUSED7 DON'T KNOW8
QA05_B15	Were you told that you had Type 1 or Type 2 diabetes? 당뇨병이 일형 (타입 I) 당뇨병이라고 들었습니까, 이형 (타입 II) 당뇨병이라고 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 diabetesresults from insulin resistance and is the most common form of diabetes."] [IF NEEDED, SAY: "일형 (타입 I) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은 성인들에게서 진단됩니다. 이형 (타입 II) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다."]
	TYPE 1
QA05_B16	Are you now taking insulin? 현재 인슐린을 투여하고 계십니까?
AB24	YES
QA05_B17	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."]
	YES

QA05_B18	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
QA05_B19	About how many times in the last 12 months has a doctor checked you for hemoglobin "A one C"? 지난 12 개월 동안, 의사는 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]
QA05_B20	REFUSED7 DON'T KNOW8 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations? 지난 12 개월 동안, 의사는 귀하의 발의 상처나 염증을 대략 몇 번이나 검사했습니까?
AB28	NUMBER OF TIMES [HR: 0-52; SR: 0-25]
	REFUSED7 DON'T KNOW8
QA05_B21 AB63	When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time. 귀하께서 가장 근래에 눈동자를 확장시키는 눈 검사를 받으신 것은 언제였습니까? 이것은 눈을 짧은 시간 동안 밝은 불빛에 민감하게 반응하도록 만드는 검사입니다.
	WITHIN THE PAST MONTH

High blood pressure QA05 B22 Has a doctor ever told you that you have high blood pressure? 귀하께서 고혈압이라고 의사가 말한 적이 있습니까? AB29 YES.....1 NO.....2 [GO TO QA05_B24] REFUSED......-7 Are you now taking any medications to control your high blood pressure? QA05_B23 현재 혈압 조절 약을 복용하고 계십니까? **AB30** YES.....1 NO......2 REFUSED......-7 Cholesterol QA05 B24 About how long ago did you have your blood cholesterol checked? 대략 얼마나 오래 전에 귀하는 혈액 콜레스테롤 검사를 하셨습니까? AB35 [IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."] [IF NEEDED, SAY: "혈액 콜레스테롤이란 혈액에 들어 있는 지방 물질을 말합니다."] 1 TO 12 MONTHS AGO......1 13 MONTHS TO 2 YEARS AGO......2 MORE THAN 5 YEARS AGO......4 The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high? QA05 B25 지난 번에 콜레스테롤 검사를 했을 때 의사가 혈액 콜레스테롤 수치가 높다고 말했습니까? AB36 YES.....1 NO.....2 REFUSED......-7 **Heart Disease** QA05 B26 Has a doctor ever told you that you have any kind of heart disease? 귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까? **AB34** YES.....1 NO......2 REFUSED......-7 [GO TO PN QA05 B28] DON'T KNOW--8

QA05_B27Has 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
Stroke	
QA05_B28	Has a doctor ever told you that you had a stroke?
	중풍이 있다는 진단을 의사로부터 받으신 적이 있습니까?
AC6	YES1
	NO2
	REFUSED
Arthritis	DON'T KNOW8
QAO5_B29	Have you EVER been told by a doctor that you have some form of arthritis, gout, lupus or
	fibromyalgia?
	의사가 귀하께 어떤 종류의 관절염, 통풍, 루프스 또는 섬유 근육통에 걸렸다고 말씀드린 #적\이
	있습니까?
AB64	
	YES1 NO2
	REFUSED
	DON'T KNOW8
Epilepsy QA05_B30	Has a doctor ever told you that you have seizure disorder or epilepsy?
QA05_B30	발작적인 질환이나 간질이 있다는 진단을 의사로부터 받으신 적이 있습니까?
AB53	
	YES1
	NO REFUSED
QA05_B31	Are you now taking any medicine to control your seizure disorder or epilepsy?
	발작적인 질환이나 간질을 다스리기 위해 현재 약을 복용하고 계십니까?
AB54	
ABJ4	YES1
	NO2
	REFUSED
	DON'T KNOW8
QA05_B32	How many seizures of any type have you had in the last three months?
	귀하는 #지난 3 개월\ 동안에 #종류를 불문하고\ 발작을 몇 번이나 일으켰습니까?
AB55	[IF R NORMALLY COUNTS "AURAS" AS SEIZURES, ACCEPT THE RESPONSE]
	II IN NORMALLI COUNTS AURAS AS SLIZURES, ACCEFT THE RESPONSES
	NO SEIZURES0
	ONE SEIZURE1 MORE THAN ONE SEIZURE

	NO LONGER HAVE EPILEPSY/SD
	Instructions to interviewer: If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.
QA05_B33 AB65	In the past 12 months, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder? 지난 12 개월 동안, 간질이나 발작성 질환 때문에 신경과 의사나 간질 전문의로부터 진료를 받으신 적이 있습니까? YES
QA05_B34	During the <u>past month</u> , to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say 지난 한 달 동안, 간질이나 그로 인한 치료 때문에 일하거나 학교에 다니거나 가족이나 친구와 시간을 보내는 등의 정상적인 활동을 하는 데에 어느 정도나 지장이 있었습니까? 다음 중 어떤 거지요?
AB56	Not at all

조금 지장이 있었습니까,	2
Moderately	3
다소 지장이 있었습니까,	
Quite a bit or	4
상당히 지장이 있었습니까,	4
Extremely?	5
극도로 지장이 많았습니까?	
REFUSED	7
DON'T KNOW	8

Flu shot QA05_B35

During the past 12 months, have you had a flu shot? 지난 12 개월 동안, 독감예방주사를 맞은 적이 있습니까?

AE30

YES	1
NO	
REFUSED	7
DON'T KNOW	8

Section C – Health Behaviors

Walking for transportation and leisure

QA05_C1 The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise. 다음의 질문들은 이동을 목적으로 걷는 것에 관한 것입니다. 여기에는 볼일이나 어떤 장소에 가기 위해 걷는 것만이 포함됩니다. 기분 전환이나 운동을 위해 걷는 것에 관해서는 나중에 별도로 질문을 드리겠습니다.

During the past seven days, did you walk for at least ten minutes at a time to get some place such as work, school, a store, or restaurant? 지난 7 일\ 동안에, 직장, 학교, 상점 또는 식당에 가기 위해 한 번에 #10 분\ #이상\ 걸은 적이			
YES			
On how many days did you do this? 며칠 동안이나 그렇게 걸었습니까?			
DAYS PER WEEK [IF 0, GO TO QA05_C5] REFUSED7 [GO TO QA05_C4] DON'T KNOW8 [GO TO QA05_C4]			
PROGRAMMING NOTE QA05_C3 IF QA05_C2 = 1 DO NOT DISPLAY "usually" and display "that day" IF QA05_C2 > 1 OR QA05_C2= -7 OR -8 DISPLAY "usually" and "one of those days"			
How much time did you {usually} spend walking on {one of those days/that day}? 그런 날에는 보통 얼마나 오래 걸었습니까? HOURS PER DAY MINUTES PER DAY REFUSED			

PROGRAMMING NOTE QA05_C4

IF QA05_C1 = 1 [WALK FOR TRANS, DISPLAY "Please do not include any walking that you already told me about"

QA05_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past seven days did you walk for at least ten minutes at a time for any of these reasons? Please do not include any walking that you already told me about.

귀하는 재미, 기분 전환, 운동을 위해, 또는 개를 산책시키기 위해 걷는 경우가 있습니다. 지난 7 일 동안, 이러한 이유로 한 번에 10 분 이상 걸은 적이 있습니까? 귀하가 앞에서 말씀하신 이유로 걸은 것은 포함시키지 마십시오.

AD40	YES	[GO TO QA05_C7]
QA05_C5 AD41	On how many days did you do this? 며칠 동안이나 그렇게 걸었습니까? DAYS PER WEEK [IF 0, GO TO QA05_C7]	
	REFUSED	[GO TO QA05_C7] [GO TO QA05_C7]
PROGRAMMING NOTE QA05_C6 IF QA05_C5 = 1 DO NOT DISPLAY "usually" and display "that day" IF QA05_C5 > 1 OR QA05_C5 = -7 OR -8 DISPLAY "usually" and "one of those days"		
	· · · · · ·	

AD42

[IF NEEDED SAY: "For fun, relaxation, exercise or to walk the dog?"] [IF NEEDED SAY: "재미, 기분 전환, 운동을 위해, 또는 개를 산책시키기 위해."]

> _____ HOURS PER DAY _____ MINUTES PER DAY

REFUSED	-7
DON'T KNOW	-8

Moderate and vigorous physical activity

QA05_C7The next questions are about physical activities or exercise you may do in your free time for at
least 10 minutes, other than walking. First, think about activities that take moderate physical effort,
such as bicycling, swimming, dancing, and gardening.
다음 질문들은 자유 시간에 10 분 이상 하는 걷기를 제외한 신체 활동이나 운동에 관한 것입니다.
먼저 자전거 타기, 수영, 댄스 및 정원 가꾸기와 같은 보통 정도의 신체적 노력이 필요한 활동들을
고려해 주십시오.

During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes, other than walking?

지난 7 일 동안에, 자유 시간에 걷기를 제외한 보통 정도의 신체 활동을 10 분 이상 한 적이 있습니까? AE2		al."]
	[IF NEEDED SAY: "Think about only those physical activities that you did for	
	at least 10 minutes at a time."] [IF NEEDED SAY: "한 번에 10 분 이상 한 보통 정도의 신체 활동만을 고려하십시오."]	
	[IF NEEDED SAY. 한 번에 10군 이상 번 도농 상도의 전세 활동반을 고려하십시오.]	
	YES	
QA05_C8	On how many days did you do this? 며칠 동안이나 이러한 활동을 했습니까?	
AE27	DAYS PER WEEK [IF 0, GO TO QA05_C10]	
	REFUSED7 [GO TO QA05_C10] DON'T KNOW8 [GO TO QA05_C10]	
PROGRAMM	ING NOTE QA05_C9	
IF QA05_C8 =	 1 DO NOT DISPLAY "usually" AND DISPLAY "that day" 1 DISPLAY "usually" and "one of those days" 	
QA05_C9	How much time did you {usually} spend on {one of those days/that day} doing moderate physica activities in your free time? 그런 날에는 자유 시간에 보통 정도의 신체 활동을 얼마나 오래 했습니까?	I
AE27A	[IF NEEDED SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."] [IF NEEDED SAY: "한 번에 10 분 이상 한 보통 정도의 신체 활동만을 고려하십시오."]	

	HOURS PER DAY MINUTES PER DAY
	-7 DON'T KNOW8
QA05_C10	Now think about <i>vigorous</i> activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking. 지금부터는 #자유 시간 동안에 한\ 에어로빅, 달리기, 축구, 빠른 속도로 자전거 타기, 빠른 속도로 수영하기와 같은 힘든 신체적 노력이 필요한 #격심한 활동\에 관해서 생각해 보십시오. 이번에도 걷는 것은 포함시키지 마십시오.
AE24	During the last 7 days, did you do any vigorous physical activities in your free time? 지난 7 일 동안에, 자유 시간에 격심한 신체 활동을 한 적이 있습니까?
AE24	[IF NEEDED SAY: "Vigorous activities make you breathe much harder than normal."] [IF NEEDED SAY: "격심한 신체 활동을 하면 보통 때보다 숨쉬기가 훨씬 더 어렵습니다."]
	[IF NEEDED SAY: "Think about only those vigorous physical activities that you did for at least 10 minutes at a time."] [IF NEEDED SAY: "한 번에 10 분 이상 한 격심한 신체 활동만을 고려하십시오."]
	YES
QA05_C11	On how many days did you do this? 며칠 동안이나 이러한 활동을 했습니까?
AE25	DAYS PER WEEK [IF 0, GO TO QA05_C13]
	REFUSED7 [GO TO QA05_C13] DON'T KNOW8 [GO TO QA05_C13]
IF QA05_C11 =	IG NOTE QA05_C12 = 1 DO NOT DISPLAY "usually" and display "that day" > 1 DISPLAY "usually" and "one of those days"
QA05_C12	How much time did you {usually} spend on {one of those days/on that day} doing vigorous physical activities in your free time? 그런 날에는 자유 시간에 격심한 신체 활동을 보통 얼마나 오래 했습니까?
AE25A	[IF NEEDED SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."] [IF NEEDED SAY: "한 번에 10 분 이상 한 격심한 신체 활동만을 고려하십시오."]
	HOURS PER DAY MINUTES PER DAY
	REFUSED7 DON'T KNOW8

QA05_C13 Now think about activities specifically designed to STRENGTHEN your muscles, such as lifting weights or other strength-building exercises. Include all such activities even if you have mentioned them before.

지금부터는 역기 들기나 다른 체력 강화 운동과 같이 특별히 근육을 #강화\하기 위한 활동들에 관해 생각해 보십시오. 앞에서 말씀하신 적이 있는 활동까지도 모두 포함시키십시오.

During the last 7 days, on how many days did you do activities to strengthen your muscles? 지난 7 일 동안, 근육을 강화하기 위한 운동을 며칠이나 하셨습니까?

AC20

___ DAYS PER WEEK

REFUSED	7
DON'T KNOW	8

Dietary Intake

QA05_C14

Now think about <u>all</u> the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

지금부터는 지난 한 달, 즉 지난 30 일 동안 주식과 간식을 포함하여 귀하가 드시거나 마신 모든 식품에 관해 생각해 보십시오.

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

지난 한 달 동안에, 하루, 한 주 또는 한 달 동안에 몇 번이나 과일을 드셨습니까? 주스는 포함시키지 마십시오.

AE2

[IF NEEDED, SAY: "Your best guess is fine." "Include fruit mixed with other food, such as cereal or yogurt."

[IF NEEDED, SAY: "소신껏 추측하셔도 좋습니다."

If R gives a number without a time frame, ASK: "Was that per day, week or month?"] If R gives a number without a time frame, ASK: ""이것은 하루, 한 주 또는 한 달 중 어느것입니까?"]

 PER DAY
 PER WEEK
 PER MONTH

REFUSED7	7
DON'T KNOWE	3

QA05_C15 During the past month, how many times per day, week or month did you eat green leafy or lettuce salad?

지난 한 달 동안에, 하루, 한 주 또는 한 달 동안에 몇 번이나 녹색잎 야채 또는 상추 샐러드를 드셨습니까?

AE6

[IF NEEDED, SAY: "Include spinach salads." "Your best guess is fine." [IF NEEDED, SAY: "시금치 샐러드를 포함시키십시오. 소신껏 추측하셔도 좋습니다."

If R gives a number without a time frame, ASK:"Was that per day, week or month?"] If R gives a number without a time frame, ASK:"이것은 하루, 한 주 또는 한 달 중 언제 먹은 것입니까?"]

 PER DAY
PER WEEK
PER MONTH

REFUSED	7
DON'T KNOW	8

QA05_C16 During the past month, how many times did you eat French fries, home fries or hash browns? 지난 한 달 동안에 프렌치 프라이, 홈 프라이 또는 해시 브라운을 몇 번이나 드셨습니까?

AE3

[IF NEEDED, SAY: "Exclude potato chips." [IF NEEDED, SAY: "감자 칩은 포함시키지 마십시오."

If R gives a number without a time frame, ASK: "Was that per day, week or month?"] If R gives a number without a time frame, ASK: "이것은 하루, 한 주 또는 한 달 중 언제 드신 것입니까?"]

 _PER DAY
 PER WEEK
 PER MONTH

REFUSED7	
DON'T KNOW8	

QA05_C17 During the past month, how many times did you eat *other* white potatoes? 지난 한 달 동안에, #튀기지 않고 다른 방식으로 요리된\ 감자를 얼마나 자주 드셨습니까?

AE4

[IF NEEDED, SAY: "Do not include yams or sweet potatoes. Include red, yellow, purple, or brown-skinned potatoes."]

[IF NEEDED, SAY: "얌이나 고구마는 포함시키지 마십시오. 껍질이 붉거나, 노랗거나, 자주색이거나, 갈색인 감자는 포함시키십시오."

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY: THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS MASHED, BAKED, OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD. IT INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE.]

 PER DAY
 PER WEEK
 PER MONTH

REFUSED	-7
DON'T KNOW	-8

QA05_C18 During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans. 지난 한 달 동안에 으깬 콩, 구은 콩 또는 콩 수프와 같은 삶은 마른 콩을 몇 번이나 드셨습니까? 깍지콩은 포함시키지 마십시오.

AE5

[IF NEEDED, SAY: "Include red, black, white, pinto, or soy beans or lentils cooked in the same way."]

[IF NEEDED, SAY: "같은 방법으로 조리한 빨간 콩, 검은 콩, 흰 콩, 핀토 콩, 대두 또는 렌즈 콩은 포함시키십시오."

 PER DAY
 PER WEEK
 PER MONTH

REFUSED	-7
DON'T KNOW	-8

QA05_C19 During the past month, how many times did you eat any vegetables other than the foods you already told me about.

지난 한 달 동안에, 앞에서 말씀하신 식품을 제외한 다른 야채들을 하루, 한 주 또는 한 달 동안에 몇 번이나 먹었습니까?

AE7

[IF NEEDED, SAY: "Such as tomatoes, carrots, onions, bell peppers, zucchini, or broccoli." [IF NEEDED, SAY: "토마토, 당근, 양파, 단고추, 서양 호박, 브로콜리 등이 있습니다."

IF STRONGLY NEEDED, SAY: "Rice is not a vegetable."] IF STRONGLY NEEDED, SAY: "쌀은 야채가 아닙니다."]

 _PER DAY
 PER WEEK
 PER MONTH

REFUSED7	,
DON'T KNOW8	5

QA05_C20 During the past month, how many times did you drink soda such as coke or 7-up? Do not include diet soda.

지난 한 달 동안에, 콜라나 사이다 같은 소다를 몇 번이나 마셨습니까? 다이어트 소다나 무설탕 소다는 포함시키지 마십시오.

AC11

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."] [IF NEEDED, SAY: "깡통이나 병에 들어 있는 주스 또는 차는 포함시키지 마십시오. 소신껏 추정을 하셔도 좋습니다."]

 PER DAY
 PER WEEK
 _PER MONTH

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

QA05_C21 During the past month, how many times did you drink 100% fruit juice such as orange or apple juice? 지난 한 달 동안에, 오렌지 주스나 사과 주스 같은 100% 과일 주스를 몇 번이나 마셨습니까?

AE1

[IF NEEDED, SAY: "Only include 100% fruit juices. Your best guess is fine."] [IF NEEDED, SAY: "100% 과일 주스만을 포함시키십시오. 소신껏 추측하셔도 좋습니다."]

PER DAY
PER WEEK
PER MONTH

REFUSED	7
DON'T KNOW	8

QA05_C22 During the past month, how many times did you drink fruit-flavored drinks such as lemonade, Sunny Delight, or Kool-aid? Do not include diet drinks. 지난 한 달 동안에 레모네이드, 서니 딜라이트 또는 쿨-에이드와 같은 과일향 음료를 몇 번이나 마셨습니까? 다이어트 음료는 포함시키지 마십시오.

AC12

[IF NEEDED, SAY: "Do not include yogurt drinks or mineral water."] [IF NEEDED, SAY: "요구르트 음료 또는 광천수는 포함시키지 마십시오."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, , SUGAR CANE JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]

 PER DAY
 PER WEEK
PER MONTH

QA05_C23 During the past month, how many times did you eat cake, pie, brownies or cookies? Include low-fat kinds.

지난 한 달 동안에 케이크, 파이, 브라우니 또는 과자를몇 번이나 먹었습니까? 저지방 제품도 포함시키십시오.

AC13

[IF NEEDED, SAY: "Include ANY sweet pastries." "Do not include sugar-free kinds.."] [IF NEEDED, SAY: "모든\ 당분이 들어있는 반죽빵류를 포함시키십시오. 무설탕 제품은 포함시키지 마십시오."]

PER DAY	
PER WEEK	
PER MONTH	

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

QA05_C24 During the past month, how many times did you eat ice cream or other frozen desserts? Include low-fat kinds.

지난 한 달 동안에 아이스크림이나 다른 냉동 디저트를 얼마나 자주 드셨습니까? 저지방 제품도 포함시키십시오.

AC14

[IF NEEDED, SAY: "Do not include sugar-free kinds. Your best guess is fine."] [IF NEEDED, SAY: "무설탕 제품은 포함시키지 마십시오. 소신껏 추정하셔도 좋습니다."] [IF STRONGLY NEEDED, SAY: "Other examples are frozen yogurt and popsicles."] [IF STRONGLY NEEDED, SAY: "다른 예에는 냉동 요구르트와 팝시클이 있습니다."]

PER DAY
 PER WEEK
PER MONTH

REFUSED......-7 DON'T KNOW......-8QA05_C25INTRO Do you now take any of the following types of medications regularly, that is, at least 3 times a week? 귀하는 현재 다음과 같은 약들을 정기적으로, 즉 최소한 일주일에 3 번씩 복용하고 있습니까?

AC15	
QA05_C25 AC15A	Aspirin, Bayer, Bufferin, or Excedrin? Aspirin, Bayer, Bufferin, 혹은 Excedrin? [NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]
	YES
QA05_C26	Advil,Ibuprofen,Motrin, or Nuprin. Advil, Ibuprofen, Motrin, 혹은 Nuprin?
AC15B	[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL] YES
QA05_C27	Aleve, Naprosyn, Naproxen, or Celebrex? Naprosyn, Naproxen, 혹은 Celebrex?
AC15C	[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL] YES
	ING NOTE QA05_C28 5 = 1 OR QA05_C26 = 1 OR QA05_C27 =1) CONTINUE WITH QA05_C28; QA05_C29
QA05_C28	Have you taken any of these kinds of medications regularly for the last 3 months? 귀하는 이러한 종류의 약들을 지난 3 개월 동안 정기적으로 복용하셨습니까?
AC16	

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

Tobacco use, QA05_C29 AE15	second hand smoke Now, I am going to ask about various health behaviors. Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime? 이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다. 지금껏 살아 오시면서, 다 합해 담배를 적어도 100 개피 정도 피우셨습니까?
	YES
QA05_C30	Do you now smoke cigarettes every day, some days, or not at all? 현재 담배를 매일 피우십니까, 가끔 피우십니까, 또는 전혀 안 피우십니까?
	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3 REFUSED -7 DON'T KNOW -8
QA05_C31	On the average, how many cigarettes do you now smoke a day? 현재 하루에 평균 몇 대의 담배를 피웁니까?
AD32	[IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]
	NUMBER OF CIGARETTES [GO TO QA05_C33]
	REFUSED
QA05_C32	In the past 30 days, when you smoked, how many cigarettes did you smoke per day (on the days you smoked)? 지난 30 일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?
AE16	[IF NEEDED, SAY: "On the days you smoked".] [IF NEEDED, SAY: "담배를 피운 날에"]
	[IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES] NUMBER OF CIGARETTES [HR: 0 – 120]
	REFUSED7 DON'T KNOW8
QA05_C33	ls smoking ever allowed inside your home? 귀하의 집 안에서 흡연이 허용된 적이 단 한번이라도 있습니까?
AC17	YES

	DON'T KNOW8 [GO TO QA05_C35]
QA05_C34	On average, about how many days per week is there smoking inside your home? 평균적으로, 일주일에 며칠이나 누군가가 집 #안\에서 담배를 피웁니까?
AD34	RARELY OR LESS THAN 1 DAY PER WEEK1 DAYS (1-7)2
Alcohol use QA05_C35	REFUSED
AE11	YES
QA05_C36	During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average? 지난 30 일 동안, 일주일에 또는 한달에 평균 며칠이나 알코올성 음료를 마셨습니까?
AE12	DAYS PER WEEK DAYS PER MONTH REFUSED
QA05_C37 AE13	ON T KNOW
DDOCDAMMI	

PROGRAMMING NOTE QA05_C38 IF QA05_A5 = 1 (MALE) CONTINUE WITH QA05_C38; ELSE GO TO QA05_C39

QA05_C38 Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?

	모든 종류의 알코올성 음료를 다 포함해서, 지난 30 일 동안 한번에 5 잔 이상 마셨던 게 몇 번이나 됩니까?
AE14	NUMBER OF TIMES
	NONE
QA05_C39	Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 4 or more drinks on an occasion? 모든 종류의 알코올 음료를 고려할 때, 지난 30 일 동안 한 자리에서 4 잔 이상 마신 적이 대략 몇 번이나 됩니까?
AE14A	NUMBER OF TIMES
	NONE

	Section D – General Health, Disability, and Sexual Health
General heal QA05_D1 AE31	th Now, I am going to ask about your health over the <u>past 30 days.</u> Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health <u>not g</u> ood? 이제는 지난 30 일 동안의 건강에 대해 질문을 드리겠습니다. 병에 걸렸거나, 다친 경우를 포함한 신체적 건강에 대해 생각해 보시기 바랍니다. 지난 30 일 동안 신체적 건강이 좋지 않았던 게 며칠이나 됩니까?
AEST	[IF NEEDED, SAY: "On how many days was your physical health <u>not g</u> ood?"] [IF NEEDED, SAY: "신체적 건강이 좋지 않았던 날이 며칠이나 됩니까?"]
	NUMBER OF DAYS
	NONE
QA05_D2	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health <u>not</u> good? 이제는 스트레스, 우울증, 정서적 문제 등을 포함한 정신적 건강에 대해 생각해 보십시오. 지난 30 일 동안 정신적 건강이 좋지 않았던 게 며칠이나 됩니까?
AEJZ	[IF NEEDED, SAY: "Mental health includes stress, feeling sad or not feeling like yourself. On how many days was your mental health not good?] [IF NEEDED, SAY: "정신적 건강에는 스트레스, 슬픈 느낌, 평소의 자신같지 않은 느낌 등이 포함됩니다. 정신적 건강이좋지 않았던 날이 며칠이나 됩니까?"]
	NUMBER OF DAYS
	NONE
QA05_D3	During the past 30 days, for about how many days did poor physical <u>or</u> mental health keep you from doing your usual activities, such as self-care, work, or recreation? 지난 30 일 동안, 신체적 또는 정신적 건강이 좋지 않아 자신을 돌보거나 일이나 여가 활동 등의 일상 활동을 못 했던 게 며칠이나 됩니까?
AL33	[IF NEEDED, SAY: "On how many days did poor health keep you from doing your usual things, such as taking care of yourself, working, and having fun?"] [IF NEEDED, SAY:"건강이 좋지 않아 자신을 돌보거나 일이나 여가를 즐기는 등의 일상 활동을 못 했던 날이 며칠이나 됩니까?"]
	NUMBER OF DAYS
	NONE
Height and W QA05_D4	/eight These next questions are about your height and weight. 다음 질문들은 키와 체중에 관한 겁니다.

다음 질문들은 키와 체중에 관한 겁니다.
AE17	How tall are you without shoes? 신발을 신지 않았을 때 키가 얼마나 됩니까? [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
	ING NOTE QA05_D5: 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how"; AY "How"
QA05_D5	{When not pregnant, how/How} much do you weigh without shoes? 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
	ING NOTE QA05_D6: , GO TO QA05_D7;
QA05_D6	How much did you weigh at age 18? 18 세였을 때 몸무게가 얼마였습니까?
AE19	[IF NEEDED, SAY: "About how much".] [IF NEEDED, SAY: "얼마 정도였습니까?"]
	POUNDS [HR: 50-450] KILOGRAMS [HR: 20-220]
	REFUSED

Are you blind or deaf, or do you have a severe vision or hearing problem? 귀하는 맹인 또는 농인이십니까? 또는 심한 시력 장애나 청력 장애가 있으십니까? YES
Are you legally blind? 귀하께서는 법적으로 장님입니까?
YES
NG NOTE QA05_D9: 3 (UNABLE TO WALK), CODE QA05_D9 = 1 AND GO TO QA05_D10; IUE WITH QA05_D9
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?
YES
Because of a physical, mental, or emotional condition lasting 6 months or more, do you e following: 지난 6 개월 동안이나 그 이전에 신체적, 정신적, 또는 정서적 상태 때문에 다음과 같은 어려움이 있었습니까?
Any difficulty learning, remembering, or concentrating?

NO	.2
REFUSED	
DON'T KNOW	-8

QA05_D11	Any difficulty dressing, bathing, or getting around inside the home? 옷 입기, 목욕하기 또는 집안에서 돌아다니기에 어려움이 있었습니까?
AD52	YES
QA05_D12	Any difficulty going outside the home alone to shop or visit a doctor's office? 쇼핑을 하거나 병원에 가기 위해 집 밖으로 혼자 외출하기에 어려움이 있었습니까?
AD53	YES
	NOTE QA05_D13: DTO PN QA05_D15;
QA05_D13	Any difficulty working at a job or business? 직장이나 사업체에서 일하기에 어려움이 있었습니까?
AD54	YES
QA05_D14	Do you have a physical or mental condition that has kept you from working for at least a year? 귀하는 1 년 이상 일을 쉬게 한 신체적 또는 정신적 건강 상태가 있으십니까?
AL8A	[IF NEEDED, SAY "Current condition"] [IF NEEDED, SAY "현재의 상태를 말합니다."] YES

IF AAGE > 70	ING NOTE QA05_D15: OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO NG NOTE QA05_E1;
	NUE WITH QA05_D15
	ers, orientation 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.
AD43	In the <u>past 12 months,</u> how many sexual partners have you had? 지난 12 개월 동안, 성관계를 가진 상대방이 몇 명이나 됩니까?
	NUMBER OF SEXUAL PARTNERS [GO TO PN QA05_D17]
	REFUSED
QA05_D16	Can you give me your best guess? 최선으로 추정해 말씀해 주시겠습니까?
AD44	[IF R PROVIDES EXACT NUMBER, ENTER AS GIVEN.OTHERWISE CODE INTO CATEGORIES PROVIDED]
	NUMBER OF PARTNERS
	1 PARTNER 1 2-3 PARTNERS 2 4-5 PARTNERS 3 6-10 PARTNERS 4 MORE THAN 10 PARTNERS 5 REFUSED -7 DON'T KNOW -8
IF QA05_D15 ELSE CONTII	ING NOTE QA05_D17: = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA05_D18; NUE WITH QA05_D17 OR QA05_D16 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or
QA05_D17	{Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female? 지난 12 개월 동안, 성관계를 가진 상대방이 남성, 여성, 아니면 둘 다였습니까?
AD45	MALE

PROGRAMMING NOTE QA05_D18:

IF QA05_A5 = 1 (MALE), DISPLAY "Gay" in question and "Gay" in Help Screen, ELSE IF QA05_A5 = 2 (FEMALE), DISPLAY "Gay, Lesbian" in question and "Gay and Lesbian" in Help Screen

DON'T KNOW-8

QA05 D18 {The next question is about sexual orientation. All answers will be kept private.} 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: "이성연애자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이며, 게이나 레즈비언은 자신과 동성의 사람들과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며, 양성연애자는 남성, 여성 둘 다와 성관계를 갖거나 그들에게 매력을 느끼는 사람입니다."]

STRAIGHT OR HETEROSEXUAL	1
GAY, LESBIAN, OR HOMOSEXUAL	2
BISEXUAL	3
NOT SEXUAL/ CELIBATE/ NONE	4
OTHER (SPECIFY):	5
REFUSED	7
DON'T KNOW	8

HIV testing, testing for other sexually transmitted diseases QA05 D19

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

AIDS 를 일으키는 바이러스인 HIV 의 감염여부를 검사 받은 적이 있습니까?

AD55

YES	1
NO	
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05 D20:

IF QA05_D15 =0 OR QA05_D16=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING NOTE QA05_E1;

ELSE CONTINUE WITH QA05_D20

Now thinking about other sexually transmitted diseases besides HIV-In the past 12 months, have QA05 D20 you been tested for a sexually transmitted disease? AIDS 를 일으키는 바이러스인 HIV 에 감염되었는지 검사를 받은 적이 있습니까?

AD47

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

Section E – Women's Health

	IG NOTE SECTION E: 1 (MALE), GO NEXT SECTION; UE QAO5_E1	
QA05_E1	These next questions are about women's health. 다음의 질문들은 여성 건강에 관한 것입니다.	
귀하는 세 때 월경을 시작했습니까? /		ed?
	AGE [HR: 6-27] NEVER STARTED MENSTRUAL CYCLE	
QA05_E2	Have you ever given birth to a live infant? 살아 있는 아기를 출산해 본 적이 있습니까?	
AD2	YES	[GO TO PN QA05_E5] [GO TO PN QA05_E5] [GO TO PN QA05_E5]
QA05_E3	How old were you when your first child was born? 귀하는 몇 살 때 첫 아이를 출산했습니까?	
AD3	YEARS OLD	[GO TO PN QA05_E5] [GO TO PN QA05_E5]
QA05_E4	In what year was your first child born? 첫 자녀는 몇 년도에 태어났습니까?	
AE55	YEAR REFUSED7 DON'T KNOW8	

PROGRAMMING NOTE QA05 E5 IF AGE<30 GO TO PROGRAMMING NOTE QA05 E7 ELSE CONTINUE WITH QA05 E5 QA05 E5 Have you had a hysterectomy? 자궁을 들어내는수술을 하신 적이 있었습니까? AD12 [IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."] [IF NEEDED, SAY: "자궁적출이란 피임을 위해 나팔관을 묶는 것 뿐만아니라 자궁을 제거하는 것을 말합니다."] YES.....1 NO.....2 [GO TO PN QA05 E7] [GO TO PN QA05 E7] DON'T KNOW-8 [GO TO PN QA05 E7] QA05 E6 Were your ovaries removed? 난소 제거 수술을 받으신 적이 있습니까? AD12A YES.....1 NO.....2 [GO TO PN QA05_E16] REFUSED......-7 DON'T KNOW--8 **PROGRAMMING NOTE QA05 E7:** IF AGE >49 GO TO QA05 E8 Pregnancy and births QA05_E7 To your knowledge, are you now pregnant? 귀하께서 알고 계시기로는 현재 임신 중이십니까?

AD13

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

Pap smear te QA05_E8	est Have you ever had a Pap smear test to check for cervical cancer? 귀하는 자궁 경부암 검사를 하기 위해 팹 스미어를 받은 적이 있습니까?	
AD4	[IF NEEDED, SAY: "A pap smear is a routine cancer test for women in which the doctor exan the cervix during a gynecological exam, and takes a cell sample from the cervix with a small s or brush and sends it to the lab. This is not a test for detecting sexually transmitted diseases. [IF NEEDED, SAY: "팹 스미어란 의사가 산부인과 검사를 하는 동안 자궁 경부를 검사하고 작용 막대나 솔을 사용하여 조직 샘플을 채취한 후 실험실로 보내는 여성에 대한 정기적인 암 검사를 말합니다. 이것은 성병 검사가 아닙니다."]	stick ."] 은
	YES	
QA05_E9	How many Pap smear tests have you had in the last 6 years? 지난 6 년 동안 팹 스미어(자궁 경부암 검사) 검사를 몇 번이나 받았습니까?	
AD5	PAP SMEARS [HR: 0-99] [IF 0 GO TO PN QA05_E11]	
	NONE	
QA05_E10	How long ago did you have your most recent Pap smear test? 가장 최근에 팹스미어 검사를 받으신 지가 얼마나 되셨습니까?	
AD6	A YEAR AGO OR LESS	
QA05_E11	DON'T KNOW8 [GO TO PN QA05_E13] In the past 12 months, has a doctor recommended that you have a Pap smear?	
QAUJ_ETT	지난 12 개월 동안, 의사가 팹 스미어를 받으라고 권한 적이 있습니까?	
	YES	
YEARS) OR O	QA05_E9=0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA05_E8=2 (NEVER HAD PAP SMEAR WITHIN LAST 3 VITHIN LAST 6 YEARS) OR QA05_E8=2 (NEVER HAD PAP SMEA VITHIN QA05_E12	.R))

CONTINUE WITH QA05_E12 IF QA05_E8 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear"; IF QA05_E10 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years"; ELSE GO TO PROGRAMMING NOTE QA05 E13

- **QA05_E12** What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}?
 - 지난 3 년 동안 팹 스미어(자궁 경부암 검사)를 받지 않은\ 가장 중요한 한\ 가지 이유는 무엇입니까?

AD10

NO REASON/NEVER THOUGHT ABOUT IT1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST 2
DOCTOR DIDN'T TELL ME I NEEDED IT
HAVEN'T HAD ANY PROBLEMS4
PUT IT OFF/LAZINESS5
TOO EXPENSIVE/NO INSURANCE/COST6
TOO PAINFUL, UNPLEASANT,
OR EMBARRASSING7
HYSTERECTOMY8
DON'T HAVE A DOCTOR9
OTHER91
REFUSED7
DON'T KNOW8

PROGRAMMING NOTE QA05_E13:

IF AAGE < 30 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QAO5_F1; ELSE CONTINUE WITH QA05 E13 (INCLUDE WOMEN WITH AGE UNKNOWN)

Mammography QA05 E13

In the past 12 months, has a doctor examined your breasts for lumps?

지난 12 개월 동안, 의사가 유방에 멍울이 있는지를 검사했습니까?

AF37

[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]

[IF NEEDED, SAY: "이 검사는 의사가 멍울이나 낭종이나 비정상적 종양이 있나 찾아보기 위해 유방을 만져 보는 것입니다."]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

QA05_E14 Have you <u>ever</u> had a mammogram?

매모그램, 즉 유방 엑스레이 (x-ray) 촬영검사를 하신 적이 있습니까?

AD14

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."] [IF NEEDED, SAY: "유방 엑스레이 (x-ray) 촬영검사란 유방을 납작하게 누르거나 조이는 기계를 이용하여 유방 한 쪽 씩 각각 따로 엑스레이를 찍는 것입니다."]

YES NO	
[READ DEFINITION, IF STILL NO, G	O TO PN QA05_E24]
REFUSED	
DON'T KNOW	

QA05_E15	How many mammograms have you had in the last 6 years? Yo 지난 6 년 동안 유방 X 선 검사(매모그램)를 몇 번이나 받으셨습니	
AD16	MAMMOGRAMS [HR: 0-99]	
	NONE	[GO TO QA05_E18]
엑스레이	QA05_E16 How long ago did you have your most recent r 이(x-ray) 촬영검사를 하신 지가 얼마나 됐습니까?	nammogram?가장 최근에 유방
AD17	A YEAR AGO OR LESS	[GO TO QA05_E18] [GO TO QA05_E18] [GO TO QA05_E18] [GO TO PN QA05_E27] [GO TO PN QA05_E27]
QA05_E17	Tell me the <u>main</u> reason you had a mammogram. Was it 유방 X 선 검사를 받은 주요한 이유를 말씀해 주십시오	
	[IF NEEDED, SAY: "The main reason is the most important rea [IF NEEDED, SAY: "주요한 이유란 가장 중요한 이유를 말합니	
	Part of a routine exam	
QA05_E18	Have you ever had a mammogram where the results were <u>not</u> 유방 X 선 검사를 받은 후에 결과가 정상이 #아니라고\ 나타난 적	
AD19	YES	- [GO TO PN QA05_E24]
QA05_E19	Have you ever had an operation to remove a lump from your b 유방에서 혹을 제거하는 수술을 받아 본 적이 있습니까?	reast?
AD20	YES1 NO2	[GO TO PN QA05_E22]

	REFUSED
QA05_E20	Did the lump turn out to be cancer? 그 혹이 암으로 판명되었습니까?
AD21	YES
QA05_E21	How many breast operations have you had to remove a lump that <u>wasn't</u> cancer? 암이 아니라고\ 판명된 혹을 제거하기 위해 몇 번이나 유방 수술을 했습니까?
AD22	[NOTE: THE CONCERN IS WITH LUMPS THAT ARE NOT CANCEROUS.]NUMBER OF OPERATIONS [HR: 0-20; SR: 0-5]
	REFUSED7 DON'T KNOW8
QA05_E22	Did you have any other tests and/or surgery when your mammogram was <u>not</u> normal? 유방 X 선 검사 결과가 정상이 #아니었을\ 때 다른 검사 및/또는 수술을 받았습니까?
AD23	YES

QA05_E23What additional tests and/or surgery did you have?
어떤 검사 및/또는 수술을 추가로 받았습니까?

AD24

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: [Any other?"] [PROBE: "다른 것이 또 있습니까?"]

NO TESTS/NO SURGERY1
MASTECTOMY (SURGERY TO
REMOVE BREAST)2
LUMPECTOMY (SURGERY TO REMOVE LUMP).3
NEEDLE BIOPSY4
ULTRASOUND TEST5
ANOTHER MAMMOGRAM6
CLINICAL BREAST EXAM7
REFUSED7
DON'T KNOW8

PROGRAMMING NOTE QA05_E24: IF QA05_E14 =2 OR QA05_E15 =0 OR QA05_16 > 2 (NO MAMMOGRAM IN PAST 2 YEARS) CONTINUE WITH QA05_E24 ELSE GO TO PROGRAMMING NOTE QA05_E25

QA05_E24In the past 12 months has a doctor recommended that you have a mammogram?지난 12 개월 동안, 의사가 유방 X 선 검사를 받으라고 권한 적이 있습니까?

AD26

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_E25: IF QA05_E24 = 1 (YES, DOCTOR RECOMMENDED MAMMOGRAM) AND ((QA05_E16 >2 (NO MAMMOGRAM IN PAST 2 YEARS) OR QA05_E14 = 2 (NEVER HAD A MAMMOGRAM) OR QA05_E15=0 (NO MAMMOGRAMS IN PAST 6 YEARS)) CONTINUE WITH QA05_E25 IF QA05_E16 = 3, 4, 5, -8 (MOST RECENT MAMMOGRAM MORE THAN 2 YEARS AGO OR DK) DISPLAY "NOT had a mammogram in the past 2 years"; IF QA05_E14 = 2 (NEVER HAD MAMMOGRAM), DISPLAY "NEVER had a mammogram" ELSE GO TO PROGRAMMING NOTE QA05_E26

QA05_E25 What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram in the past 2 years}? 지난 2 년 동안 유방 X 선 검사를 받지 #않은\ 가장 중요한 #한\ 가지 이유는 무엇입니까?

AD25

NO REASON/NEVER THOUGHT ABOUT IT1 DIDN'T KNOW I NEEDED THIS TYPE OF TEST2
DOCTOR DIDN'T TELL ME I NEEDED IT
HAVEN'T HAD ANY PROBLEMS4
PUT IT OFF/LAZINESS5
TOO EXPENSIVE/NO INSURANCE/COST
TOO PAINFUL, UNPLEASANT, EMBARRASSING.7
TOO YOUNG8
DON'T HAVE A DOCTOR9
OTHER91
REFUSED7
DON'T KNOW8

PROGRAMMING NOTE QA05_E26

IF QA05_E16 =1 OR 2 (MOST RECENT MAMMOGRAM WITHIN LAST 2 YEARS) CONTINUE WITH QA05_E26; ELSE GO TO PROGRAMMING NOTE QA05E_27

QA05_E26 Was your most recent mammogram recommended by a doctor? 가장 최근에 하신 유방 X 선 촬영(mammogram)을 의사가 권유했습니까?

ALJU

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_E27_INTRO IF AGE<34 GO TO PROGRAMMING NOTE QA05_F1 ELSE CONTINUE WITH QA05_E27

QA05_E27_INTROAre you currently taking any of the following medications?
현재 다음과 같은 약물치료를 받고 계십니까?

	IING NOTE QA05_E27 ONTINUE WITH QA05_E27
ELSE GO TO	
QA05_E27	Hormone replacement therapy?
[]	호르몬 대체 요법을 받고 계십니까?
AD28	
	YES
	NO2 REFUSED
	DON'T KNOW
QA05_E28	Tamoxifen or Molvadex?
	Molvadex 라고도 하는 Tamoxifen?
4554	
AE51	YES1
	NO
	REFUSED7
	DON'T KNOW8
ELSE GO TO	ONTINUE WITH QA05_E29
QA05_E29	Raloxifen or Evista?
	Evista 라고도 하는 Raloxifen 을 복용하고 계십니까?
AE52	
	YES1 NO2
	REFUSED
	DON'T KNOW8
	IING NOTE QA05_E30
	ONTINUE WITH QA05_E30
ELSE GO TO	
QA05_E30	Birth control pills, the patch, or birth control shots?
	피임약, 피임용 패치, 또는 피임주사를 맞거나 사용하고 계십니까?
AE53	
	YES1
	NO2
	REFUSED7 DON'T KNOW8

Section F – Cancer History and Prevention



PROGRAMMING NOTE QA05_F3:

IF QA05_F2 = 5 (BREAST CANCER) OR QA05_E20 = 1 (BREAST CANCER), CONTINUE WITH QA05_F3; ELSE GO TO PROGRAMMING NOTE QA05_F5

QA05_F3Tell me how you first found out about your breast cancer. Was it by...유방암에 걸린 것을 어떻게 처음 알게 되셨는지 말씀해 주십시오. 다음 중 어떤 거지요?

AB60

QA05_F4Was your breast cancer diagnosed at an early or late stage?
선고 받으신 유방암은 초기였습니까, 말기였습니까?

AF52

EARLY STAGE (STAGE 1 OR 2)	1
LATE STAGE (STAGE 3 OR 4)	
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F5: IF QA05_F2 = 21 (SKIN CANCER), CONTINUE WITH QA05_F5; ELSE GO TO QA05_F6

QA05_F5 Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type? 말씀하신 피부암은 흑색종이었습니까, 비흑색종이었습니까, 아니면 알 수 없는 종류였습니까?

AF2A

[IF NEEDED, SAY "Melanoma is a serious form of skin cancer that usually begins as skin moles. Non-melanoma skin cancers are a more common but less serious form of skin cancer." [IF NEEDED, SAY: "흑색종은 더 심각한 암 종류이며 반점에서시작하는 경우가 있습니다. 비흑색종은 좀 더 보편화한 암 종류이며,흑색종보다 덜 심각합니다.]

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

NON-MELANOMA	1
MELANOMA	2
UNKNOWN TYPE	3
REFUSED	7
DON'T KNOW	8

QA05_F6How old were you when cancer was first diagnosed?
귀하는 몇 세 때 처음 암이라는 진단을 받았습니까?

AF3

[IF MORE THAN ONE CANCER, ASK FOR AGE WHEN EARLIEST CANCER WAS DIAGNOSED]

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

REFUSED	7
DON'T KNOW	

	ING NOTE QA05_F7
	SKIP TO PROGRAMMING NOTE QA05_FB1;
	INUE WITH QA05_F7;
Family Histor	
QA05_F7	These next questions ask about your family history of cancer. By family we mean only your blood relatives, including half brothers and sisters. 다음의 질문들은 귀하 가족의 암 병력에 관한 것입니다. 가족이란 아버지 또는 어머니가 다른 형제 및 자매를 포함하는 혈족만을 의미합니다.
	First, have any of your grandparents ever had cancer of any kind? 먼저, 귀하의 아버지나 어머니 또는 귀하의 형제나 자매들이 어떤 종류의 암이든 암에 걸린 적이 있습니까?
AP7	[IF NEEDED, SAY: "We want you to include information about both living and deceased blood relatives. Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."] [IF NEEDED, SAY:"저희는 귀하가 생존해 있거나 사망한 혈족 모두에 관한 정보를 포함시키기를 원합니다. 양아버지, 의붓자매 같이 결혼을 통해서 또는 입양을 통해서 가족 구성원이된 사람은 포함시키지 마십시오."]
	YES
QA05_F8	Have any of your <u>parents'</u> brothers or sisters, that is, your uncles or aunts, ever had cancer of any kind? 귀하의 부모의 형제나 자매들, 즉 삼촌/외삼촌, 고모/이모 들이 종류를 불문하고 암에 리신 적이 있습니까?
AP8	
	YES
IF QA05_E2 =	ING NOTE QA05_F9 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "brothers or sisters" AY "brothers, sisters, sons, or daughters"
QA05_F9	Has your father or mother, or have any of your {brothers or sisters/brothers, sisters, sons, or daughters} ever had cancer of any kind? 귀하의 (외)조부모들이 종류를 불문하고 암에 걸리신 적이 있습니까?
AP9	YES

PROGRAMMING NOTE QA05_F10: IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1; IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F11A IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F11B ELSE CONTINUE WITH QA05_F10 ALSO, IF QA05_F9 = 2, DISPLAY "grandmothers and aunts." ELSE IF QA05_F7 NE 2, DISPLAY "grandmothers" ELSE IF QA05_F8 NE 2, DISPLAY "aunts" AND IF QA05_F2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "and sisters." ELSE DISPLAY "sisters, and daughters."

QA05_F10 Now, please think about your female relatives who have had cancer. By female relatives, I mean mother, grandmothers, aunts, {and} sisters, {and daughters}. 지금부터는, 여성 친척에 관해 생각해 보십시오. 여성 친척이란 할머니, 숙모, 어머니, 자매 및 따님을 말합니다.

Have any of your female relatives been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?

귀하의 여성 친척 중에서 유방암, 난소암, 자궁암, 대장암 또는 직장암이라는 진단을 받은 사람이 있습니까?

AP10

YES1	
NO2	[GO TO QA05 F40]
REFUSED7	[GO TO QA05_F40]
DON'T KNOW8	[GO TO QA05_F40]

PROGRAMM	NG NOTE QA05_F11:
IF QA05_F7 N	IE 2, DISPLAY "grandmother"
IF QA05_F8 N	IE 2, DISPLAY "aunt"
IF QA05_F9 N	IE 2, DISPLAY "mother and sister"
IF QA05_F9 N	IE 2 AND AD2 NE 2, DISPLAY "daughter"
QA05_F11	Which female relatives have been diagnosed with cancer of the breast, ovary, uterus, colon, or
	rectum? Was it your
	어떤 여성 친척이 유방암, 난소암, 자궁암, 대장암 또는 직장암이라는 진단을 받았습니까? 다음중
	어떤 분입니까?
AP11	
	[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
	[PROBE: "Any others?"]
	[PROBE: "다른 것이 또 있습니까?"]
	Grandmother(s)1
	할머니(들)1
	Aunt(s)
	숙모(들)
	Mother
	어머니
	Sister(s)
	자매(들)4
	Daughter(s)
	딸(들)
	REFUSED7
	DON'T KNOW
PROGRAMM	ING NOTE QA05_F12:
	=1 (GRANDMOTHER), CONTINUE WITH QA05_F12;
	PN QA05_F19
QA05 F12	Is the grandmother on your mother's or father's side, or both?
<u>_,</u>	그 할머님은 친할머니, 외할머니, 또는 두 분 모두 중 어느 쪽입니까?

MOTHER'S MOTHER	1
FATHER'S MOTHER	
BOTH GRANDMOTHERS	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F13

IF QA05_F12 = 3 DISPLAY "First tell me about your mother's mother."

QA05_F13 {First tell me about your mother's mother.} Did she have cancer of the breast, ovary, uterus, colon, or rectum?

그 할머님은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

AP13

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

BREAST OVARIAN		
UTERINE OR ENDOMETRIAL		
COLON OR RECTAL	4	
"FEMALE PROBLEMS"	5	
NONE OF THESE CANCER TYPES	6	[GO TO PN QA05_F16]
REFUSED	7	[GO TO PN QA05_F16]
DON'T KNOW		

PROGRAMMING NOTE QA05_F14 IF MORE THAN ONE CANCER REPORTED IN QA05_F13 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F14{Were any of these diagnoses before age 50?} Was her diagnosis before age 50?50 세가 되시기 전에 그러한 진단을 받았습니까?

AP14

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F15

IF QA05_F14 =1 AND MORE THAN ONE CANCER REPORTED IN QA05_F13 CONTINUE WITH QA05_F15 ELSE GO TO PROGRAMMING NOTE QA05_F16

QA05_F15Which of these cancers were diagnosed before age 50?이러한 암들 중에서 50 세가 되시기 전에 진단을 받으신 것은 어느 암입니까?

BREAST	1
OVARIAN	2
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F16 IF QA05_F12 = 3 (both grandmothers), CONTINUE WITH QA05_F16 ELSE GO TO PROGRAMMING NOTE QA05 F19

QA05_F16 Now, tell me about your father's mother. Did she have cancer of the breast, ovary, uterus, colon, or rectum?

지금부터는 친할머님에 관해 말씀해 주십시오. 친할머님은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

AP16

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

BREAST1	
OVARIAN2	
UTERINE OR ENDOMETRIAL	
COLON OR RECTAL4	
"FEMALE PROBLEMS"5	
NONE OF THESE CANCER TYPES6	[GO TO PN QA05_F19]
REFUSED7	[GO TO PN QA05_F19]
DON'T KNOW8	[GO TO PN QA05_F19]

PROGRAMMING NOTE QA05_F17 IF MORE THAN ONE CANCER REPORTED IN QA05_F16 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F17{Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP17

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

PROGRAMMING NOTE QA05_F18

IF QA05_F17 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_16 CONTINUE WITH QA05_F18 ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F18 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50 세가 되시기 전에 진단을 받은 것은 어느 암입니까?

BREAST	1
OVARIAN	2
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F19:

IF QA05_F11 = 2, (AUNT/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F19; ELSE GO TO PN QA05_F24

QA05_F19 Is the aunt or aunts you mentioned on your mother's side, your father's side, or on both sides? 귀하가 언급하신 숙모(들)은 친숙모, 외숙모 또는 양쪽 모두 중 어느 쪽입니까?

AP19

MOTHER'S SIDE	1
FATHER'S SIDE	
BOTH SIDES	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F20:

IF QA05_F19 = 1 (MOTHER'S SIDE) OR QA05_19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F20; ELSE GO TO PN QA05_F24

QA05_F20How many of your mother's sisters had cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 어머니의 자매 중에서 몇 분이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸리셨습니까?

AP20

____ NUMBER OF AUNTS

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F21:

IF QA05_F20 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?"; IF QA05_F20>1 DISPLAY "Thinking about the (youngest/next youngest) of your mother's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F21; ELSE GO TO PN QA05_F24

QA05_F21 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your mother's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum? 그 분은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

AP21

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

BREAST1	
OVARIAN2	
UTERINE OR ENDOMETRIAL	
COLON OR RECTAL4	
"FEMALE PROBLEMS"5	
NONE OF THESE CANCER TYPES6	[GO TO PN_X1]
REFUSED7	[GO TO PN_X1]
DON'T KNOW8	[GO TO PN_X1]

PROGRAMMING NOTE QA05 F22 IF MORE THAN ONE CANCER REPORTED IN QA05_F21 DISPLAY "Were any of these diagnoses before age 50?" QA05 F22 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50? 그 분은 50세가 되시기 전에 그러한 진단을 받았습니까? **AP22** YES.....1 NO.....2 DON'T KNOW-8 **PROGRAMMING NOTE QA05 F23** IF QA05 F22 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05 F21 CONTINUE WITH QA05 F23 ELSE GO TO PROGRAMMING NOTE QA05 F24 QA05 F23 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50세가 되시기 전에 진단을 받은 것은 어느 암입니까? **AP23** BREAST.....1 OVARIAN 2 COLON OR RECTAL......4 "FEMALE PROBLEMS"5 REFUSED......-7 DON'T KNOW-8 **PROGRAMMING NOTE X1** IF QA05_F20>1, REPEAT SERIES QA05_F21 THRU QA05_F23 FOR EACH MOTHER'S SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05_F24 **PROGRAMMING NOTE QA05 F24** IF QA05 F19 = 2 or QA05 F19 = 3 CONTINUE WITH QA05 F20 ELSE GO TO PROGRAMMING NOTE QA05 F24 QA05 F24 How many of your father's sisters had cancer of the breast, ovary, uterus, colon, or rectum? 귀하의 아버지의 자매 중에서 몇 분이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸리셨습니까? **AP24** __ NUMBER OF AUNTS REFUSED......-7 DON'T KNOW-8

PROGRAMMING NOTE QA05_F25:

IF QA05_F24 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?"; IF QA05_F24 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your father's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F25;

ELSE GO TO PN QA05_F28

QA05_F25 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your father's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum? 그 분은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

AP25

BREAST	1	
OVARIAN	2	
UTERINE OR ENDOMETRIAL	3	
COLON OR RECTAL	4	
"FEMALE PROBLEMS"		
NONE OF THESE CANCER TYPES	6	[GO TO PN X2]
REFUSED	7	[GO TO PN X2]
DON'T KNOW	8	[GO TO PN X2]

PROGRAMMING NOTE QA05_F26 IF MORE THAN ONE CANCER REPORTED IN QA05_F25 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F26 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50? 50 세가 되시기 전에 그러한 진단을 받았습니까?

AP26

YES	1
NO	
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F27

IF QA05_F26 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F25 CONTINUE WITH QA05_F27 ELSE GO TO PROGRAMMING NOTE QA05_F28

QA05_F27	Which of these cancers were diagnosed before age 50?		
	이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?		

BREAST	1
OVARIAN	2
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE X2

IF QA05_F24 > 1, REPEAT SERIES QA05_F25 THRU QA05_F27 FOR EACH FATHER'S SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05_F28

PROGRAMMING NOTE QA05_F28

IF QA05_F11 = 3 (MOTHER) CONTINUE WITH QA05_28 ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F28Did your mother have cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 어머니는 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸리셨습니까?

AP28

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

BREAST1	
OVARIAN2	
UTERINE OR ENDOMETRIAL	
COLON OR RECTAL4	
"FEMALE PROBLEMS"5	
NONE OF THESE CANCER TYPES	QA05_F31]
REFUSED7 [GO TO PN	QA05_F31]
DON'T KNOW8 [GO TO PN	QA05_F31]

PROGRAMMING NOTE QA05_F29 IF MORE THAN ONE CANCER REPORTED IN QA05_F28 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F29 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50? 50 세가 되시기 전에 그러한 진단을 받았습니까?

YES	1
NO	2
REFUSED	7
DON'T KNOW	

PROGRAMMING NOTE QA05_F30 IF QA05_F29=1 AND MORE THAN ONE CANCER REPORTED IN QA05_F28 CONTINUE WITH QA05_F30 ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F30 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?

AP30

BREAST	
OVARIAN	2
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F31

IF QA05_F11 = 4 (SISTER) CONTINUE WITH QA05_F31; ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F31How many of your sisters had cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 자매 중에서 몇 분이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸리셨습니까?

AP31

NUMBER OF SISTERS

REFUSED	7
DON'T KNOW{	8

PROGRAMMING NOTE QA05_F32:

IF QA05_F31 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?"; IF QA05_31 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" ELSE GO TO PROGRAMMING NOTE QA05 F36

QA05_F32 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum? 그 분은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

BREAST	1	
OVARIAN	2	
UTERINE OR ENDOMETRIAL	3	
COLON OR RECTAL	4	
"FEMALE PROBLEMS"	5	
NONE OF THESE CANCER TYPES		[GO TO X3]
REFUSED	7	IGO TO X3
DON'T KNOW		

PROGRAMMING NOTE QA05_F33 IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F33{Were any of these diagnoses before age 50?}
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP33

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

PROGRAMMING NOTE QA05_F34

IF QA05_F33 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F32 CONTINUE WITH QA05_F34 ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F34	Which of these cancers were diagnosed before age 50?		
	이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?		

AP34

BREAST	1
OVARIAN	
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F35

ASK QA05_F35 A SINGLE TIME FOR EACH SISTER, DISPLAYING THE QUESTION AFTER SERIES QA05_F34 THRU QA05_F34 IS COMPETED FOR THE SISTER.

QA05_F35Was this sister a full sister, a half-sister on your father's side, or a half-sister on your mother's side?이 여자형제는 친자매, 아버지 쪽 이복자매 또는 어머니 쪽이복자매 중에서 어느 쪽이었습니까?

FULL	1
HALF ON FATHER'S SIDE	2
HALF ON MOTHER'S SIDE	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE X3

IF QA05_F31 > 1, REPEAT SERIES QA05_32 THRU QA05_F35 FOR EACH SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05 F36

PROGRAMMING NOTE QA05_F36

IF QA05_F11 = 5 (DAUGHTER) CONTINUE WITH QA05_F36; ELSE GO TO QA05_F40

QA05_F36How many of your daughters had cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 따님들 중에서 몇 명이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸렸습니까?

AP36

_ NUMBER OF DAUGHTERS

REFUSED7	
DON'T KNOW8	

PROGRAMMING NOTE QA05_F37:

IF QA05_F36 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?"; IF QA05_F36 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F37 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?

그 따님은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸렸습니까?

AP37

BREAST1	
OVARIAN2	
UTERINE OR ENDOMETRIAL	
COLON OR RECTAL4	
"FEMALE PROBLEMS"5	
NONE OF THESE CANCER TYPES6	[GO TO PN X4]
REFUSED7	[GO TO PN X4]
DON'T KNOW8	[GO TO PN X4]

PROGRAMMING NOTE QA05_F38 IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F38{Were any of these diagnoses before age 50?}
50 세가 되시기 전에 그러한 진단을 받았습니까?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

	IING NOTE QA05_F39
	= 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F37 CONTINUE WITH QA05_F39
ELSE GO TO	PROGRAMMING NOTE QA05_F40
QA05_F39	Which of these cancers were diagnosed before age 50?
	이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?
AP39	
I	BREAST1
	BREAST1 OVARIAN2
	UTERINE OR ENDOMETRIAL
	COLON OR RECTAL4
	"FEMALE PROBLEMS"5
	REFUSED7
	DON'T KNOW8
	IING NOTE QA05_F40:
	AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN
QA05_FB1;	
	= 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F41A
	= 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F41B
	NUE WITH QA05_F40
	05_F9 = 2, DISPLAY "grandfathers and uncles."
	5_F7 NE 2, DISPLAY "grandfathers"
	5_F8 NE 2, DISPLAY "uncles"
	5_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "and brothers." AY "brothers, and sons."
ELSE DISPL	A r Dioliters, and sons.
QA05_F40	Now, I'll ask about your male relatives. By male relatives, I mean father, grandfathers, uncles, {and}
QAU5_F40	brothers, {and sons}.
	지금부터는, 남성 친척에 관해 생각해 보십시오. 남성 친척이란 할아버지, 숙부, 아버지, 형제 및 아들을
	지금구나는, 금융 전력에 진해 영국에 도입지오. 금영 전력이면 할아버지, 국구, 아버지, 영제 및 아들들

말합니다. Have any of your male relatives been diagnosed with cancer of the prostate, colon, rectum, or breast?

Have any of your male relatives been diagnosed with cancer of the prostate, colon, rectum, or breast 귀하의 남성 친척 중에서 전립선암, 대장암, 직장암 또는 유방암 진단을 받은 사람이 있습니까?

YES1	
NO2	[GO TO QA05 FB1]
REFUSED7	[GO TO QA05_FB1]
DON'T KNOW8	[GO TO QA05_FB1]

PROGRAMMING NOTE QA05_F41:

IF QA05_F7 NE 2, DISPLAY "grandfather" IF QA05_F8 NE 2, DISPLAY "uncle" IF QA05_F9 NE 2, DISPLAY "father and brother" IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY son"

QA05_F41 Which male relatives have been diagnosed with cancer of the prostate, colon, rectum, or breast? Was it your...

어떤 남성 친척이 전립선암, 대장암, 직장암 또는 유방암이라는 진단을 받았습니까? 다음 중 어느 분이십니까?

AP41

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

Grandfather(s)	1
Uncle(s)	2
Father	
Brother(s)	4
Son(s)	5
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F42: IF QA05_F41 =1 (GRANDFATHER), CONTINUE WITH QA05_F42; ELSE GO TO PROGRAMMING NOTE QA05_F47

QA05_F42Is the grandfather on your mother's or father's side, or both?
할아버지는 친할아버지, 외할아버지, 또는 두 분 모두 중 어느 쪽입니까?

MOTHER'S FATHER	1
FATHER'S FATHER	2
BOTH GRANDFATHERS	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05 F43

IF QA05 F42 = 3 DISPLAY "First tell me about your mother's father."

QA05_F43 {First tell me about your mother's father.} Did he have cancer of the prostate, colon, rectum, or breast? 그 할아버님은 전립선암, 대장암, 직장암 또는 유방암 중 어느 암에 걸리셨습니까?

AP43

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

1 2 3 4 [GO TO PN Q 7
8

QA05_F46]

PROGRAMMING NOTE QA05 F44 IF MORE THAN ONE CANCER REPORTED IN QA05_F43 DISPLAY "Were any of these diagnoses before age 50?"

QA05 F44 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50? 50 세가 되시기 전에 그러한 진단을 받았습니까?

AP44

YES	1
NO	
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05 F45 IF QA05_F44 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F43 CONTINUE WITH QA05_F45 ELSE GO TO PROGRAMMING NOTE QA05 F46

QA05 F45 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50세 전에 진단을 받은 것은 어느 암입니까?

1
2
3
7
8

PROGRAMMING NOTE QA05_F46 IF QA05_F43 = 3 (BOTH GRANDFATHERS), CONTINUE WITH QA05_F46 ELSE GO TO PROGRAMMING NOTE QA05_F48

QA05_F46 Now tell me about your father's father. Did he have cancer of the prostate, colon, rectum, or breast? 지금부터는 친할아버님에 관해 말씀해 주십시오. 친할아버님은 전립선암, 대장암, 직장암 또는 유방암 중 어느 암에 걸리셨습니까?

AP46

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

PROSTATE1	
COLON OR RECTAL2	
BREAST3	
NONE OF THESE CANCER TYPES4	[GO TO PN QA05_F49]
REFUSED7	[GO TO PN QA05_F49]
DON'T KNOW8	[GO TO PN QA05_F49]

PROGRAMMING NOTE QA05_F47 IF MORE THAN ONE CANCER REPORTED IN QA05_F46 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F47{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP47

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05 F48

IF QA05_F47 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F46 CONTINUE WITH QA05_F48 ELSE GO TO PROGRAMMING NOTE QA05_F49

QA05_F48	Which of these cancers were diagnosed before age 50?
	이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?

PROSTATE	1
COLON OR RECTAL	
BREAST	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F49 IF QA05_F41 = 2, (UNCLE/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F49; ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F49 Is the uncle or uncles you mentioned on your mother's side, your father's side, or on both sides? 귀하가 언급하신 숙부(들)은 친숙부, 외숙부 또는 양쪽 모두 중 어느 쪽입니까?

AP49

MOTHER'S SIDE	1
FATHER'S SIDE	2
BOTH SIDES	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F50

IF QA05_F49 = 1 (MOTHER'S SIDE) OR QA05_F49 = 3 (BOTH SIDES), CONTINUE WITH QA05_F50; ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F50How many of your mother's brothers had cancer of the prostate, colon, rectum, or breast?
귀하의 어머니의 남자형제 중에서 몇 분이나 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?

AP50

____ NUMBER OF UNCLES

REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F51

IF QA05_F50 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";

IF QA05_F50 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your mother's brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?" OR QA05_F42 = 3 (BOTH SIDES), CONTINUE WITH QA05_F51;

ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F51 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your mother's brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

그 분은 전립선암, 대장암, 직장암 또는 유방암 중 어느 암에 걸리셨습니까?

PROSTATE1	
COLON OR RECTAL2	
BREAST	
NONE OF THESE CANCER TYPES4	[GO TO PN X5]
REFUSED7	GO TO PN X5
DON'T KNOW	[GO TO PN X5]

PROGRAMMING NOTE QA05 F52 IF MORE THAN ONE CANCER REPORTED IN QA05_F51 DISPLAY "Were any of these diagnoses before age 50?" QA05 F52 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50? 50 세가 되시기 전에 그러한 진단을 받았습니까? **AP52** YES.....1 NO.....2 DON'T KNOW-8 PROGRAMMING NOTE QA05 F53 IF QA05 F52 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05 F51 CONTINUE WITH QA05 F53 ELSE GO TO PROGRAMMING NOTE QA05 F54 QA05 F53 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50세 전에 진단을 받은 것은 무슨 암입니까? **AP53** PROSTATE.....1 COLON OR RECTAL DON'T KNOW-8 **PROGRAMMING NOTE X5** IF QA05 F50 > 1, REPEAT SERIES QA05 F51 THRU QA05 F53 FOR EACH MOTHER'S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05 F54 **PROGRAMMING NOTE QA05 F54** IF QA05_F49 = 2 (FATHER'S SIDE) or QA05_F49 = 3 (BOTH SIDES) CONTINUE WITH QA05_F54 ELSE GO TO PROGRAMMING NOTE QA05_F58 QA05 F54 How many of your father's brothers had cancer of the prostate, colon, rectum, or breast? 귀하의 아버지의 남자형제 중에서 몇 분이나 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까? **AP54** NUMBER OF UNCLES REFUSED......-7

	NG NOTE QA05_F55
	= 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";
	> 1 DISPLAY "Thinking about the (youngest/next youngest) of your father's brothers who had cancer,
	ancer of the prostate, colon, rectum, or breast?";
ELSE GO TO	PROGRAMMING NOTE QA05_F58
QA05_F55	{Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next
	youngest) of your father's brothers who had cancer, did he have cancer of the prostate, colon, rectum,
	or breast?
	그 분은 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?
AP55	
74 00	PROSTATE1
	COLON OR RECTAL
	BREAST
	NONE OF THESE CANCER TYPES
	REFUSED
	DON'T KNOW
PROGRAMM	NG NOTE QA05_F56
	N ONE CANCER REPORTED IN QA05_F55 DISPLAY "Were any of these diagnoses before age 50?"
	IN ONE ONNOER REFORTED IN GROS_155 DIOLERT Were any of these diagnoses before age 50?
QA05 E56	(Were any of these diagnoses before age 502) Was his diagnosis before age 502
QA05_F56	{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
QA05_F56	{Were any of these diagnoses before age 50?} Was his diagnosis before age 50? 50 세가 되시기 전에 그러한 진단을 받았습니까?
_	
QA05_F56 AP56	50 세가 되시기 전에 그러한 진단을 받았습니까?
_	50세가 되시기 전에 그러한 진단을 받았습니까? YES1
_	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
_	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
_	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56 ELSE GO TO	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56 ELSE GO TO	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56 ELSE GO TO	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56 ELSE GO TO QA05_F57	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56 ELSE GO TO	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56 ELSE GO TO QA05_F57	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
AP56 PROGRAMM IF QA05_F56 ELSE GO TO QA05_F57	50 세가 되시기 전에 그러한 진단을 받았습니까? YES
PROGRAMMING NOTE X6

IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH FATHER'S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)

ELSE GO TO PROGRAMMING NOTE QA05_F58

PROGRAMMING NOTE QA05_F58

IF QA05_F42 = 3 (FATHER) CONTINUE WITH QA05_F58 ELSE GO TO QA05_F61

QA05_F58 Did your father have cancer of the prostate, colon, rectum, or breast? 귀하의 아버지는 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?

AP58

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 것이 또 있습니까?"]

PROSTATE1	
COLON OR RECTAL	
NONE OF THESE CANCER TYPES4	
REFUSED7	
DON'T KNOW8	[GO TO PN QA05_F61]

PROGRAMMING NOTE QA05_F59 IF MORE THAN ONE CANCER REPORTED IN QA05_F58 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F59 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50? 50 세가 되시기 전에 그러한 진단을 받았습니까 ?

AP59

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F60

IF QA05_F59 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F58 CONTINUE WITH QA05_F60 ELSE GO TO PROGRAMMING NOTE QA05_F61

QA05_F60 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50 세 전에 진단을 받은 것은 무슨 암입니까?

AP60

PROSTATE	1
COLON OR RECTAL	
BREAST	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F61 IF QA05_F41 = 4 (BROTHER/S DIAGNOSED) CONTINUE WITH QA05_F61; ELSE GO TO QA05_F66

QA05_F61How many of your brothers had cancer of the prostate, colon, rectum, or breast?
귀하의 남자형제 중에 몇 분이나 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?

NUMBER OF BROTHERS	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F62:

IF QA05_F61 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?"; IF QA05_F61 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?" ELSE GO TO PROGRAMMING NOTE QA05_F66

QA05_F62 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

그 분은 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?

AP62

AP61

PROSTATE1 COLON OR RECTAL2	
BREAST3	
NONE OF THESE CANCER TYPES4 REFUSED	
DON'T KNOW	

PROGRAMMING NOTE QA05_F63 IF MORE THAN ONE CANCER REPORTED IN QA05_F62 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F63 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50? 50 세가 되시기 전에 그러한 진단을 받았습니까 ?

AP63

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F64

IF QA05_F63 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F62 CONTINUE WITH QA05_F64 ELSE GO TO PROGRAMMING NOTE QA05_F65

QA05_F64 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50 세 전에 진단을 받은 것은 무슨 암입니까?

AP64

PROSTATE	1
COLON OR RECTAL	
BREAST	3
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F65

ASK QA05_F65 A SINGLE TIME FOR EACH BROTHER, DISPLAYING THE QUESTION AFTER SERIES QA05_F62 THRU QA05_F64 IS COMPETED FOR THE BROTHER.

QA05_F65 Was this brother a full brother, a half-brother on your father's side, or a half-brother on your mother's side?

이 남자형제는 친형제, 아버지 쪽 이복형제 또는 어머니 쪽 복형제 중 어느 쪽이었습니까?

AP65

1
2
3
7
3

PROGRAMMING NOTE X7

IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05_F66

PROGRAMMING NOTE QA05_F66

IF QA05_F41 = 5 (SON/S DIAGNOSED) CONTINUE WITH QA05_F66; ELSE GO TO QA05_FB1

QA05_F66How many of your sons had cancer of the prostate, colon, rectum, or breast?
귀하의 아드님들 중에서 몇 명이나 전립선암, 대장암, 직장암 또는 유방암에 걸렸습니까?

AP66

____ NUMBER OF SONS

REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F67

IF QA05_F66 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?"; IF QA05_F66 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?"

QA05_F67 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast? 그 아드님은 전립선암, 대장암, 직장암 또는 유방암에 걸렸습니까?

AP67

PROSTATE1	
COLON OR RECTAL2	
BREAST3	
NONE OF THESE CANCER TYPES4	[GO TO X8]
REFUSED7	
DON'T KNOW8	[GO TO X8]

PROGRAMMING NOTE QA05_F68 IF MORE THAN ONE CANCER REPORTED IN QA05_F67 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F68{Were any of these diagnoses before age 50?}
50 세가 되기 전에 그러한 진단을 받았습니까?

AP68

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_F69 IF QA05_F68 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F67 CONTINUE WITH QA05_F69 ELSE GO TO QA05_FB1

QA05_F69 Which of these cancers were diagnosed before age 50? 이러한 암들 중에서 50세 전에 진단을 받은 것은 무슨 암입니까?

AP69

PROSTATE	1
COLON OR RECTAL	
BREAST	3
REFUSED	7
DON'T KNOW	8

IF QA05_F66	I ING NOTE X8 5 > 1, REPEAT SERIES QA05_F67 THRU QA05_F69 FOR EACH BROTHER DIAGNOSED WITH	
	CANCER/S (MAX = 3)	
ELSE GO TC		
IF AAGE < 40 IS UNKNOW	I ING NOTE QA05_FB1:) OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE N, GO TO PROGRAMMING NOTE QA05_FB9; NUE WITH QA05_FB1	
Colon cance		
QA05_FB1	Have you <u>ever</u> had a Sigmoidoscopy or Colonoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems. 결장 내시경 또는 대장 내시경 검사를 #받은 적이\ 있습니까? 이러한 검사는 의료 전문가가 직장에 관을 삽입하여 암이나 다른 병의 징후가 있는지 살펴 보는 것입니다.	
[IF NEEDED, SAY: "For a <u>Sigmoidoscopy</u> a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is <u>similar</u> , but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home. "] [IF NEEDED, SAY:"결장 내시경\검사에서는 유연한 관을 직장에 삽입하여 문제가 있는지 살펴 봅니다. 대장 내시경은 이와 #비슷\하지만 더 긴 관을 사용하고, 보통 팔에 주사를 놓아 졸리게 만드는 약을 투여하며, 귀가할 때 다른 사람이 운전을 해야 합니다."]		
	YES	
QA05_FB2	How long ago did you have your most recent exam? 가장 최근에 검사를 받으신 것이 언제였습니까?	
AF16	A YEAR AGO OR LESS	

REFUSED.....-7 DON'T KNOW.....-8 QA05_FB3 Was your most recent exam a sigmoidoscopy a colonoscopy or something else? 귀하께서 #받으신 가장 최근의₩ 검사는 S 자 결장경 검사(Sigmoidoscopy), 결장경 검사(Colonoscopy), 기타 검사법 중 무엇이었습니까?

AF61

[IF NEEDED, SAY: "For a Sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A <u>Colonoscopy</u> is <u>similar</u> but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy, and told to have someone else drive you home."] [IF NEEDED, SAY: "S 자 결장경 검사의 경우, 유연한 튜브가 항문으로 삽입되어 문제점을 찾게 됩니다. 결장경 검사도 이와 비슷하나 더 긴 튜브가 사용되고 보통 졸리게 만드는 주사약을 팔에 투여하기 때문에 집에 돌아갈 때 타인에게 운전을 부탁해야 합니다."]

SIGMOIDOSCOPY	1
COLONOSCOPY	2
SOMETHING ELSE	4
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_FB4

IF QA05_FB1 = 2 (NEVER HAD) OR QA05_FB2 = 6 (NO EXAM IN LAST 10 YEARS, CONTINUE WITH QA05_FB4 ELSE GO TO QA05_FB5

QA05_FB4 During the past 12 months has a doctor recommended that you have a sigmoidoscopy or colonoscopy?

지난 12 개월 동안, 의사나 다른 의료 전문가가 결장 내시경이나 대장 내시경 검사를 받으라고 권한 적이 있습니까?

YES	1	
NO		51
DID NOT GO TO DOCTOR IN	• –	•
PAST 12 MONTHS		51
REFUSED		
DON'T KNOW		j

PROGRAMMING NOTE QA05_FB: IF QA05_FB1 = 2 (NEVER HAD SIGMOIDOSCOPY OR COLONOSCOPY), DISPLAY "NEVER had"; IF QA05_FB2 = 6 (NO EXAM LAST 10 YEARS), DISPLAY "NOT had"		
QA05_FB5	What is the ONE most important reason why you have {NEVER had/NOT had} one of these exams {in the last 10 years}?	
	지난 10 년 동안 이러한 검사들 중 하나를 받지 않은 가장 중요한 #한\ 가지 이유는 무엇입니까?	
AF20	NO REASON/NEVER THOUGHT ABOUT IT1 DIDN'T KNOW I NEEDED THIS TYPE OF TEST2 DOCTOR DIDN'T TELL ME I NEEDED IT	
	EMBARRASSING	
QA05_FB6	The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab. 다음의 질문들은 혈변, 또는 대변에 피가 섞여 나오는지를 확인하는 잠혈 반응 검사에 관한 것입니다. 혈변 검사는 집에서 키트를 사용하여 할 수 있습니다. 집에서 카드에 소량의 대변을 묻힌 후에 그 카드를 의사의 진료소나 실험실로 보내면 됩니다.	
	Have you ever done a blood stool test, using a HOME test kit? 가정용\검사 키트를 사용하여 혈변 검사를 해 본 적이 있습니까?	
AF22	YES	
QA05_FB7	How long ago did you do your most recent HOME blood stool test? 가장 최근에 #가정\ 혈변 검사를 한 지 얼마나 오래 되었습니까?	
AF24	A YEAR AGO OR LESS	

PROGRAMMING NOTE QA05_FB8

IF QA05_FB6 = 2 (NEVER HAD) OR QA05_FB7 > 1 (NO EXAM IN LAST YEAR), CONTINUE WITH QA05_FB8 ELSE GO TO PROGRAMMING NOTE QA05_FB10

QA05_FB8 In the past 12 months, has a doctor recommended that you have a home blood stool test? 지난 12 개월 동안, 의사가 가정 혈변 검사를 하라고 권한 적이 있습니까?

YES	
	[GO TO QA05_FB10]
DID NOT GO TO DOCTOR	
IN PAST 12 MONTHS	
REFUSED	
DON'T KNOW	

PROGRAMMING NOTE QA05_FB9:

IF QA05_FB6 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH QA05_FB9 AND DISPLAY "NEVER had"; ELSE IF QA05_FB7 > 1 (NONE IN PAST 12 months), CONTINUE WITH QA05_FB9 AND DISPLAY "NOT had" and "in the past 12 months "; ELSE GO TO QA05_FB10

QA05_FB9 What is the most important reason you have {NEVER had /NOT had} a HOME blood stool test {in the past 12 months }?

가정\ 혈변 검사를 #한 번도 하지 않은\ 가장 중요한 이유는 무엇입니까?

AF28

AF29

NO REASON/NEVER THOUGHT ABOUT IT1
DIDN'T NEED/DIDN'T KNOW I NEEDED
THIS TYPE OF TEST2
DOCTOR DIDN'T TELL ME I NEEDED IT
HAVEN'T HAD ANY PROBLEMS4
PUT IT OFF/LAZINESS5
TOO EXPENSIVE/NO INSURANCE/COST6
TOO PAINFUL, UNPLEASANT, EMBARRASSING.7
HAD ANOTHER TYPE OF COLORECTAL EXAM8
DON'T HAVE A DOCTOR9
OTHER91
REFUSED7
DON'T KNOW8

	ING NOTE QA05_FB10:
	GO TO QA05_G1;
	[AGE < 40 OR BETWEEN 18 AND 29 OR BETWEEN 30 AND 39 OR ENUM.AGE < 45 OR IF AGE IS
	GO TO QA05_G1;
	NUE WITH QA05_FB10
Prostate cano	
QA05_FB10	
	test is a blood test to detect prostate cancer.
	전립선암을 발견하기 위한 PSA, 즉 "혈청 전립선 특이 항원" 검사에 대해 #들어 본\ 적이 있습니까? PSA
	검사는 전립선암을 발견하기 위한 혈액 검사입니다.
AF30	
	YES1
	NO2 [GO TO QA05_G1]
	REFUSED
	DON'T KNOW
0 4 05 ED 4 4	Have you ever HAD a DCA test?
QA05_FB11	Have you ever HAD a PSA test? PSA 즉 전립선암 검사를 받으신 적이 있습니까?
	PSA 즉 신입신임 검사를 얻으신 적이 있습니까?
4524	
AF31	YES1
	NO
	REFUSED
	DON'T KNOW
QA05 FB12	How long ago did you have your most recent PSA test?
	가장 최근에 PSA 검사를 받은 지 얼마나 오래 되었습니까?
AF33	
	YEAR AGO OR LESS1
	MORE THAN 1 YEAR AGO UP TO
	2 YEARS AGO
	MORE THAN 2 YEARS AGO UP TO
	3 YEARS AGO3
	MORE THAN 3 YEARS AGO UP TO

Section G – Demographic Information, Part II

Country of birth (self, parents)

QA05_G1Now a few more questions about you.개인적인 질문을 몇 가지 더 하겠는데요,

In what country were you born? 우선 어느 나라에서 출생하셨습니까?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES1 AMERICAN SAMOA2	
CANADA	
CHINA4	
EL SALVADOR5	
ENGLAND6	
FRANCE7	
GERMANY8	
GUAM9	
GUATEMALA10	
HUNGARY11	
INDIA12	
IRAN13	
IRELAND14	
ITALY15	
JAPAN16	
KOREA17	
MEXICO18	
PHILIPPINES19	
POLAND20	
PORTUGAL21	
PUERTO RICO22	
RUSSIA23	
TAIWAN24	
VIETNAM25	
VIRGIN ISLANDS26	
OTHER (SPECIFY):91	
REFUSED7	
DON'T KNOW8	

PROGRAMMING NOTE QA05_G2:

IF QA05_G1 NE 1 (NOT BORN IN US), GO TO QA05_G4 ELSE IF QA05_G1 = 1 (BORN IN US) CONTINUE WITH QA05_G2

QA05_G2In what country was your mother born?모친께서는 어느 나라에서 출생하셨습니까?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES	4
CANADA	
CHINA	
EL SALVADOR	
ENGLAND	-
FRANCE	7
GERMANY	8
GUAM	
GUATEMALA	10
HUNGARY	
INDIA	12
IRAN	13
IRELAND	14
ITALY	15
JAPAN	
KOREA	-
MEXICO	
PHILIPPINES	
POLAND	
PORTUGAL	
PUERTO RICO	
RUSSIA	
TAIWAN	
VIRGIN ISLANDS	
OTHER (SPECIFY):	
REFUSED	
DON'T KNOW	8

QA05_G3In what country was your father born?부친께서는 어느 나라에서 출생하셨습니까?

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	
GERMANY	8
GUAM	9
GUATEMALA	
HUNGARY	
INDIA	
IRELAND	
ITALY	
JAPAN	16
KOREA	17
MEXICO	18
PHILIPPINES	
POLAND	20
PORTUGAL	
PUERTO RICO	
RUSSIA	
TAIWAN	
VIETNAM	25
VIRGIN ISLANDS	
OTHER (SPECIFY):	91
REFUSED	-7
DON'T KNOW	
Don't (nonoral)	

Racial/ethnic discrimination (general)

QA05_G4 Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Would you say ...

귀하의 인종이나 민족적인 출신 배경에 대해 생각해 보십시오. 인종이나 민족적인 출신 배경 때문에 부당하거나 불공평인 대우를 얼마나 자주 받는다고 느끼셨습니까?

AG4

Never	1
Rarely	2
Sometimes	3
Often	4
Or all the time?	5
REFUSED	7
DON'T KNOW	8

Languages spoken at home, citizenship, immigration statusQA05_G5 home?

What languages do you speak at

집에서는 어떤 언어를 사용하십니까?

AH36

[CODE ALL THAT APPLY.] [PROBE: "Any others?"] [PROBE: "* 다른 언어가 또 있습니까?"]

ENGLISH	1
SPANISH	
CANTONESE	3
VIETNAMESE	4
TAGALOG	5
MANDARIN	6
KOREAN	7

ASIAN INDIAN LANGUAGES	8
RUSSIAN	9
OTHER1 (SPECIFY):	91
OTHER2 (SPECIFY):	92
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_G6:

IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA05_G6 IF INTERVIEW CONDUCTED IN ENGLISH AND QA05_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA05_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 QA05_G5 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA05_G7

QA05_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 ... 집에서 주로 사용하는 말이 있죠? 한국어라든지... 그와 비교할 때, 영어를...

AH37

1
1
2
2
3
3
4
7
8

	IING NOTE QA05_G7:				
	= 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN				
	O TO PN QAO5_G10; NUE WITH QA05_G7				
	and immigration				
QA05_G7	The next questions are about citizenship and immigration.				
	Are you a citizen of the United States?				
	다음 질문은 시민권과 이민에 대한 겁니다. 대답해주신 내용에 대해서는 철저하게 비밀이 유지되며,				
	물론 이민국에 보고되지 않습니다. 미국 시민이십니까?				
AH39					
	YES1 [GO TO QA05_G9]				
	NO2				
	APPLICATION PENDING				
	REFUSED				
	DON'T KNOW				
QA05_G8	Are you a permanent resident with a green card? Your answers are confidential and will not be				
	reported to Immigration Services.				
	그러면 영주권자이십니까?				
AH40					
АП40	IF NEEDED CAN UDecals we all this a foreas Card' but the cales are				
	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 PENDING				
	REFUSED7				
	DON'T KNOW				
QA05_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.)				
	$\underline{\qquad} ILAN(IINSI OAWLIOLIVE IN U.S.)$				
	REFUSED7				
	DON'T KNOW				

PROGRAMMING NOTE QA05_G10: IF QA05_G1 = 1 (USA) OR (AAGE – QA05_G9) < 18 (R CAME TO U.S. PRIOR TO 18TH BIRTHDAY), CONTINUE WITH QA05_G10; ELSE GO TO PROGRAMMING NOTE QA05_G11

QA05_G10 Thinking back to your childhood, that is, before your 18th birthday, were you ever removed from your home by the state, county, or court, and went to live with people other than your mother or father? 어린 시절, 그러니까 18 세 생일 이전에, 정부 기관이나 법원의 명령에 따라 집을 떠나 부모님이 아닌 다른 어떤 사람들과 살게 되었던 적이 있습니까?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_G11: IF QA05_A15 =1 (MARRIED) CONTINUE WITH QA05_G11 IF A15 = 2 (LIVING WITH PARTNER, GO TO G12) ELSE GO TO PROGRAMMING NOTE QA05_G13

QA05_G11	Is your spouse also living in your household?			
	{배우자}께서도 함께 살고 계십니까}?			

AH44

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

QA05_G12May I have your {spouse/partner}'s first name and age?
{배우자}의 퍼스트네임과 나이를 말씀해 주시겠습니까}?

SC11A

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

SPOUSE/PARTNER NAME	
SPOUSE/PARTNER AGE	
SPOUSE/PARTNER SEX	

PROGRAMMI					
		= 1 (AGE 18-29) AND QA05_A15 DULTS LIVE IN HH, CONTINUE			$G^{11} = 1$ (SPOUSE LIVING
IF AAGE<30 C	DR QA05_A4 =	1 (AGE 18-29) AND QA05_A15			AND 3 OR MORE
		NTINUE WITH QA05_G13; ₌1 (AGE 18-29) AND QA05_A15	-34560R-		
		RIED, REF, DK) AND 2 OR MOF			
QA05_G13;	0.005 0.44				
ELSE GO TO	QA05_G14				
QA05_G13	Are you now	living with either of your parents	?		
	부모님 중 한	분과 살고 계십니까?			
AH43A					
	YES		1		
	-	USED			
		J'T KNOW			
Child and tee					
QA05_G14		y children under the age of 18 liv · 중 아기들을 포함한 18 세 미만의			g bables?
SC12					
3012	YES		<u>1</u>		
NO REFUSED					
		USED I'T KNOW		> - [G0 10 P	'N QAU5_G21]
QA05_G15		ne only the first names and ages	of all the children	under 18, ind	cluding bables, who
	normally live in your household. 이 집에 주로 살고 있는 아기들을 포함한 18 세 미만 어린이들의 퍼스트네임하고 나이만 말씀해				
	주십시오.				
SC13A		IDDODE: "In these			
		[PROBE: "Is there [ENTER AGE OF 0 (ZERO), IF		EAR OLD]	
				-	1
	CHILD 1	FIRST NAME	AGE	M/F	-
	2				-
	3				-
	4				
	5				
QA05_G16					
GID_COAD	Is (CHILD) . (CHILD) 이				

SC15A

0 To 11 years old, or		[CODE AS CHILD]
0 세에서 11 세입니까, 아니면	1	
12 To 17 years old?		[CODE AS TEEN]
12 세에서 17 세입니까?	2	
REFUSED	7	[CODE AS TEEN]

QA05_G17I 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

[GO BACK TO QA05_G15]

PROGRAMMING NOTE QA05_G18: IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA05_G18A ABOUT EACH PERSON UNDER 18

QA05_G18 Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}? {PERSON NAME/AGE/SEX}의 부모 또는 법적 보호자이십니까?

SC14A

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_G18A:

IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44=1 OR AH43=2], ASK QA05_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18

QA05_G18A Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX }? {성명/나이/성별}가 {성명/나이/성별}의 부모 또는 법적 보호자이십니까?

SC14B

YES	1
NO	2
REFUSED	7
DON'T KNOW	

PROGRAMM	NG NOTE QA05 G19:	
	= 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA05_G14 ARE AGE 13 OR LESS,	
	/ITH QA05_G19;ELSE GO TO QA05_G21	
	IN ROSTER QA05_G13 < 14 AND >= 14 display "for any children under age 13"	
	= 1 (MARRIED) AN D QA05_G10 =1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse",	
	= 2 (LIVING WITH PARTNER), DISPLAY "you or your partner", ELSE DISPLAY "you".	
Paid child ca		
QA05 G19	In the past month, did you use any paid childcare {for any children under age 13} while {you or your	
_	spouse/partner/ you} worked, were in school, or looked for work?	
	지난 달에, {}께서 일하거나, 학교 다니거나, 일자리를 알아보시는 동안, 돈을 받고 애 봐주는 데에 {}을/를	
	말겨놓으신 적이 있으셨습니까? -	
AH44A		
AN44A	[IF NEEDED, SAY: "This includes Head Start, day care centers, before- or	
	after-school care programs, and any baby-sitting arrangements."]	
	[IF NEEDED, SAY: "여기엔 헤드스타트, 데이케어 센터 탁아소, 수업 전이나 방과 후의 탁아 프로그램	
	그리고 애를 봐주는 베이비-시팅 등이 포함됩니다."]	
	YES1	
	NO2	
	REFUSED	
	DON'T KNOW	
QA05_G20	In the past month, how much did you pay for all child care arrangements and programs?	
QAUJ_020	지난 달에, 애를 맡겨두기 위해서 여기저기 들어간 돈이 모두 얼마나 됐습니까?	
	시한 달에, 애들 맡겨꾸기 귀에지 여기지기 들어진 끈이 도구 들마다 졌답니까?	
AH44B		
	[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month."	
[IF NEEDED, SAY: "이렇게 여쭈어보면, 대답하시기가 더 편할지도 모르겠습니다. 지난 달 보통		
1 주일 동안 애를 맡기는 데에 들어가는 돈이 얼마나 됐습니까?"]		
"You or any other adult in your household."]		
	\$ AMOUNT LAST MONTH [HR: 0-8,000]	
	\$ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]	

NO PAYMENT IN LAST MONTH OR WEEK
REFUSED7
DON'T KNOW8

Educational attainment

QA05_G21

AH47

What is the highest grade of education you have completed and received credit for? 공식적으로 이수한 최종 학력은 어떻게 되시죠?

NO FORMAL EDUCATION	
GRADE SCHOOL	
1ST GRADE1	
2ND GRADE2	
3RD GRADE	
4TH GRADE	
5TH GRADE5	
6TH GRADE6	(Primaria)
7TH GRADE7	
8TH GRADE8	
HIGH SCHOOL OR EQUIVALENT	
9TH GRADE9	(Secundaria)
10TH GRADE10	
11TH GRADE11	
12TH GRAD12	(Preparatoria)
4-YEAR COLLEGE OR UNIVERSITY	
1ST YEAR (FRESHMAN)13	
2ND YEAR (SOPHOMORE)14	
3RD YEAR (JUNIOR)15	
4TH YEAR (SENIOR) (BA/BS)	
5TH YEAR17	
GRADUATE OR PROFESSIONAL SCHOOL	
1ST YEAR GRAD OR PROF SCHOOL18	
2ND YEAR GRAD OR PROF SCHOOL (MA/MS) .19	
3RD YEAR GRAD OR PROF SCHOOL	
MORE THAN 3 YEARS GRAD OR	
PROF SCHOOL (PhD)21	
2-YEAR JUNIOR OR COMMUNITY COLLEGE	
1ST YEAR22	
2ND YEAR (AA/AS)23	
VOCATIONAL, BUSINESS, OR TRADE SCHOOL	
1ST YEAR24	
2ND YEAR25	
MORE THAN 2 YEARS	
REFUSED	
DON'T KNOW (OUT OF RANGE)	

Employment status, spouse's employment status

QA05_G22Which of the following were you doing last week?다음 중 지난 주에 하신 일을 골라 주시겠습니까?

AK1		
	Working at a job or business1	[GO TO QA05_G26]
	직장이나 사업체에서 일을 하셨습니까 1	
	With a job or business but not at work2	
	직업이나 사업체에 소속되어 있긴 했지만	
	일은 하지 않으셨습니까?	
	Looking for work or3	
	일자리를 구하고 계셨습니까, 아니면	
	Not working at a job or business?4	
	직장이나 사업체에서 일하지 않으셨습니까?4	
	REFUSED7	
	DON'T KNOW8	
QA05_G23	What is the main reason you did not work last week?	
	지난 주에 일을 하지 않은 주요 이유\는 무엇입니까?	
AK2		
	[IF NEEDED, SAY: "Main reason is the most important reason.	"]
	"주요 이유란 가장 중요한 이유를 말합니다."	
	TAKING CARE OF HOUSE OR FAMILY1	
	ON PLANNED VACATION2	
	COULDN'T FIND A JOB3	
	GOING TO SCHOOL/STUDENT4	
	RETIRED5	[GO TO PN QA05_G25]
	DISABLED6	[GO TO PN QA05_G25]
	UNABLE TO WORK TEMPORARILY	
	ON LAYOFF OR STRIKE	
	ON FAMILY OR MATERNITY LEAVE	
	OFF SEASON	
	REFUSED	
	DON'T KNOW	
QA05_G24	Do you usually work?	
—	귀하는 평소에 일을 하십니까?	
AG10		
	VES 1	

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

PROGRAMMING NOTE QA05 G25: IF AAGE = -7 OR -8 OR AAGE < 65 AND QA05 G24 = 2 (NO) CONTINUE WITH QA05 G25 OR IF AAGE = -7 OR -8 or AAGE<65 AND QA05 G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE WITH QA05 G25: ELSE GO TO PROGRAMMING NOTE QA05 G26 QA05 G25 Are you receiving Social Security Disability Insurance or SSDI? SSDI 라고 하는 장애 보험 보조 혜택을 받고 계십니까? AL22 YES.....1 NO.....2 GO TO PN QA05 G28] REFUSED......-7 DON'T KNOW--8 PROGRAMMING NOTE QA05_G26: (FOR PROXY VERSION, GO TO QA05_G29) ELSE IF (QA05_G22 = 1, 2, -7, -8) OR (QA05_G24 = 1) THEN CONTINUE WITH QA05_G26; ELSE GO TO PROGRAMMING NOTE QA05 G27

QA05_G26 On your <u>main</u> job, are you employed by a private company, the government, <u>or</u> are you self-employed, <u>or</u> are you working without pay in a family business or farm? 주된 직업에 대해서 말인데요, 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: "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

PROGRAMMING NOTE QA05_G27

IF QA05_G22 =1 or 2 OR QA05_G24 =1 (R WORKS/USUALLY WORKS) CONTINUE WITH QA05_G27; ELSE GO TO QA05_G28

QA05_G27 Thinking about what you normally do at work, not counting your free time, would you say that that you sit most of the day, stand most of the day, or walk around a lot?

직장에서 보통 하는 일에 관해서 생각해 볼 때, 자유 시간을 제외하고, 하루 중의 대부분의 시간을 앉아 있습니까? 서있습니까? 또는 많이 돌아다닙니까?

[GO TO PN QA05 G29]

AE22

SIT STAND WALK AROUND	2	
DOES NOT WORK SIT/STAND EQUALLY	4	≻
SIT/WALK EQUALLY STAND/WALK EQUALLY	7	
REFUSED DON'T KNOW		

QA05_G28 Thinking about what you normally do during a typical day, which best describes your activity: Would you say that you sit most of the day, stand most of the day, or walk around a lot? 평상시에 하는 일에 관해 생각해 볼 때, 귀하의 활동을 가장 잘 설명한 것은 어느 것입니까? 하루의 대부분을 앉아 있습니까? 서있습니까? 또는 많이 돌아다닙니까?

AOAL11

SIT	1
STAND	2
WALK AROUND	3
LIE DOWN	4
SIT/STAND EQUALLY	5
SIT/WALK EQUALLY	6
STAND/WALK EQUALLY	7
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_G29:

IF QA05_ A15 = 1 (MARRIED), CONTINUE WITH QA05_G29; ELSE GO TO QA05_H1

QA05_G29Which of the following was your spouse doing last week?다음 중에서 배우자께서 지난 주에 하신 일을 골라 주시겠습니까?

	Working at a job/ business 직장이나 사업체에서 일을 하셨습니까 With a job/business but not at work 직업이나 사업체에 소속되어 있긴 했지만	1	[GO TO QA05_G31] [GO TO QA05_G31]
	일은 하지 않으셨습니까?	2	
	Looking for work, or	3	
	일자리를 구하고 계셨습니까, 아니면	3	
	Not working at a job/business?		
	직장이나 사업체에서 일하지 않으셨습니까?	4	
	REFUSED	7	
	DON'T KNOW	8	
QA05_G30	Does your spouse usually work? 귀하의 배우자는 평소에 일을 하십니까?		

AG11

YES	1	
NO	2]	
LOOKING FOR WORK	3 >	[GO TO QA05 H1]
REFUSED	7	
DON'T KNOW		

QA05_G31 On your spouse's <u>main</u> job, is he/she employed by a private company, the government, <u>or</u> is he/she self-employed, <u>or</u> is he/she working without pay in a family business or farm? 배우자 분의 주된 직업에 대해서 말인데요, 배우자께서 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: "배우자께서 가장 많이 일하신 곳이 어디입니까?"]

1
2
3
4
7
3

Section H – Health Insurance

Usual source of care

QA05_H1The next topics are about health insurance and health care.다음은 건강 보험과 의료 서비스에 대한 것입니다.

Is there a place that you USUALLY go to when you are sick or need advice about your health? 아프거나 건강에 대한 조언이 필요할 때 보통 가시는 곳이 있습니까?

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

1	[GO TO PN QA05_H3]
2	
3~)
4	l
	├ [GO TO PN QA05_H3]
7	
ر 8	J
	2 3 [~] 4

QA05_H2What is the ONE main reason you do not have a usual source of health care?
보통 주로 가시는 의료 기관이 없는 주된 이유가 무엇입니까?

AH2

PROVIDER DIDN'T ACCEPT INSURANCE OR INSURANCE PROBLEM NO INSURANCE OR LOST INSURANCE COST OF MEDICAL CARE DON'T WANT/NEED OTHER REASON REFUSED DON'T KNOW	2 3 4 91 7	[GO TO QA05_H4]
--	------------------------	-----------------

PROGRAMMING NOTE QA05_H3:

IF QA05_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you go to most often--a medical"; ELSE IF QA05_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private"; ELSE IF QA05_H1 = 4 (KAISER) CIRCLE "1" FOR QA05_H3 AND GO TO QA05_H5

QA05_H3	{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?
AH3	

DOCTOR'S OFFICE/KAISER/OTHER HMO1 CLINIC/HEALTH CENTER/HOSPITAL CLINIC2	[GO TO QA05_H5]
EMERGENCY ROOM	[GO TO QA05 H5]
SOME OTHER PLACE (SPECIFY):91	[GO TO QA05_H5]
NO ONE PLACE	[GO TO QA05_H5]
REFUSED7	[GO TO QA05_H5]
DON'T KNOW8	[GO TO QA05_H5]

Medicare coverage, Medicare supplemental plan

QA05_H4MediCARE is a health insurance program for people 65 years and older or persons with certain
disabilities. At this time, are you covered by MediCARE?
다음은 가지고 계실 수 있는 건강 보험의 종류에 대한 질문입니다. 메디케어는 65 세 이상이거나 특정

장애자분들을 위한 건강 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

AI1

[NOTE: Include Medicare managed care plans as well as the original Medicare plan.] [NOTE: 원래 메디케어 보험 뿐만 아니라 메디케어 위탁 관리 프로그램도 포함해 주십시오.]

YES1 NO2	[GO TO QA05_H7]
REFUSED7 DON'T KNOW8	[GO TO QA05_H14]

IF QA05_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H5:

IF [AAGE > 64 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA05_H4= 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA05_H5; ELSE GO TO PROGRAMMING NOTE QA05_H7

QA05_H5 Is it correct that you are NOT covered by MediCARE even though you told me earlier that you are 65 or older?

귀하께서 65 세 문제가지만 메디케어 혜택을 받지 않고 있다고 하셨습니까?

Al2

CORRECT, NOT COVERED BY MEDICARE1 NOT CORRECT, R IS COVERED BY MEDICARE2 AGE IS INCORRECT	
REFUSED	

IF QA05_H5 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H6: AIDATE

SET AIDATE = CURRENT DATE (YYYYMMDD); SET AAGE = QA05_H6; IF AAGE < 18, CODE AS IA AND TERMINATE

QA05_H6 What is your age, please? 연세가(or 연령은) 어떻게 되십니까?

AI3

YEARS OF AGE	[HR: 18-105]	[GO TO QA05_H14]
REFUSED DON'T KNOW		

PROGRAMMING NOTE QA05_H7: IF ARMCARE = 1, CONTINUE WITH QA05_H7; ELSE GO TO QA05_H14

QA05_H7Is your MediCARE coverage provided through an HMO?
귀하의 MediCARE 보상은 HMO 를 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: "HMO 를 사용하는 경우에는 보통 HMO 의사로부터 진료를 받아야 하고, 그렇지 않은 경우에는 의료 응급 상황이 아닌 한 비용이 보상되지 않습니다."]

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

YES1	
NO2	[GO TO QA05 H9]
REFUSED7	GO TO QA05 H9
DON'T KNOW8	

IF QA05_H7 = 1, SET ARMHMO = 1

QA05_H8 What is the name of your MediCARE HMO plan? 귀하의 MediCARE HMO 플랜의 이름은 무엇입니까?

AH50

PACIFICARE BLUE SHIELD/CA HEALTH NET AETNA/US HEAL CIGNA HEALTHC MEDICARE MEDI-CAL OR ME (NAME OF COUN	LIFORNIACARE REAMERICA THCARE/PRUDENTIAL ARE EDICAID TY MEDI-CAL PLAN)		≻ [GO TO PN QA05_H10]
(NAME OF COUN OTHER REFUSED		10 91) 7	

QA05_H9 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?

AI4

[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone"] [IF NEEDED, SAY: "이러한 보험은 Medicare 만으로는 보상되지 않는 의료비를 보상합니다."]

YES1	
NO2	[GO TO QA05 H14]
REFUSED	
DON'T KNOW8	

IF QA05_H9 = 1, SET ARSUPP = 1.

PROGRAMMING NOTE QA05_H10: IF QA05_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE HMO" IF QA05_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE Supplement plan" ELSE GO TO QA05_H14

QA05_H10 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 "AARP 란 미국 은퇴자 협회를 말합니다."]

DIRECTLY1
CURRENT EMPLOYER2
FORMER EMPLOYER
UNION
FAMILY BUSINESS
AARP6
SPOUSE'S EMPLOYER7
SPOUSE'S UNION
PROFESSIONAL/FRATERNAL ORGANIZATION9
OTHER91
REFUSED7
DON'T KNOW8

QA05_H11	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 의료보험의 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야 하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.
AH53	[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time yousee a doctor or use the health care system, while someone else pays for your main health carecoverage."[IF NEEDED, SAY: "공동 부담액(co-pays)이란 다른 사람이 귀하의 의료보험료를 지불하는 상황에서귀하가 의사의 진료를 받거나 의료 서비스를 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."
	"A deductible is the amount you pay for medical care before your health plan starts paying." "공제액(deductibles)이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비용을 말합니다." "Premium is the monthly charge for the cost of your health insurance plan."]
	"보험료란 의료보험 비용으로 매월 지불하는 요금을 말합니다."] YES
QA05_H12	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 지불합니까?
AH54	YES1 NO

1E9	1	
NO	2`)
REFUSED	-7	GO TO PN QA05 H14
DON'T KNOW		-

QA05_H13 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, 또는 전문인 단체 등 귀하 외에 이 의료보험료의 일부를 지불하고 있는 사람은 누구입니까?

CURRENT EMPLOYER1
FORMER EMPLOYER2
UNION
SPOUSE'S CURRENT EMPLOYER4
SPOUSE'S FORMER EMPLOYER
PROFESSIONAL/FRATERNAL ORGANIZATION6
MEDICAID/MEDI-CAL ASSISTANCE7
HEALTHY FAMILIES8
HEALTHY KIDS9
OTHER91
REFUSED7
DON'T KNOW8

IF QA05_H13 = 7, SET ARMCAL = 1 IF QA05_H13 =8, SET ARHFAM = 1

PROGRAMMING NOTE QA05_H14:

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

Medi-Cal coverage

QA05_H14 {Is it correct that you are/Are you} covered by Medi-CAL? 귀하께서는 메디캘(MediCal) 혜택을 받고 계십니까?

Al6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."] [IF NEEDED, SAY: * "메디캘"이란 저소득층 가정과 그 자녀들, 그리고 임산부와 장애인 또는 노인들을 위한 의료 혜택 제도입니다.

[NOTE: Include HMO or managed care plans, as well as the traditional Medi-CAL] [NOTE: * 전통적인 메디캘과 HMO 또는 managed care plans 도 포함하십시오.]

YES1	[GO TO QA05_H16]
NO2	
REFUSED7	
DON'T KNOW8	

IF QA05_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1 IF ARMCAL = 1 AND QA05_H15 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA05 H15: IF AAGE > 18 OR [QA05_4 <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO QA05 H16; ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA05_H15 AND DISPLAY: "Is it correct, then, that you are"; ELSE IF [AAGE = 18 OR QA05 A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA05 H15 AND DISPLAY: "Are you" **Healthy Families coverage** QA05 H15 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program? 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까? AI7 [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 19 세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."] YES.....1 NO......2 REFUSED......-7 IF QA05_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1 IF ARHFAM = 1 AND QA05 H15 = 2, SET ARHFAM = 0 **PROGRAMMING NOTE QA05 H16** IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" and "any other" IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about" Employer-based coverage QA05_H16 {Besides the Medicare supplemental 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? 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:"...귀하의 직장에서 또는 다른 분의 직장에서요?"] YES.....1 NO......2 [GO TO QA05 H19] [GO TO QA05 H19] [GO TO QA05_H19] QA05_H17 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? Al9 [PROBE: "Even someone who does not live in this household?"] [PROBE: "* 같이 살고 있지 않은 분이라도 포함하십시오."] IN OWN NAME1 [GO TO QA05 H20] IN SOMEONE ELSE'S NAME2

REFUSED7	[GO TO QA05_H20]
DON'T KNOW8	[GO TO QA05_H20]

IF QA05_H17 = 1, AREMPOWN = 1 AND SET ARINSURE = 1 IF QA05_H17 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H18:

**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H18; ELSE GO TO QA05_H20; IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's; IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's; IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H18 Is the plan in your (husband's/wife's) (or) (parent's) name? 이 보험이 귀하 {} 이름으로 되어 있습니까?

AI9A

IN husband's/wife's NAME1	[GO TO QA05_H20]
IN PARENT'S NAME2	[GO TO QA05_H20]
IN SOMEONE ELSE'S NAME	[GO TO QA05_H20]
REFUSED7	[GO TO QA05_H20]
DON'T KNOW8	[GO TO QA05_H20]

IF QA05_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 IF QA05_H18 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H19:

IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY

FAMILIES AND EMPLOYER), CONTINUE WITH QA05_H19;

ELSE GO TO QA05_H22

Private coverage

QA05_H19 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?

자신께서 직접 보험회사 또는 HMO 를 통해 가입하신 의료보험 혜택을 받고 계십니까?

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 중풍과 같은 몇몇 질병의 경우에만 보상되거나, 병원에 입원했을 경우에만 "추가 현금(extra cash)"이 지불되는 방식의 보험은 포함하지 마십시오.]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

IF QA05_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H20:

IF QA05_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA05_H19 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH QA05_H20; ELSE GO TO QA05_H22

QA05_H20 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any copays 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 분담금이나 공제 금액에 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: "분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다."

"A deductible is the amount you pay for medical care before your health plan starts paying." "공제 금액이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비의 금액을 말합니다."

"Premium is the monthly charge for the cost of your health insurance plan."] "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]

YES1
NO2
REFUSED7
DON'T KNOW8

QA05_H21 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 전문직 단체와 같은 다른 사람이 이 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

AH58

YES	1
NO	
REFUSED	
	QA05_H22Who

DON'T KNOW -8 is that?

그 다른 사람이 누구 입니까?

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: "고용주, 노동조합, 전문인 단체 등 귀하의 배우자 이외에 이 의료보험 비용의 일부를 지불하고 있는 사람은 누구입니까?"]

UNION	CURRENT EMPLOYER1 FORMER EMPLOYER2
SPOUSE'S FORMER EMPLOYER	UNION
PROFESSIONAL/FRATERNAL ORGANIZATION6 MEDICAID/MEDI-CAL ASSISTANCE	SPOUSE'S CURRENT EMPLOYER4
MEDICAID/MEDI-CAL ASSISTANCE	SPOUSE'S FORMER EMPLOYER5
HEALTHY FAMILIES	PROFESSIONAL/FRATERNAL ORGANIZATION6
MEDICARE	MEDICAID/MEDI-CAL ASSISTANCE7
HEALTHY KIDS	HEALTHY FAMILIES8
OTHER	MEDICARE9
REFUSED7	
DON 1 KNOW	DON'T KNOW8

IF QA05_H22 = 1, SET AREMPOWN = 1 IF QA05_H22 = 4, SET AREMPSP = 1 IF QA05_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0 IF QA05_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0 IF QA05_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0 PROGRAMMING NOTE QA05_H23: IF [QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G23 = 1 (R USUALLY WORKS)] AND AREMPOWN NE 1, CONTINUE WITH QA05_H23; ELSE GO TO PROGRAMMING NOTE QA05_H27

Employer offer of health insurance

QA05_H23 Does your employer offer health insurance to any of its employees? 지금 다니시는 직장에서 직장을 통하여 의료보험을 받고 있는 직원이 있습니까?

AI13

YES1	
NO2	[GO TO PN QA05_H27]
REFUSED7	[GO TO PN QA05_H27]
DON'T KNOW8	[GO TO PN QA05_H27]

QA05_H24 Are you eligible to be in this plan? 이 보험에 들 자격이 되십니까?

AI14

YES1	
NO2	[GO TO QA05_H26]
REFUSED7	[GO TO PN QA05_H27]

DON'T KNOW8

QA05_H25What is the one main reason why you aren't in this plan?이 보험에 들어 있지 않은 제일 중요한 이유가 뭡니까?

AI15

COVERED BY ANOTHER PLAN TOO EXPENSIVE DIDN'T LIKE PLAN OFFERED DON'T NEED OR BELIEVE IN	2	[GO TO PN QA05_H27]
HEALTH INSURANCE OTHER (SPECIFY): REFUSED DON'T KNOW	91 7	[GO TO PN QA05_H27]

QA05_H26What is the ONE main reason why you are not eligible for this plan?이 보험에 들 자격이 안 되는 제일 중요한 이유가 뭡니까?

AI15A

HAVEN'T YET WORKED FOR THIS
EMPLOYER LONG ENOUGH TO BE COVERED .1
CONTRACT OR TEMPORARY EMPLOYEES
NOT ALLOWED IN PLAN2
DON'T WORK ENOUGH HOURS PER WEEK
OR WEEKS PER YEAR3
OTHER (SPECIFY):91
REFUSED7
DON'T KNOW8

PROGRAMMING NOTE QA05 H27:

IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA05_H27; ELSE GO TO PROGRAMMING NOTE QA05_H28

CHAMPUS/CHAMP-VA. TRICARE. VA coverage

QA05_H27 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?

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AI16
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YES	1
NO	2
REFUSED	7
DON'T KNOW	8

IF QA05_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H28:

IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA05_H28; ELSE GO TO PROGRAMMING NOTE QA05 H34

AIM, MRMIP, Family PACT, other coverage

혜택을 받고 계십니까?

QA05_H28 Are you covered by some other government health plan, such as AIM, "Mister MIP," the Family PACT program, or something else? AIM 이나 "Mister MIP", 또는 the Family Pact Program 과 같은 정부보조의료보험이나, 또는 어떤 다른

Al17

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program; and Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]

[IF NEEDED, SAY: "*AIM 이란 '신생아 및 산모를 위한 기회'라는 뜻이며, 'Mister MIP' 또는 MRMIP는 '중대한 질병 및 사고 관련 의료보험 프로그램'이란 뜻이고 'Family Pact'는 보험이 없는 저소득층 남녀를 위해 피임과 생식기능과 관련된 의료 비용을 지불하는 주정부 프로그램입니다.

YES1	
NO2	[GO TO PN QA05_H30]
REFUSED7	
DON'T KNOW8	[GO TO PN QA05_H30]

IF QA05_H28= 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA05_H29 ASK IF NECESSARY: "What is the name of this plan?" 이 플랜의 이름은 무엇입니까?

AI17A

AIM MRMIP ("Mister Mip") FAMILY PACT OTHER (SPECIFY): REFUSED	2 3 _91 7	[GO TO QA05_H34] [GO TO QA05_H34] [GO TO QA05_H34] [GO TO QA05_H34] [GO TO QA05_H34]
	7	[GO TO QA05_H34]

PROGRAMMING NOTE QA05_H30:

IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA05_H30; ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H30	0 Do you have any health insurance coverage through a plan that I mis	
	말씀드리지 않은 다른 어떤 보험에 들고 계십니까?	

AI18

YES	1
NO	
REFUSED	
DON'T KNOW	-8 [GO TO PN

QA05_H34]
QA05_H31What type of health insurance do you have?
어떤 종류의 의료보험을 가지고 있습니까?

AI19

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 보험도 있습니까?"]

[NOTE: 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?

[NOTE: "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/UNION1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP,
OR OTHER ORGANIZATION
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE)3
MÈDICARE4
MEDI-CAL5
HEALTHY FAMILIES
CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH CARE7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC
HEALTHY KIDS
OTHER GOVERNMENT HEALTH PLAN
OTHER NON-GOVERNMENT HEALTH PLAN92
REFUSED
DON'T KNOW

IF QA05_H31= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
IF QA05_H31 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
IF QA05_H31 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1
IF QA05_H31 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1
IF QA05_H31 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
IF QA05_H31 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 8, SET ARIHS = 1
IF QA05_H31 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1
IF QA05_H31 = 92 OR QA05_ H29 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1

Indian Health Service participation

PROGRAMMING NOTE QA05_H32 IF QA05_H31 = 1 CONTINUE WITH QA05_H32; ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H32Was this plan obtained in your own name or in the name of someone else?이 의료보험은 귀하의 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

AH59

	1	[GO TO PN QAU5_H34]
IN SOMEONE ELSE'S NAME	2	
REFUSED	7	[GO TO PN QA05 H34]
DON'T KNOW	8	[GO TO PN QA05_H34]

IF QA05_H32 = 1, AREMPOWN = 1 AND SET ARINSURE = 1 IF QA05_H32 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H33:

**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H33;

ELSE GO TO PROGRAMMING NOTE QA05_H34;

IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's;

IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's;

IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H33 Is the plan in your (husband's/wife's) (or) (parent's) name? 이 의료보험은 귀하의 {husband's or wife's or parent's}의 이름으로 가입했습니까?

AH60

IN husband's/wife's NAME	1
IN PARENT'S NAME	2
IN SOMEONE ELSE'S NAME	3
REFUSED	7
DON'T KNOW	8

IF QA05_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 IF QA05_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H34: IF ARIHS = 0 AND QA05_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_H34; ELSE GO TO PROGRAMMING NOTE QA05_H35

QA05_H34 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

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

IF QA05_H34 = 1, SET ARIHS = 1

Spouse's health insurance, spouse's employer offers insurance PROGRAMMING NOTE QA05_H35_INTRO IF QA05_A15 = 1 (MARRIED) CONTINUE WITH QA05_H35_INTRO; ELSE GO TO PROGRAMMING NOTE QA05_H55

QA05_H35_INTRO These next questions are about the type of health insurance your spouse may have. 다음은 배우자의 건강 보험에 대한 질문들입니다

Al37intro

PROGRAMMING NOTE QA05_H35:

IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 1 AND/OR SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY "You said that you are covered by Medicare." And "also"; ELSE IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY "Is {SPOUSE NAME} covered by Medicare?" IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND/OR SPOUSE LESS THAN AGE 65, GO TO QA05_H38

QA05_H35 You said that you are covered by Medicare. Is {SPOUSE NAME} (also) covered by Medicare? {}도 메디케어 혜택을 받습니까?

AI37

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

IF QA05_H35 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

IF QA05_H35 IF AR GENDE	NG NOTE H36 = 1 AND ARMHMO = 1 CONTINUE WITH QA05_H36; R AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
	PROGRAMMING NOTE QA05_H37
QA05_H36	You said that your Medicare coverage is provided through an HMO. Is your {husband's/wife's/spouse's} Medicare also provided through an HMO? 귀하의 배우자의 Medicare 는 HMO 를 통해서 제공됩니까?
AH61	
	YES1
	NO2
	REFUSED
	NG NOTE H37
	= 1 AND ARMSUPP = 1 CONTINUE WITH QA05_H37;
	ER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
	PROGRAMMING NOTE QA05_H38
QA05_H37	You said that you have a Medicare Supplement plan. Does your {husband/wife/spouse} [also} have a Medicare supplemental policy? 메디케어 혜택을 받고 계시다고 하셨는데요. {}도 메디케어 혜택을 받습니까?
A137A	
	YES1
	NO2
	REFUSED7 DON'T KNOW
	DON'T KNOW
	NG NOTE QA05_H38:
	1, CONTINUE WITH QA05_H38;
	PROGRAMMING NOTE QA05_H39. = 1, THEN DISPLAY "also".
QA05_H38	You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal? {} 메디-캘이 있다고 하셨는데요. {}도 메디-캘 혜택을 받습니까?
AI38	
	YES1
	NO2
	REFUSED
	DON'T KNOW8
IF QA05_H38	= 1, SET SPMCAL = 1 AND SET SPINSURE = 1
PROGRAMMI	NG NOTE QA05_H39:

IF ARHFAM = 1 AND SPOUSE AGE \leq 18, CONTINUE WITH QA05_H39; ELSE GO TO PROGRAMMING NOTE QA05_H40. IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also". QA05_H39 You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families? {} 헬씨 페밀리스(Healthy Families)라는 보험이 있다고 하셨는데요. {}도 헬씨 페밀리스 혜택을 받습니까?

AI39

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

IF QA05_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H40:

IF AREMPOWN =1, CONTINUE WITH QA05_H40; IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also" ELSE GO TO PROGRAMMING NOTE QA05_H41

QA05_H40You said you have insurance from YOUR current or former employer or union. Is {SPOUSE NAME}
also covered by the insurance from YOUR employer?
{} 현재나 과거의 직장이나 노동조합을 통한 보험이 있다고 하셨는데요. {}도 그런 직장 보험 혜택을
받습니까?

AI40

YES1		
NO2	OTHER	5
REFUSED7		
DON'T KNOW8		

IF QA05_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H41:

IF QA05_G29 =1 OR 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H41; IF QA05_H18 = 1, DISPLAY "You said you have insurance from your {XXX}'s employer or union."; IF SPINSURE = 1, THEN DISPLAY "also"; IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN IF QA05_A5 = 1(MALE), DISPLAY "wife," "she" and "her"; IF QA05_A5 =2 (FEMALE), DISPLAY "husband" "he" and "his" ELSE DISPLAY "spouse," "he or she" and "his or her"; ELSE GO TO PROGRAMMING NOTE QA05_H42

QA05_H41 {You said you have insurance from your spouse's employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} OWN employer? {} {} {} {} () /가 {} 자신의 직장에서 자기 보험이 있습니까?

AI40A

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

IF QA05_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE	QA05_H42:
------------------	-----------

	= 1, CONTINUE WITH QA05_H42;
	PROGRAMMING NOTE QA05_H43.
	= 1 (MEDICARE) OR QA05_H14 = 1 (MEDI-CAL) OR QA05_H15 = 1 (HEALTHY FAMILIES) OR 1 (EMPLOYER BASED), DISPLAY "also."
QA05 H42	You said you {also} have a plan you purchased directly from the insurer. Is {SPOUSE NAME} also
	covered by this plan?
	{} 보험 회사에 직접 보험료를 내고 가입한 건강 보험이 있다고 하셨는데요. {}도 그 보험에 들어
	있습니까?
AI41	
	YES1 NO
	REFUSED
	DON'T KNOW
IF QA05_H42	= 1, SET SPDIRECT = 1 AND SET SPINSURE = 1
PROGRAMM	ING NOTE QA05_H43:
	1, CONTINUE WITH QA05 H43;
ELSE, GO TO	PROGRAMMING NOTE QA05_H44.
IF ARMCARE	= 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also".
QA05_H43	You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or
QAUJ_1143	some other military healthcare. Is {SPOUSE NAME} also covered by this plan?
	{} 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료
	서비스를 통해 건강 보험을 갖고 계신다고 하셨는데요, {}도 이 보험 혜택을 받습니까?
AI42	
7472	YES1
	NO2
	REFUSED7
	DON'T KNOW8
IF QA05_H43	= 1, SET SPMILIT = 1 AND SET SPINSURE = 1
	ING NOTE QA05_H44: V = 1, CONTINUE WITH QA05_H44;
	PROGRAMMING NOTE QA05_H45.
	= 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1,
DISPLAY "als	
0.005.1144	
QA05_H44	You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?
	{} 정부 건강 보험을 통해 AIM 이나 미스터 MIP 같은 건강 보험을 갖고 계신다고 하셨는데요.
	{}도 이 보험 혜택을 받습니까?
AI42A	
AI4ZA	YES1
	NO2
	REFUSED
	DON'T KNOW8
IF QA05_H44	= 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1
	ING NOTE QA05_H45: NE 1, DISPLAY "any."

ELSE DISPLAY "through any other source." QA05 H45 Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}? { 이/가 건강 보험을 가지고 있습니까? AI46 YES1 NO2 [GO TO QA05 H47] [GO TO QA05 H51] DON'T KNOW-8 [GO TO QA05_H51] QA05 H46 What type of health insurance does {he/she} have? {그분은}어떤 종류의 의료보험을 가지고 있습니까? AI47 [CODE ALL THAT APPLY. CTRL-P TO EXIT.] [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." [NOTE: 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/UNION1 [GO TO QA05 H49] THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION2 PURCHASED DIRECTLY FROM HEALTH PLAN MEDI-CAL.....5 CHAMPUS/CHAMP-VA, TRICARE, VA OR INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8 HEALTHY KIDS9 OTHER GOVERNMENT HEALTH PLAN......91 OTHER NON-GOVERNMENT HEALTH PLAN92 REFUSED.....7

IF QA05_H46 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1 IF QA05_H46 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1 IF QA05_H46 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1 IF QA05_H46 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1 IF QA05_H46 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1 IF QA05_H46 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1 IF QA05_H46 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1 IF QA05_H46 = 8, SET SPIHS = 1 IF QA05_H46 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1 IF QA05_H46 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1 IF QA05_H46 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA05_H47

IF SPINSURE NE 1, CONTINUE WITH QA05_H47 ELSE GO TO PROGRAMMING NOTE QA05_H51

QA05_H47 You said that {SPOUSE NAME} has NO health insurance from any source. Is this correct? {)이/가 어떤 종류의 건강 보험도 전혀 없다고 하셨는데요. 맞습니까?

AI48

YES1	[GO TO PN QA05_H51]
NO2	
REFUSED7	[GO TO PN QA05_H51]
DON'T KNOW8	[GO TO PN QA05_H51]

QA05_H48What type of health insurance does {he/she} have?
{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

AI49

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"] [PROBE: "다른 보험도 있습니까?"]

[NOTE: 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	
		1
	THROUGH SCHOOL, PROFESSIONAL	
	ASSOCIATION, TRADE GROUP OR	0
	OTHER ORGANIZATION	2
	PURCHASED DIRECTLY FROM HEALTH PLAN	
	(BY R OR ANYONE ELSE)	
	MEDICARE	
	MEDI-CAL	
	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
	OTHER GOVERNMENT HEALTH PLAN	91
	OTHER NON-GOVERNMENT HEALTH PLAN	92
	REFUSED	7
NOW	8	
4 OET		

DON'T KNOW 8

IF QA05_H48 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1 IF QA05_H48 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1 IF QA05_H48 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1 IF QA05_H48 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1 IF QA05_H48 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1 IF QA05_H48 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1 IF QA05_H48 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1 IF QA05_H48 = 8, SET SPHFAM = 1 IF QA05_H48 = 8, SET SPIHS = 1 IF QA05_H48 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1 IF QA05_H48 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1 IF QA05_H48 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1 IF QA05_H48 = [-7, -8], SET SPINSURE = 1

QA05_H49Was this plan obtained in your spouse's name or in the name of someone else?이 의료보험을 귀하의 배우자의 이름으로 가입하셨습니까? 또는 다른 의 이름으로 가입하셨습니까?

AH62

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

IN SPOUSE'S NAME1	[GO TO PN QA05 H51]
IN SOMEONE ELSE'S NAME2	
REFUSED7	[GO TO PN QA05_H51]
DON'T KNOW8	[GO TO PN QA05_H51]
	[]

IF QA05_H49 = 1, AREMPOWN = 1 AND SET ARINSURE = 1 IF QA05_H49 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H50:

**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H50; ELSE GO TO PROGRAMMING NOTE QA05 H51;

IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's;

IF QA05 A15 = 1 AND R IS FEMALE, DISPLAY "husband's;

IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H50 Is the plan in your or your parent's name or someone else's name? 이 의료보험을 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

IF QA05_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 IF QA05_H50 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H51:

IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA05_H55; ELSE IF QA05_G29 = 1 or 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H51; ELSE GO TO QA05_H55

QA05_H51Does your spouse's employer offer health insurance to any of its employees?배우자 님의 직장에서는 그 직장에 다니는 사람들에게 건강 보험을 해 줍니까?

AI43

YES1	
NO2	[GO TO PN QA05 H55]
REFUSED7	
DON'T KNOW8	[GO TO PN QA05_H55]

QA05_H52	Is {she/he} eligible to be in this plan? {}이/가 이 보험에 들 자격이 됩니까?
AI44	YES
QA05_H53	What is the ONE main reason why {she/he} isn't in this plan? {}이/가 이 보험에 들어 있지 않은 제일 중요한 이유가 뭡니까?
AI45	COVERED BY ANOTHER PLAN1[GO TO PN QA05_H55]TOO EXPENSIVE2[GO TO PN QA05_H55]DOESN'T LIKE PLAN OFFERED3[GO TO PN QA05_H55]DOESN'T NEED OR BELIEVE IN4[GO TO PN QA05_H55]OTHER (SPECIFY):91[GO TO PN QA05_H55]REFUSED-7[GO TO PN QA05_H55]DON'T KNOW-8[GO TO PN QA05_H55]
QA05_H54	What is the ONE main reason why {she/he} is not eligible for this plan? {}이/가 이 보험에 들 자격이 안 되는 제일 중요한 이유가 뭡니까?
AI45A	HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
	ING NOTE QA05_H55: E = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA05_H55;

IF QA05_H7=1 (R HAS MEDICARE HMO), GO TO QA05_H57;

ELSE GO TO PROGRAMMING NOTE QA05_H65

IF QA05_A15 = 1 (MARRIED), DISPLAY "Next, I have some questions about your own main health plan."

Managed care plan characteristics

QA05_H55 {Next, I have some questions about your own main health plan.} What is the name of your main health plan? 주된 건강 보험의 이름이 뭡니까?

AI22A

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"] [NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: "보험 이름이 나와 있는 보험 카드 같은 것이 있습니까?"]

KAISER	1
BLUE CROSS/CALIFORNIACARE	2
PACIFICARE	3
BLUE SHIELD/CAREAMERICA	4
HEALTH NET	5
AETNA/ US HEALTHCARE	6
CIGNA HEALTHCARE	7
MEDICARE	8
MEDI-CAL OR MEDICAID	9
(NAME OF COUNTY MEDI-CAL PLAN) .	10
OTHER	
REFUSED	7
DON'T KNOW	8

QA05_H56 Is your {QA05_H55 CODE/ main health} plan an HMO (Health Maintenance Organization)? 귀하의 {주된 건강} 보험은 HMO(Health Maintenance Organization)입니까?

AI22C

[NOTE: IF R ASKS WHAT AN HMO IS, SAY: "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."] [NOTE: IF R ASKS WHAT AN HMO IS, SAY: "HMO 에 가입하면 보통 HMO 의사들로부터 진료를 받아야 하고, 그렇지 않으면 응급 상황인 경우를 제외하고 치료비를 보상 받을 수 없습니다."]

[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_H57 IF QA05_H7=1 (R HAS MEDI-CAREHMO) DISPLAY "Next I have some questions about your own main health plan"

QA05_H57 {Next, I have some questions about your own main health plan.} How long have you been on this plan? 이 보험에 든 지는 얼마나 되셨습니까?

AI22D

_____ MONTHS

OR YEARS **QA05_H58** Are you covered for your prescription drugs? That is, does some plan pay any part of the cost? 처방약의 경우, 보험 혜택을 받으십니까? 다시 말해서, 어떤 보험에서 비용의 일부라도 지불해줍니까?

AI25	
	YES1
	NO2
	REFUSED
IF QA05_H57	NG NOTE QA05_H59 < 12 MONTHS, GO TO QA05_H60; NUE WITH QA05_H59
Coverage over	er past 12 months
QA05_H59	Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 12 months? 지난 12 개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?
	지한 12 개월 등한 계속에서 원제되 같은 도움에 들어 있었습니까?
AI31	
	YES1 [GO TO PN QA05_I1]
	NO2 REFUSED
	DON'T KNOW
QA05_H60	During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
	지난 12 개월 동안 지금의 그 건강 보험이 없었던 때에는, 다른 어떤 건강 보험이 있으셨습니까?
AI32	YES1
	NO2 [GO TO QA05_H63] REFUSED
QA05_H61	Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan? 보험이 메디캘, 건강가족프로그램, 또는 귀하의 직장 보험, 아니면 다른 어떤 보험이었습니까?
AI33	[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
	[PROBE: "Any others?"]
	[PROBE: "*다른 것이 있습니까?']
	MEDI-CAL
	HEALTHY KIDS

QA05_H62 During the past 12 months, was there any time when you had no health insurance at all?

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	지난 12 개월 동안, 의료보험이 전혀 없었던 때가 있었습니까?	
AI34	YES	≻ [GO TO PN QA05_I1]
QA05_H63	For how many months of the past 12 months did you have no h 의료보험이 전혀 없던 기간이 몇 개월이었습니까?	nealth insurance at all?
AI35	NUMBER OF MONTHS [HR: 0-11] REFUSED	[GO TO PN QA05_l1] [GO TO PN QA05_l1]
Reasons for I	ack of coverage	
QA05_H64	What is the ONE MAIN reason why you did not have any healt 그 몇 달 동안 건강 보험이 없으셨던 제일 중요한 이유가 무엇 때	
AI36	CHANGED EMPLOYER/LOST JOB	[GO TO PN QA05_I1]

QA05_H65What is the ONE MAIN reason why you do not have any health insurance?
건강 보험이 없다고 하셨는데, 제일 중요한 이유가 무엇 때문이시죠?

AI24

[IF R SAYS NO NEED, PROBE WHY]

COULDN'T AFFORD/TOO EXPENSIVE6 FAMILY SITUATION CHANGED7 LOST PUBLIC PROGRAM COVERAGE
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC)
DON'T BELIEVE IN INSURANCE
HEALTHY NO NEED10 PAID FOR OWN CARE NO NEED11
GOT HEALTH CARE FREE NO NEED
HAD INSURANCE ALL 12 MONTHS,
JUST NOW LOST13
DENIED COVERAGE, NOT SPECIFIED/
DOESN'T QUALIFY NOT
SPECIFIED
DO HAVE COVERAGE BUT DON'T KNOW TYPE15
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN16
DIDN'T LIKE INSURANCED OFFERED/
DIDN'T WANT IT17
OTHER (SPECIFY)91
REFUSED7
DON'T KNOW8

QA05_H66Were you covered by health insurance at any time during the past 12 months?
지난 12 개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

AI27

YES1	[GO TO QA05_H68]
NO2	
REFUSED7	
DON'T KNOW8	

QA05_H67How long has it been since you last had health insurance?가장 최근에 또는 마지막으로 의료보험에 들었던 적이 얼마나 되었습니까?

AI28	MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
QA05_H68	For how many months out of the last 12 months did you have health insurance? 지난 12 개월 중 몇 개월 동안 의료보험에 들어 있었습니까?
AI29	[IF LESS THAN ONE MONTH, ENTER 0 (ZERO)]
	MONTHS [HR: 0-12]
	REFUSED7 DON'T KNOW8
QA05_H69	During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan? 가입하신 의료보험이 메디캘, 건강가족프로그램, 귀하의 직장 보험, 아니면 다른 어떤 보험이었습니까?
AISU	[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
	[PROBE: "Any others?"] [PROBE: "*다른 것이 또 있습니까?"]
	MEDI-CAL

Section I – Child and Adolescent Health Insurance

Child

	ING NOTE QA05_I1
	TED CHILD, GO TO PN QA05_I30 TO ASK ABOUT SELECTED ADOLESCENT;
Child's healt	NUE WITH QA05_I1
QA05_I1	These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same
	insurance as {you/ADULT RESPONDENT NAME}?
	{}이/가 귀하과 같은 보험을 갖고 있습니까 ?
CF10A	
	YES
	REFUSED7
	DON'T KNOW8
	1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 1 AND ARMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
	1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
_	1 AND AREMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
	1 AND AREMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
	1 AND AREMPPAR= 1, SET CHEMP = 1 AND SET CHINSURE = 1
	1 AND AREMPOTH= 1, SET CHEMP = 1 AND SET CHINSURE = 1 1 AND ARDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
	1 AND ARMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
	1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
	1 AND AROTHER = 1, SET CHOTHER =1 AND SET CHINSURE = 1
IF Q∆05 I1 -	
	1 AND ARIHS= 1, SET CHIHS = 1
	· · · · · · · · · · · · · · · · · · ·
PROGRAMM	ING NOTE QA05_12
PROGRAMM	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2
PROGRAMM IF QA05_A15 ELSE GO TO	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3
PROGRAMM IF QA05_A15	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER
PROGRAMM IF QA05_A15 ELSE GO TO	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
PROGRAMM IF QA05_A15 ELSE GO TO	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
PROGRAMM IF QA05_A15 ELSE GO TO	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}이/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}이/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}이/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}이/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1 IF QA05_I2 = IF QA05_I2 =	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}이/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1 IF QA05_I2 = IF QA05_I2 = IF QA05_I2 = IF QA05_I2 = IF QA05_I2 =	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}ol/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1 IF QA05_I2 = IF QA05_I2 = IF QA05_I2 = IF QA05_I2 = IF QA05_I2 = IF QA05_I2 = IF QA05_I2 =	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}ol/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1 IF QA05_I2 = IF QA05_I2 =	ING NOTE QA05_12 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_12 QA05_13 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}ol/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1 IF QA05_I2 = IF QA05_I2 =	ING NOTE QA05_I2 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2 QA05_I3 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}ol/가 귀하의 {}s/과 같은 보험을 갖고 있습니까? YES
PROGRAMM IF QA05_A15 ELSE GO TO QA05_I2 MA1 IF QA05_I2 = IF QA05_I2 =	ING NOTE QA05_12 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_12 QA05_13 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? {}ol/가 귀하의 {}와/과 같은 보험을 갖고 있습니까? YES

QA05_I3 Is {he/she/he or she} currently covered by Medi-CAL? {}이/가 현재 메디캘(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-캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

YES1	[GO TO QA05_I7]
NO2	
REFUSED7	[GO TO QA05_I5]
DON'T KNOW8	[GO TO QA05_I5]

IF QA05_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA05_I4What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
(자녀 이름/나이/성별)가 메디캘에 들어 있지 않은 가장 큰 이유는 무엇입니까?

CF1A

PAPERWORK TO	O DIFFICULT1	
DIDN'T KNOW IF I	ELIGIBLE2	
INCOME TOO HIG	H, NOT ELIGIBLE 3	
NOT ELIGIBLE DU	JE TO CITIZENSHIP/	
IMMIGRATION S	STATUS 4	
OTHER NOT ELIG	BIBLE 5	
DON'T BELIEVE II	N HEALTH INSURANCE	
DON'T NEED IT B	ECAUSE HEALTHY 7	
,	NSURANCE 8	
DIDN'T KNOW IT I	EXISTED 9	
DON'T LIKE / WAN	NT WELFARE10	
OTHER		
REFUSED	-7	
DON'T KNOW	-8	

QA05_I5 Is (CHILD) covered by the Healthy Families Program? (자녀 이름/나이/성별)가 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

[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 19 세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."]

YES1	[GO TO QA05 17]
NO2	
REFUSED	[GO TO QA05 17]
DON'T KNOW8	[GO TO QA05_17]

IF QA05_I5, SET CHHFAM = 1 AND SET CHINSURE = 1

CF2

QA05_I6What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?
(자녀 이름/나이/성별)가 건강가족 프로그램에 등록되어 있지 않은 가장 큰 이유는 무엇입니까?

CF2A		
	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	91
	REFUSED	7
	DON'T KNOW	8

QA05_I7 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

YES1 NO2	[GO TO QA05_I9]
REFUSED	
DON'T KNOW8	

IF QA05_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA05_18 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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? 귀하께서 직접 보험 회사나 HMO 에서 구입하신 건강 보험에 {}이/가 들어 있습니까? 암이나 뇌일혈 또는 중풍 같은 특정 질병만 지불해 주거나, 병원에 입원한 경우 "별도 현금"만 주는 보험은 제외해 주십시오.

CF4

YES		
NO REFUSED DON'T KNOW	7 }	≻ [GO TO PN QA05_I12]

IF QA05_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

QA05_I9 Do you pay any or all of the premium or cost for (CHILD's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay. 귀하는 {CHILD NAME/AGE/SEX }의 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야하는 분담금이나 공제 금액에 대한 비용은 포함시키지 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: "분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다."

"A deductible is the amount you pay for medical care before your health plan starts paying." "공제 금액이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비의 금액을 말합니다."

"Premium is the monthly charge for the cost of your health insurance plan."] "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

QA05 I10 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]	
REFUSED7 -7 -7	[GO TO PN QA05 12]
DON'T KNOW8	

QA05 I11 Who else pays all or some portion of the cost for (CHILD's) health plan? 그 다른 사람이 누구 입니까?

AI51

CURRENT EMPLOYER1
FORMER EMPLOYER2
UNION
SPOUSE'S CURRENT EMPLOYER4
SPOUSE'S FORMER EMPLOYER5
PROFESSIONAL/FRATERNAL ORGANIZATION6
MEDICAID/MEDI-CAL ASSISTANCE7
HEALTHY FAMILIES8
HEALTHY KIDS9
OTHER91
REFUSED7
DON'T KNOW8

IF QA05 I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0 IF QA05 I11 = 8, SET CHHFAM = 1 IF QA05_I11 = 7, SET CHMCAL = 1

PROGRAMMING NOTE QA05 I12 IF CHINSURE = 1, GO TO PN QA05_I16; ELSE CONTINUE WITH QA05 112

QA05_I12 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care? 자녀분이 CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

CF6

YES1 NO2	[GO TO PN QA05_I16]
REFUSED7 DON'T KNOW8	

IF QA05_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA05_I13 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

자녀분이 에임(AIM)이나 미스터 밉("Mister MIP") 등과 같은 정부보조의료보험이나, 다른 어떤 혜택을 받고 계십니까?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program"]

[IF NEEDED, SAY: "*AIM이란 신생아 및 산모를 위한 기회라는 뜻이며, Mister MIP 또는 MRMIP는 큰 질병과 사고를 위한 의료보험 프로그램이란 뜻입니다."]

AIM1	[GO TO PN QA05_I16]
"MISTER MIP"/MRMIP2	[GO TO PN QA05 116]
NO OTHER PLAN	
SOMETHING ELSE (SPECIFY):	[GO TO PN QA05 16]
REFUSED7	
DON'T KNOW8	

IF QA05_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA05_I14Does {he/she/he or she} have any health insurance coverage through a plan that I missed?
자녀분이, 지금까지 말씀드리지 않은 다른 어떤 보험에 들어 있습니까?

CF8

YES1_ NO2	
REFUSED7	- IGO TO PN QA05 116]
DON'T KNOW8	·

QA05_I15 What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source? 자녀분이 어떤 종류의 건강 보험에 가입되어 있습니까? 그 보험은 메디캘이나 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/UNION1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP
OR OTHER ORGANIZATION2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE)
MEDICARE4
MEDI-CAL5
HEALTHY FAMILIES6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR
SOME OTHER MILITARY HEALTH CARE7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC8
HEALTHY KIDS9
OTHER GOVERNMENT HEALTH PLAN
OTHER NON-GOVERNMENT HEALTH PLAN92
REFUSED7
DON'T KNOW8

IF QA05_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1 IF QA05_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1 IF QA05_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1 IF QA05_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1 IF QA05_I15 = 5, SET CHMCAL = 1 AND CHINSURE = 1 IF QA05_I15 = 6, SET CHHFAM = 1 AND CHINSURE = 1 IF QA05_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1 IF QA05_I15 = 8, SET CHIHS = 1 IF QA05_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1 IF QA05_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1 IF QA05_I15 = -7 OR -8, SET CHINSURE = 1 PROGRAMMING NOTE QA05_I16 IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA05_I16, ELSE GO TO PN QA05_I19

Child's managed care plan characteristics

QA05_I16What is the name of (CHILD)'s main health plan?
{}의 주된 건강 보험의 이름이 무엇입니까?

MA2

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"] [NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "{}이/가 보험 이름이 나와 있는 보험 카드 같은 것을 가지고 있습니까?"

	KAISER
	BLUE CROSS/CALIFORNIACARE
	PACIFICARE
	HEALTH NET5
	MEDICARE6 MEDI-CAL OR MEDICAID7
	(NAME OF COUNTY MEDI-CAL PLAN)
	OTHER91
	REFUSED7 DON'T KNOW
	ING NOTE QA05_I17 = 1 (KAISER), CODE QA05_I17 =1 (YES) AND GO TO QA05_I18.
QA05_l17	Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
	{}의 주된 건강 보험이 HMO(에이치엠오)입니까?
MA3	
	[NOTE: IF R SAYS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."
	there was a medical emergency."] [NOTE: IF R SAYS WHAT AN HMO IS, THEN SAY: " HMO 는 {}이/가 일반적으로 반드시 HMO
	의사들한테만 진료를 받아야 하고, HMO 로부터 정식으로 소개 받지 않은 의사한테 진료를 받으면
	응급시가 아닌 한 보험 카바가 안 됩니다."]
	YES1
	NO2
	REFUSED7 DON'T KNOW
QA05_l18	ls (CHILD) covered for prescription drugs? (자녀 이름/나이/성별)의 처방약도 의료보험으로 받을 수 있습니까?
CF14	
	YES1
	NO2 REFUSED
	DON'T KNOW
	ING NOTE QA05_I19 E = 1, GO TO QA05_I24;
	NUE WITH QA05_119.
	ns for non-coverage
QA05_l19	What is the <u>one main</u> reason (CHILD) does not have any health insurance? (자녀 이름/나이/성별)가 의료보험이 없는 가장 큰 이유는 무엇입니까?
CF18	
	CHANGED EMPLOYER/LOST JOB1 EMPLOYER DOES NOT OFFER2
	NOT ELIGIBLE DUE TO WORKING STATUS
	NOT ELIGIBLE DUE TO HEALTH OR
	OTHER PROBLEMS
	IMMIGRATION STATUS

DON'T KNOW QA05_I20	CAN'T AFFORD/TOO EXPENSIVE
CF20	YES
QA05_I21	How long has it been since (CHILD) last had health insurance? (자녀 이름/나이/성별)가 마지막으로 의료보험에 들은 지 얼마나 지났습니까?
CF21	MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
QA05_I22	For how many of the last 12 months did {he/she/he or she} have health insurance? 지난 12개월중 몇 개월 동안 의료보험에 들어 있었습니까?
CF22	[NOTE: IF LESS THAN ONE MONTH, ENTER 1] MONTHS [RANGE: 0-12]
QA05_I23	REFUSED
CF23	[CIRCLE ALL THAT APPLY.]
	[PROBE: "Any others?"] [PROBE: "*또 다른 것이 있습니까?"]
	MEDI-CAL

	UNION
QA05_l24	Thinking about {his/her/his or 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
QA05_I25	When {he/she/he or she} wasn't covered by {his/her/his or 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
QA05_I26	Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan? 자녀분의 다른 보험이 메디캘, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 어떤 보험이었습니까?
CF26	[CIRCLE ALL THAT APPLY.]
	[PROBE: "Any others?"] [PROBE: "*또 다른 것이 있습니까?"]
DON'I	MEDI-CAL
QA05_I27	NNOW -8 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all? 지난 12개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?
CF27	YES

QA05_I28For how many of the past 12 months did {he/she/he or she} have no health insurance?
자녀분에게 의료보험이 전혀 없던 기간이 몇 개월이었습니까?

CF28	MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12] REFUSED7 DON'T KNOW8
QA05_I29	What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she/he or 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] CHANGED EMPLOYER/LOST JOB 1 EMPLOYER DID NOT OFFER 2 NOT ELIGIBLE DUE TO WORKING STATUS 3 NOT ELIGIBLE DUE TO HEALTH OR 4 OTHER PROBLEMS 4 NOT ELIGIBLE DUE TO CITIZENSHIP/ 1 IMMIGRATION STATUS 5 COULDN'T AFFORD/TOO EXPENSIVE 6 FAMILY SITUATION CHANGED 7 LOST PUBLIC PROGRAM COVERAGE 8 DIDN'T BELIEVE IN INSURANCE 9 HEALTHY NO NEED 10 PAID FOR OWN CARE NO NEED 11 GOT HEALTH CARE FREE NO NEED 12 OTHER (SPECIFY) 91 REFUSED 7 DON'T KNOW -8

Teen's health	insurance
PROGRAMM IF NO TEEN S IF ARINSUR IF ARINSUR	ING NOTE QA05_I30 SELECTED, GO TO QA05_J1; E = 1, CONTINUE WITH QA05_I30 E = 0, GO TO PN QA05_I31 INUE WITH QA05_I30
QA05_I30	These next questions are about health insurance (TEEN) may have. 다음은 {}이/가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.
IA10A	Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}? {}이/가 귀하의 {}과 같은 보험을 갖고 있습니까?
	YES
IF QA05_I30 : IF QA05_I30 :	= 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1 = 1 AND AREMPPAR= 1, SET TEEMP = 1 AND SET TEINSURE = 1 = 1 AND AREMPOTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1 = 1 AND AREMPOTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1 = 1 AND ARIHS= 1, SET TEINSURE = 1
IF QA05_A15	ING NOTE QA05_I31 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I31 PN QA05_I32
QA05_I31	Does (TEEN) have the same insurance as your spouse?
	{}이/가 귀하의 {}과 같은 보험을 갖고 있습니까?
MA5	

	NG NOTE QA05_I32 = 1, CONTINUE WITH QA05_I32 QA05_I33	
QA05_I32	Does (TEEN) have the same insurance as (CHILD)? {}이/가 {}과 같은 보험을 갖고 있습니까?	
MA6	YES	
IF QA05_I32 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1 IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1		
QA05_I33	ls {he/she/he or she} currently covered by Medi-CAL? {}이/가 메디-캘에 들어 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-캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]	
	YES	

IF QA05_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA05_I34 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program? {어린이 이름/나이/성별}가 메디칼에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니까?

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	91
REFUSED	7
DON'T KNOW	8

QA05_I35 Is (TEEN) covered by the Healthy Families Program? {어린이 이름/나이/성별}가 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 19 세가 될 때까지 건강보험료를 지불해주는 주정부 프로그램입니다."]

YES1	[GO TO QA05_I37]
NO2	
REFUSED7	[GO TO QA05_I37]
DON'T KNOW8	[GO TO QA05_I37]

IF QA05_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA05_I36What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
{어린이 이름/나이/성별}가 건강가족 프로그램에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니까?

IA2A

PAPERWORK TOO DIFFICULT1	
DIDN'T KNOW IF ELIGIBLE	,
INCOME TOO HIGH, NOT ELIGIBLE	5
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS4	
OTHER NOT ELIGIBLE5)
DON'T BELIEVE IN HEALTH INSURANCE6	;
DON'T NEED IT BECAUSE HEALTHY	
ALREADY HAVE INSURANCE8	
DIDN'T KNOW IT EXISTED9	
DON'T LIKE / WANT WELFARE10	
OTHER91	
REFUSED7	,
DON'T KNOW8	

QA05_I37		
	employment or union? {어린이 이름/나이/성별}가 귀하 또는 다른 사람의 직장 또는 조합(Union)을 통해 건강보험 또는 HMO 의	
	혜택을 받고 있습니까?	
IA3		
	YES1 [GO TO QA05_I39] NO2	
	REFUSED7	
	DON'T KNOW8	
IF QA05 37 =	= 1, SET TEEMP = 1 AND SET TEINSURE = 1	
QA05_I38	Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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?	
	귀하께서 직접 보험 회사나 HMO 에서 구입하신 건강 보험에 {}이/가 들어 있습니까? 암이나 뇌일혈	
	또는 중풍 같은 특정 질병만 지불해 주거나, 병원에 입원한 경우 "별도 현금"만 주는 보험은 제외해	
	주십시오.	
IA4	YES1	
	NO2	
	REFUSED	
	DON T KNOW	
	= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1	
QA05_I39	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 분담금이나 공제 금액에 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."	
	"A deductible is the amount you pay for medical care before your health plan starts paying."	
	공제액(deductibles)이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비용을 말합니다."	
	"Dramium is the menthly charge for the cost of your health insurance plan "]	
	"Premium is the monthly charge for the cost of your health insurance plan."] "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]	
	YES1 NO	
	REFUSED7	
	DON'T KNOW8	
QA05 40	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 전문직 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX }의 의료보험에	
	대한 보험료나 비용의 전부 또는 일부를 지불합니까?	
AI52	YES1	

NO	2]	
REFUSED	7 J	▶ [GO TO PN QA05_I42]
DON'T KNOW	8	

QA05_I41

Who else pays all or some portion of the cost for (TEEN's) health plan? 그 다른 사람이 누구 입니까?

AI53

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION	3
SPOUSE'S CURRENT EMPLOYER	4
SPOUSE'S FORMER EMPLOYER	5
PROFESSIONAL/FRATERNAL ORGANIZATIO	N6
MEDICAID/MEDI-CAL ASSISTANCE	7
HEALTHY FAMILIES	8
HEALTHY KIDS	9
OTHER	91
REFUSED	7
DON'T KNOW	8

IF QA05_I41 = 1-6, SET TEEMP = 1 IF QA05_I41 = 7, SET TEMCAL = 1 IF QA05_I41 =8, SET TEHFAM = 1

PROGRAMMING NOTE QA05_I42 IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA05_I46; ELSE CONTINUE WITH QA05_I42

QA05_I42 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care? {}이/가 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스의 건강 보험에 들어 있습니까?

IA6

YES1	ſ
NO2	•
REFUSED7	
DON'T KNOW8	

[GO TO PN QA05_I46]

IF QA05_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA05_I43 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

{}이/가 AIM(에임)이나 미스터 MIP(밉)같은 정부 건강 보험이나 그 밖의 다른 보험에 들어 있습니까?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP
means Major Risk Medical Insurance Program"]
[IF NEEDED, SAY: "영어 명칭을 그 대로 번역하자면, AIM 은 유아와 엄마를 위한 접근', 그리고 '미스터
MIP'나 MRMIP 는 "메이저 리스크 의료 보험 프로그램'을 의미합니다."]

AIM1	[GO TO PN QA05_I46]
"MISTER MIP"/MRMIP2	[GO TO PN QA05_I46]
NO OTHER PLAN3	
SOMETHING ELSE (SPECIFY):91	[GO TO PN QA05_I46]

	REFUSED7 DON'T KNOW8
IF QA05_I43	= 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1
QA05_I44	Does {he/she/he or she} have any health insurance coverage through a plan that I missed? 어린이가 제가 말씀드리지 않은 다른 보험에 들어 있습니까?
IA8	YES
QA05_I45	DON'T KNOW
IA9	[CIRCLE ALL THAT APPLY.]
	[PROBE: "Any others?"] [PROBE: "*다른 것이 또 있습니까?"]
15 0 4 05 145	THROUGH CURRENT OR FORMER EMPLOYER/UNION
IF QA05_I45 IF QA05_I45 IF QA05_I45 IF QA05_I45 IF QA05_I45 IF QA05_I45 IF QA05_I45	 = 1, SET TEEMP = 1 AND TEINSURE = 1 = 2, SET TEEMP = 1 AND TEINSURE = 1 = 3, SET TEDIRECT = 1 AND TEINSURE = 1 = 4, SET TEMCARE = 1 AND TEINSURE = 1 = 5, SET TEMCAL = 1 AND TEINSURE = 1 = 6, SET TEHFAM = 1 AND TEINSURE = 1 = 7, SET TEMILIT = 1 AND TEINSURE = 1 = 8, SET TEIHS = 1

```
IF QA05_I45= -7 OR -8, SET TEINSURE = 1
```

PROGRAMMING NOTE QA05_146

IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA05_I46, ELSE GO TO PN QA05_I49

Teen's managed care plan characteristicsQA05_I46 What is the name of (TEEN)'s main health plan? {}의 주된 건강 보험의 이름이 무엇입니까?

MA7

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"] [NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "{}이/가 보험 이름이 나와 있는 보험 카드 같은 것을 가지고 있습니까?"]

KAISER	1
BLUE CROSS/CALIFORNIACARE	
PACIFICARE	3
BLUE SHIELD/CAREAMERICA	4
HEALTH NET	5
MEDICARE	6
MEDI-CAL OR MEDICAID	7
(NAME OF COUNTY MEDI-CAL PLAN)	8
OTHER	91
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_I47: IF QA05_I46 = 1 (KAISER), CODE QA05_I47 = 1 (YES) AND GO TO QA05_I48

QA05_I47 Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization? {}의 주된 건강 보험이 HMO(에이치엠오)입니까?

MA8

[NOTE: IF R ASKS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."] [NOTE: IF R ASKS WHAT AN HMO IS, THEN SAY: "HMO 는 {}이/가 일반적으로 반드시 HMO 참가 의사들한테만 진료를 받아야 하고, HMO 로부터 정식으로 소개 받지 않은 의사한테 진료를 받으면 응급시가 아닌 한 보험 혜택을 받지 못합니다."]

YES	1
NO	
REFUSED	7
DON'T KNOW	8

QA05_I48	Is (TEEN) covered for prescription drugs?		
	{어린이 이름/나이/성별}의 처방약도 의료보험으로 받을 수 있습니까?		

IA14

YES	1
NO	
REFUSED	7
DON'T KNOW	

PROGRAMM	ING NOTE QA05_I49:
	= 1, GO TO QA05_I54;
	NUE WITH QA05_I49.
	ns for non-coverage
QA05_I49	What is the ONE MAIN reason (TEEN) does not have any health insurance? {}이 아무 건강 보험도 없는 제일 중요한 이유가 뭡니까?
	{}이 아무 신경 모임도 없는 세월 궁표한 이유가 됩니까?
IA18	
IATO	CHANGED EMPLOYER/LOST JOB1
	EMPLOYER DID NOT OFFER
	NOT ELIGIBLE DUE TO WORKING STATUS3
	NOT ELIGIBLE DUE TO HEALTH OR OTHER
	PROBLEMS4
	NOT ELIGIBLE DUE TO CITIZENSHIP/
	IMMIGRATION STATUS5 COULDN'T AFFORD/TOO EXPENSIVE6
	FAMILY SITUATION CHANGED
	LOST PUBLIC PROGRAM COVERAGE
	(MEDI-CAL, ETC.)
	DIDN'T BELIEVE IN INSURANCE
	HEALTHY NO NEED
	GOT HEALTH CARE FREE NO NEED
	OTHER (SPECIFY)
	REFUSED
	DON'T KNOW8
QA05_I50	Was (TEEN) covered by health insurance at any time during the past 12 months?
	{어린이 이름/나이/성별}가 지난 12 개월 중 건강보험의 혜택을 받은 적이 있습니까?
· · · · · · · · · · · · · · · · · · ·	
IA20	
	YES1 [GO TO QA05_I52]
	NO2 REFUSED
	DON'T KNOW
QA05_I51	How long has it been since (TEEN) last had health insurance?
	{어린이 이름/나이/성별}가 마지막으로 건강보험에 들은 지 얼마나 지났습니까?
IA21	MODE THAN 12 MONTHS, BUT NOT
	MORE THAN 12 MONTHS, BUT NOT
	MORE THAN 3 YEARS AGO
	NEVER HAD HEALTH INSURANCE COVERAGE3 > [GO TO QA05 I60]
	REFUSED
	DON'T KNOW/NOT SURE
QA05_I52	For how many of the last 12 months did {he/she/he or she} have health insurance?
—	지난 12 개월 중 몇 개월 동안이나 {}가 건강 보험이 있었습니까?
IA22	
	[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

_____ MONTHS [RANGE: 0-12]

REFUSED	7
DON'T KNOW	3

QA05_I53 During those months when (TEEN) had health insurance, was {his/her/his or her} insurance MediCAL Healthy Families, a plan you obtained through an employer, or some other plan? {어린이 이름/나이/성별}가 들어있던 건강보험이 메디칼, 건강가족프로그램, 귀하의 직장을 통해 가입된 보험, 또는 다른 보험이었습니까?

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"] [PROBE: "*다른 것이 또 있습니까?"]

MEDI-CAL1	٦		
MEDI-CAL	! L	[GO TO QA05_I60]	
THROUGH CURRENT OR FORMER			
EMPLOYER/UNION	J		
HEALTHY KIDS4			
OTHER HEALTH PLAN91			
REFUSED7	•		
DON'T KNOW8	;		

Teen's coverage over past 12 months

QA05_I54 Thinking about {his/her/his or her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

{} 현재 건강 보험에 대해서 말인데요, {}이/가 지난 12 개월 내내 이 보험을 가지고 있었습니까?

IA24

YES1	[GO TO QA05_l60]
NO2	
REFUSED7	
DON'T KNOW8	

QA05_I55	When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance? 어린이에게 현재 들어있는 보험이 없었을 때에는 다른 보험이 있었습니까?		
IA25	YES		
QA05_I56	Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan? 어린이의 보험이 메디칼, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 보험이었습니까?		
IA26	[CIRCLE ALL THAT APPLY.]		
	[PROBE: "Any others?"] [PROBE: "*다른 것이 있습니까?"]		
	MEDI-CAL		
QA05_I57	During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all? 지난 12 개월동안, 어린이에게 건강보험이 전혀 없던 때가 있었습니까?		
IA27			
	YES		
QA05_I58	For how many of the past 12 months did {he/she/he or she} have no health insurance? 지난 12 개월 중 몇 개월 동안이나 {}가 건강 보험이 없었습니까?		
IA28			
	MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]		
	REFUSED7 DON'T KNOW8		
QA05_I59	What is the ONE MAIN reason (TEEN) did not have any health insurance during the time {he/she/he or she} wasn't covered? {}이/가 건강 보험이 없었던 기간 동안 {}이/가 건강 보험이 없었던 제일 중요한 이유가 무엇 때문입니까?		
IA29			

[IF R SAYS, "No need," PROBE WHY]
CHANGED EMPLOYER/LOST JOB1
EMPLOYER DID NOT OFFER
NOT ELIGIBLE DUE TO WORKING STATUS3
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS5
COULDN'T AFFORD/TOO EXPENSIVE6
FAMILY SITUATION CHANGED7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.)8
DIDN'T BELIEVE IN INSURANCE9
HEALTHY NO NEED10
PAID FOR OWN CARE NO NEED11
GOT HEALTH CARE FREE NO NEED12
OTHER (SPECIFY)91
REFUSED7
DON'T KNOW8

QA05_160 Do you now have any type of insurance that pays for part or all of (TEEN) dental care? 현재 {}의 치과 진료비를 일부 또는 모두 내주는 보험이 있으십니까?

MA10

YES	1
NO	
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_I61:

IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother"; IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I61 In what country was {TEEN'S} {mother/father} born? {CHILD NAME/AGE/SEX }의 어머니는 어느 나라에서 출생하셨습니까?

AI56

UNITED STATES AMERICAN SAMOA CAMBODIA	2	[GO TO QA05_J1]
CANADA	4	
CHINA	5	
CUBA		
EL SALVADOR	7	
ENGLAND	8	
GERMANY	9	
GUAM	10	
GUATEMALA	11	
HONG KONG	12	
INDIA	13	
IRAN	14	
JAPAN	15	
KOREA	16	
MEXICO	17	
NICARAGUA	18	
PAKISTAN	19	

PERU	20
PHILIPPINES	21
RUSSIA	22
TAIWAN	23
VIETNAM	24
VIRGIN ISLANDS	25
OTHER (SPECIFY):	91
REFUSED	7
DON'T KNOW	

PROGRAMMING NOTE QA05_I62: IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother"; IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I62 Does {TEEN'S} {mother/father} now live in the U.S.? {CHILD NAME/AGE/SEX}의 어머니는 현재 미국에 살고 계십니까?

AI57

YES	1	
NO	2	[GO TO QA05 J1]
REFUSED	-7	• - •
DON'T KNOW	-8	

IF QA05_A5	MMING NOTE QA05_I63: \5 = 1 (R IS MALE), DISPLAY "mother"; \5 = 2 (R IS FEMALE), DISPLAY "father";	
QA05_I63	Is {TEEN'S} {mother/father} a citizen of the United States? {CHILD NAME/AGE/SEX}의 어머니는 미국시민권자입니까?	
AI58	YES	5_165]
IF QA05_A5 :	MMING NOTE QA05_I64: A5 = 1 (R IS MALE), DISPLAY "mother"; A5 = 2 (R IS FEMALE), DISPLAY "father";	
QA05_l64	Is {TEEN'S} {mother/father} a permanent resident with a green card? {CHILD NAME/AGE/SEX}의 어머니는 그린카드를 소지한 영주권자입니까?	
AI59	YES	
IF QA05_A5	MMING NOTE QA05_I65: A5 = 1 (R IS MALE), DISPLAY "mother"; A5 = 2 (R IS FEMALE), DISPLAY "father";	
QA05_I65	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?	
AI60	NUMBER OF YEARS [IF < 1 YEAR, ENTER "1"] OR YEAR TO FIRST COME AND LIVE IN U.S. MOTHER/FATHER DECEASED	

Visits to medi QA05_J1	Section J – Health Care Utilization and Access, Mental Health cal doctor Now, I'd like to ask about the health care <u>you</u> receive. During the past 12 months, how many times have you seen a medical doctor? 이제는 받고 계시는 의료 서비스에 대해 여쭤보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 보셨습니까?
AH5	TIMES [RANGE: 0-365]
	REFUSED7
	DON'T KNOW8
IF QA05_J1 = QA05_J2;	NG NOTE QA05_J2: 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH PROGRAMMING NOTE QA05_J3
QA05_J2	About how long has it been since you last saw a doctor about your own health? 자신의 건강 문제때문에 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 [GO TO QA05_J7] MORE THAN 5 YEARS AGO3 [GO TO QA05_J7] NEVER4 [GO TO QA05_J7] REFUSED7 [GO TO QA05_J9] DON'T KNOW8 [GO TO QA05_J9]
PROGRAMMI	NG NOTE QA05_J3:
IF QA05_J1 > WITH QA05_J ELSE GO TO (
Communication QA05_J3	on with doctor The last time you saw a doctor, did you have a hard time understanding the doctor?
QA00_00	지난 번에 의사를 보았을 때 의사가 하는 말이 알아 듣기 힘들었습니까?
AJ8	YES
QA05_J4	Was this because you and the doctor spoke different languages? 그게 귀하과 의사가 서로 다른 언어를 사용하기 때문이었습니까?
AJ9	YES

QA05_J5	Did you need <u>someone else</u> to help you understand the doctor? 의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?
AJ10	YES
QA05_J6	Who was this person who helped you understand the doctor? 의사의 말을 알아 듣도록 도와 주었던 사람이 누구였습니까?
AJ11	
	[IF R RESPONDS "MY CHILD", PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18+, CODE AS ADULT FAMILY MEMBER]
	MINOR CHILD (UNDER AGE 18)
Doctor QA05_J7	Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group? 다른 인종이나 민족적 출신 배경에 속했다면 더 나은 진료 서비스를 받을 수 있었던 적이 있었습니까?
AJ17	YES
QA05_J8	Think about the last time this happened. How long ago was that? 가장 최근에 이런 일이 일어났던 때를 생각해 보십시오. 그게 얼마 전이었습니까?
AJ18	A YEAR AGO OR LESS

Emergency ro	oom visits
PROGRAMMI	NG NOTE QA05_J9 1 (YES, R VISITED ER FOR ASTHMA) CODE QA05_J9 = 1 AND GO TO QA05_J10; NUE WITH QA05_J9
QA05_J9	_ During the past 12 months, did you visit a hospital emergency room for your own health? 지난 12 개월 동안 자신의 건강 때문에 병원 응급실을 찾아가신 적이 있습니까?
AH12	YES1
	NO
Mental health	
QA05_J10	The next questions are about how you have been feeling during the past 30 days. About
_	how often during the past 30 days did you feel nervous-Would you say all of the time, most of the
	time, some of the time, a little of the time, or none of the time?
	다음의 질문들은 지난 30 일 동안의 귀하의 느낌에 관한 것입니다.
	귀하는 지난 30 일 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	
	ALL1
	MOST2
	SOME
	A LITTLE
	REFUSED
	DON'T KNOW
QA05_J11	During the past 30 days, about how often did you feel hopeless—all of the time, most of the time,
	some of the time, a little of the time, or none of the time?
	지난 30 일 동안 대략 얼마나 자주 희망이 없다고 느꼈습니까? 항상 느꼈음, 대부분의 기간 동안
	느꼈음, 약간의 기간 동안 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.
AJ30	
	ALL1
	MOST2
	SOME
	A LITTLE4 NONE
	NONE
	DON'T KNOW

QA05_J12During the past 30 days, about how often did you feel restless or fidgety?
지난 30 일 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	
MOST	2
SOME	3
A LITTLE	4
NONE	5
REFUSED	7
DON'T KNOW	8

QA05_J13 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	
SOME	3
A LITTLE	4
NONE	5
REFUSED	7
DON'T KNOW	8

QA05_J14During the past 30 days, about how often did you feel that everything was an effort?지난 30 일 동안 모든 일상생활을 영위하는 것에 대한 정신적 어려움을 대략 얼마나 자주 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

QA05_J15	During the past 30 days, about how often did you feel worthless? 지난 30 일 동안 자신이 쓸모없는 사람이라는 것을 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 기간동안,약간의 기간동안 느꼈거나,거의 또는 전혀 느끼지 않았습니까?"]
	ALL
QA05_J16	During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous? 지난 12 개월 동안, 귀하는 슬픔, 불안, 또는 신경 과민과 같은 정서 또는 정신 건강 문제로 도움이 필요했다고 생각하십니까?
AJ2	YES
QA05_J17	Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems? 하룻밤 입원, 응급실 방문, 또는 약물이나 알코올 문제로 인한 방문을 제외하고, 귀하는 지난 12 개월 동안 정서 또는 정신 건강 문제로 정신과 의사, 임상 심리 학자, 사회 복지사, 또는 카운셀러를 방문한 적이 있습니까?
AJ3	YES

	l ING NOTE QA05_J18: 6 = 1 OR QA05_J17=1) AND ARINSURE = 1, CONTINUE WITH QA05_J18;
(IF QA05_J16 ELSE GO TO	6 = 1 OR QA05_J17 = 1) AND ARINSURE NE 1, GO TO QA05_J19; QA05_J22:
Mental healt	
QA05_J18	Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
	귀하의 의료보험은 임상 심리 의사나 정신병 의사 방문과 같은 정신 건강 문제에 대한 치료를 보상합니까?
AJ1	
	YES1 NO2
	REFUSED
	DON'T KNOW8
QA05_J19	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 12 개월 동안, 정서 또는 개인적인 문제로 항우울제나 진정제 같은 처방약을 2 주 이상 동안 거의 매일 복용한 적이 있습니까?
AJ5	
	YES1 NO2
	REFUSED
	DON'T KNOW8
QA05_J20	During the past 12 months, did you have difficulties or delays in getting mental health treatment? 지난 12 개월 동안, 정신 건강 치료를 받는 데 어려움이 있었거나 치료가 지연된 적이 있습니까?
AJ6	
	YES1
	NO2 REFUSED
	DON'T KNOW
PROGRAMM	ING NOTE QA05_J21;
IF QA05_J9 =	=2 (NO ER VISIT PAST 12 MONTHS, GO TO PN QA05_J22 INUE WITH QA05_J21
QA05_J21	In the past 12 months, did you receive care in an emergency room for emotional or mental health problems?
	지난 12 개월 동안, 정서 또는 정신 건강 문제로 응급실에서 진료를 받은 적이 있습니까?
A 17	
AJ7	

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

Discussed diet and exercise

	NG NOTE QA05_J23
IF QA05 J1 >	> 0 OR QA05_J2 = 0 (R HAS SEEN DOCTOR IN LAST 12 MONTHS) CONTINUE WITH QA05_J23
ELSE GO TO	
1101 00 10	
0.405 100	
QA05_J22	Doctors, nurses, or other health providers sometimes talk with patients about low-fat, low-salt, or
	reduced calorie diets.
	의사, 간호사, 또는 여타 의료 종사자들은 환자들에게 가끔 저지방, 저염 또는 저칼로리 다이어트에 관해
	종종 이야기 하기도 합니다.
	In the last 12 months, did your health provider talk with you or give you information about how much or
	what kinds of <u>food you eat</u> ?
	지난 12 개월 동안, #귀하의\ 의료 종사자가 #귀하가 먹는 음식\의 양이나 종류에 관해 이야기하거나
	정보를 제공했습니까?
AJ27	
	YES1
	NO2
	REFUSED
	DON'T KNOW
	DONTING
0 4 0 5 100	
QA05_J23	In the last 12 months, did your health provider talk with you or give you information about how much or
	what kind of <u>exercise</u> you get?
	지난 12 개월 동안 #귀하의\ 의료 제공자가 귀하께서 하시는 #운동\의 양 #또는\ 종류에 관해
	이야기하거나 정보를 제공했습니까?
A 100	
AJ28	
	YES1
	NO2
	REFUSED7
	DON'T KNOW

Section K – Employment, Income, Poverty Status

PROGRAMMIN	IG NOTE QA05 K1:		
PROGRAMMING NOTE QA05_K1: IF QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G24 = 1 (R USUALLY WORKS) CONTINUE WITH			
IF QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA05_K1;			
	PROGRAMMING NOTE QA05_K7		
Hours worked	This is shout the work you do. How mony hours per week do you would werk at all ist a sr		
QA05_K1	This is about the work you do. How many hours per week do you <u>usually</u> work at <u>all</u> jobs or		
	직장 또는 업소에서 모두 합쳐 주로 1 주일에 몇시간을 일하십니까?		
AK3			
	[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]		
	HOURS [HR: 0-95]		
	REFUSED7		
	DON'T KNOW		
	IG NOTE QA05_K2		
	0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA05_K7;		
	UE WITH QA05_K2 AND		
	= 1 (PRIVATE COMPANY), DISPLAY "employed by a private company",		
IF QA05_G26 =	2 (GOVERNMENT), CODE QA05_K2 AS "GOVERNMENT" AND GO TO QA05_K3		
	= 3 (SELF-EMPLOYED), DISPLAY "self-employed",		
	= 4 (FAMILY BUSINESS OR FARM), DISPLAY "working without pay in a family business or farm".		
Occupation/in			
QA05_K2	Earlier, you told me that on your main job, you are {employed by a private company/ / self-employed/		
	working without pay in a family business or farm}. What kind of business or industry is this?		
	어떤 종류의 사업 또는 산업입니까?		
AVE			
AK5	IF NEEDED, CAN, Walket do they make on do of this husing a 201		
	[IF NEEDED, SAY: "What do they make or do at this business?"]		
	* 이 업소에서 만들거나 하는 일이 무엇입니까?		
	[INTERVIEWER: ENTER DESCRIPTION]		
	(BUSINESS OR INDUSTRY)		
	REFUSED		
	DON'T KNOW8		
0 4 05 1/2	What is the main kind of work you do?		
QA05_K3	What is the <u>main</u> kind of work <u>you</u> do?		
	주로 하시는 일은 무엇입니까?		
AK6			
	[MAIN JOB = WHERE WORKS MOST HOURS.]		
	[INTERVIEWER: ENTER DESCRIPTION]		
	(OCCUPATION)		
	REFUSED7		
	DON'T KNOW8		

QA05_K4	How long have you worked at your <u>main</u> job? 지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?		
AK7	[IF NEEDED, SAY: "That is, for your <u>current</u> employer?"] MONTHS [HR: 0-12]		
	YEARS [HR: 0-50]		
	REFUSED		
IF QA05_G26 IF QA05_G26	ING NOTE QA05_K5: = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K5 = 5 AND GO TO QA05_K7; = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K5 AND DISPLAY "Including yourself, about"; NUE WITH QA05_K5 AND DISPLAY "About"		
QA05_K5	{Including yourself, about / About} how many people are employed by {your employer/you} at all locations? 지금 일하시는 직장의 경우, 소속 사무소나 사업장을 통틀어 전체 직원이 대략 몇 명이나 됩니까?		
AK8	[IF NEEDED SAY: "Your best guess is fine."] [IF NEEDED SAY: "최선껏 생각나시는 대로 말씀해 주시면 됩니다."]		
	FEWER THAN 10		
Income, last i	month		
QA05_K6	What is your best estimate of all your earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions? 시간당 임금, 월급, 팁, 그리고 커미션을 포함해 모든 직장과 비즈니스에서 번 소득을 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.		
AK10	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]		
	\$ AMOUNT		
	REFUSED7 DON'T KNOW		

ON'T KNOW	 	 8

PROGRAMMING NOTE QA05_K7 IF QA05_G29 = 1 or 2 (SPOUSE WORKS) OR QA05_G30 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA05_K7; ELSE GO TO QA05_K9

QA05_K7How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
배우자께서 한군데서 일하시는 경우도 있고, 잡(job)이 하나 이상 있는 경우도 있겠습니다만, 모든
잡(job)을 다 합쳐서 보통 일주일에 몇 시간씩이나 일하십니까?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

____ HOURS

REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_K8 IF QA05_K7 > 0 CONTINUE WITH QA05_K8; ELSE GO TO QA05_K9

QA05_K8What is your best estimate of all your spouse's earnings last month before taxes and other deductions
from all jobs and businesses, including hourly wages, salaries, tips and commissions?
배우자의 소득에 관한 질문인데요. 시간당 임금, 봉급, 팁이나 수수료 등을 모두 포함해서 배우자의
경우 지난 달에 모든 직장과 사업체에서 나온 수입이 모두 얼마나 되시는지요? 최선으로 추정해
말씀해 주시겠습니까? 단, 세금을 공제하기 전의 액수입니다.

AKIUA					
	[IF AMOUNT GREA	TER THAN \$999,995, E	NTER "999,995"]		
	\$	AMOUNT			
	REFUSED.		7		
	DON'T KNC	DW	8		
Annual house	hold income				
QA05_K9		stimate of your <u>househol</u>	<u>d's total annual</u> inco	ome from all sources	
	before taxes in 2004	4?			
	세금을 공제하기 전여	에 여기저기서 번 돈이나	수입을 모두 포함힐	· 때 2002 년도에 귀 가정의	1년
	총수입이 모두 얼마!	나 되는지요? 최선으로 추	-정해 말씀해 주시경	있습니까?	
AK22					
	[IF AMOUNT GREA	TER THAN \$999,995, E	NTER "999,995"]		
	\$	AMOUNT			
	REFUSED. DON'T KNO)W	7 ⁻⁷ 8]] [GO TO PN QA05 K11	11

QA05_K10 I have entered that your annual household income is (AMOUNT). Is that correct?

\${XX,XXX}이하입니까, 이상입니까?

AK22A

YES	1
NO	
REFUSED	7
DON'T KNOW	8

GO TO PN QA05_K17] GO BACK TO QA05_K9] GO TO PN QA05_K17] GO TO PN QA05_K17]

PROGAMMING NOTE QA05_K11:

IF QA05_K9 = -7 or -8 CONTINUE WITH QA05_K11; ELSE GO TO PROGRAMMING NOTE QA05_K17

QA05_K11 We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is more than \$20,000 per year or is it less? 댁의 세금 공제전 연간 가구당 총수입이 \$20,000 이상입니까, 이하입니까?

AK11

MORE1	[GO TO QA05_K13]
EQUAL TO \$20K OR LESS2	
REFUSED	[GO TO PN QA05 K17]
DON'T KNOW8	[GO TO PN QA05_K17]

QA05_K12

수입이.				
------	--	--	--	--

Is it ...

AK12

\$5,000 or less, or \$5,001 to \$10,000, or	
\$10,001 to \$15,000, or	
REFUSED DON'T KNOW	7

 QA05_K13
 Is it more or less than \$70,000 per year?

 수입이 연 \$70,000 이상입니까, 아니면 그 이하입니까?

AK13

1	[GO TO QA05_K15]
2	
7	[GO TO PN QA05_K17]
8	[GO TO PN QA05_K17]
	2 7

QA05_K14	ls it
	수입이
AK14	\$20,001 to \$30,000,
QA05_K15	ls it more or less than \$135,000 per year? 수입이 연 \$135,000 이상입니까, 이하입니까?
AK15	MORE
QA05_K16	ls it 수입이
AK16	\$70,001 to \$80,000,
IF R IS ONLY ELSE CONTIN	NG NOTE QA05_K17: MEMBER OF HH, GO TO PROGRAMMING NOTE QA05_K18; NUE WITH QA05_ K17
Number of pe QA05_K17	rsons supported Including yourself, how many people living in your household are supported by your total household income? 귀하을 포함해서 같이 살고 있는 분들 중, 귀하 가정의 총 가구당 소득으로 몇 명을 부양하십니까?
AK17	
	NUMBER OF PEOPLE [HR: 1-20]
	REFUSED
QA05_K18 <u>ML</u> IF NO CHILDF NUMBER OF	NG NOTE QA05_K18: JST BE LESS THAN QA05_K17 REN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA05_K20, RAMMING NOTE QA05_K19;

ELSE CONTINUE WITH QA05_K18

How many of these {INSERT NUMBER FROM QA05_K17} people are children under the age of 18? QA05_K18 {K17 의 인원수 입력} 중 몇 명이 18세 미만의 자녀분이십니까?

```
AK18
```

NUMBER OF CHILDREN (UNDER AGE 18)

REFUSED	7
DON'T KNOW	8

Poverty level test

PROGRAMMING NOTE QA05 K19: [BASE.POVRT100, BASE.POVRT130, BASEPOVRT200] OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2005 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA05_K17 AND QA05 K18 RESPECTIVELY. SCRN.RADLTCNT

SCRN.KIDCNT (THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2002 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM xxx FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA05 K17 OR QA05 K18 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 QA05_G14 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 100% FPL,
- 2) ABOVE 100% FPL BUT AT OR BELOW 130% FPL.
- 3) ABOVE 130% FPL BUT AT OR BELOW 200% FPL
- 3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
- 4) ABOVE 300% FPL, OR
- 5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA05 K9= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7. ASK QA05 K19 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT): ELSE GO TO PROGRAMMING NOTE QA05 K20

QA05 K19 I need to ask just one last, very specific question about income.

Was your total annual household income before taxes less than or more than \${POVRT100}? 수입에 관해 한두 가지 질문을 드리겠습니다. 귀하의 가구의 연간 세금 전 총수입이 \${XX.XXX} 보다 많았습니까? 또는 적었습니까?

AK18A

EQUAL TO OR LESS1 MORE	[GO TO QA05_K23]
REFUSED	
DON'T KNOW8	

PROGRAMMING NOTE QA05 K20:

IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05 K12, QA05 K14, OR QA05 K16 OR IF QA05 K11 = -7 OR QA05 K13 = -7 OR QA05_K15= -7, CONTINUE WITH QA05_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA05 K22

QA05_K20 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT200}? \${XX,XXX}이하입니까, 이상입니까?

AK18B

EQUAL TO OR LESS MORE		[GO TO QA05_K23]
REFUSED		
DON'T KNOW	8	

PROGRAMMING NOTE QA05_K21:

IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA05 K23

QA05_K21 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT130}? \${XX,XXX}이하입니까, 이상입니까?

AK18D

EQUAL TO OR LESS1	[GO TO QA05_K23]
MORE2	
REFUSED7	
DON'T KNOW8	

PROGRAMMING NOTE QA05_K22:

IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA05_K23

QA05_K22 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT300}? \${XX,XXX}이하입니까, 이상입니까?

AK18C

EQUAL TO OR LESS	1
MORE	2
REFUSED	7
DON'T KNOW	8

QA05_K23 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 주택은 영어로 듀플렉스라고 하는데 한 건물 안에 두 가구가 살 수 있도록 되어 있는 건물 구조입니다."]

HOUSE1

	DUPLEX
QA05_K24	Do you own or rent your home? 집은 소유자이십니까, 아니면 렌트하십니까?
AK25	OWN
QA05_K25 AM14	About how long have you lived at your current address? 현재의 주소지에 대략 얼마나 오래 살았습니까?
	REFUSED7 DON'T KNOW8
QA05_K26	Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time? 귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오.
AK28	ALL OF THE TIME

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

Section L- Public Program Participation

	ING NOTE QA05_L1:
	DLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD EVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L;
) PROGRAMMING NOTE QA05_M1
TANF/CalW0	
QA05_L1	Are you now receiving TANF or CalWORKS?
	현재 TANF나 CalWORKS 를 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 CalWORKS 는 캘리포니아
	근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지
	제공 프로그램인 AFDC 를 대체한 것입니다."]
	YES1 NO2
	REFUSED
	DON'T KNOW
	AING NOTE QA05_L2:
	TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L2
ELSE GO TO	J QA05_L3
QA05_L2	Is {TEEN} now receiving TANF, or CalWORKS?
_	{}이/가 AFDC 나 TANF 나 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: "AFDC 는 부양해야할 자녀가 있는 가족들을 위한 지원입니다. TANF 는 도움이
	필요한 가족을 위한 임시 보조를 의미합니다. 그리고 칼워크스는 캘리포니아 프로그램으로서 부모의
	취업과 어린 자녀의 양육을 아울러 지원해주는 것입니다."]
	YES1
	NO2 REFUSED
	DON'T KNOW

Food stamps

QA05_L3Are you receiving Food Stamp benefits?
 푸드스탬프를 받고 계십니까?

AL5

[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 푸드스탬프로, 또는 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약어이고 골든 스테이트 어드밴티지 카드라고도 합니다.]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA05_L4:

IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L4; ELSE GO TO PROGRAMMING NOTE QA05_L5

QA05_L4

Is {TEEN} receiving Food Stamp benefits? {}이/가 푸드스탬프를 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 푸드스탬프로, 또는 EBT 카드를 통해서 받을 수 있습니다. EBT 는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약어이고 골든 스테이트 어드밴티지 카드라고도 합니다.]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

Supplemental Security Income

QA05_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."]

YES	1
NO	2
REFUSED	7
DON'T KNOW	В

	IING NOTE QA05_L6:
	= 2 (FEMALE) AND QA05_E12 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER),
ELSE GO TO	VITH QA05_L6;
WIC) QAU5_L7
QA05 L6	Are you on WIC?
4/100_20	WIC(윅) 혜택을 받고 계십니까?
AL7	
	[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and Children."]
	[IF NEEDED, SAY: "WIC 는 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다."]
	YES1
	NO2
	REFUSED7
	DON'T KNOW
Assets	
QA05_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 cash, savings, investments, and furniture together are worth more than
	귀하 자신 명의로 된 주택이나 자동차의 가치를 제외한 자산, 즉, 귀하 자신의 현금, 저축예금, 투자금,
	그리고 가구 등의 총 가치액이 \$5,000 이상입니까?
AL9	
	YES1
	NO2
	REFUSED7
	DON'T KNOW8
	IING NOTE QA05 L8:
) = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
	5 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPL	
Alimony/chi	
QA05 L8	Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child
—	support, or money from a government or veteran program?
	귀하 또는 귀하의 배우자는 지난달에 위자료나 자녀 양육비, 또는 정부나 퇴역군인 프로그램으로부터
	보조금을 받았습니까?
AL15	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES1
	NO2
	REFUSED
	DON'T KNOW

A-161

	NG NOTE QA05_L9:	
	1 (YES), CONTINUE WITH QA05_L9	
	= 1 (MARRIED) AND QA05_G10 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total	
amount that you	u received from all these sources?";	
IF QA05 A15 =	= 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE IN HH),	
	nat was the combined total amount that you and your {spouse} received from all these sources?"	
	PROGRAMMING NOTE QA05_L10	
QA05_L9	What was the {combined} total amount that you {and your spouse} received from all these sources <u>last</u> month?	
	귀하과 귀하의 배우자(부인/남편)께서 지난 달 받은 모든 종류의 보조금의 총 액수는 얼마나 되십니까?	
AL16		
	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]	
	\$ AMOUNT [000001-999995]	
	REFUSED7	
	DON'T KNOW	
PROGRAMMIN	NG NOTE QA05 L10:	
	= 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";	
	= 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";	
ELSE DISPLAY		
	you.	
QA05_L10	Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child	
QAUO_ETO	support last month?	
	귀하 또는 귀하의 배우자, 또는 두 분이 함께 지난 달 지불한 위자료나 자녀 양육비가 있습니까?	
	케이 또는 케이크 매구지, 또는 두 눈이 함께 지난 곧 지절한 뒤자표다 지더 공격하기 ᆻ답다까?	
AL17		
	YES, RESPONDENT PAID1	
	YES, SPOUSE/PARTNER PAID	
	YES, BOTH PAID	
	NO	
	REFUSED	
	DON'T KNOW	
0.405 • 45		
QA05_L11	What was the total amount {you/your spouse/your partner/you both} 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	
	REFUSED	
	DON'T KNOW	
	NG NOTE QA05_L12:	
	OR OLDER AND QA05_A15 ≠ 1 (MARRIED) CONTINUE WITH QA05_L12 AND DISPLAY "you";	
	AND QA05_A15 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA05_L12 AND DISPLAY "you or your	
partner";		
	PROGRAMMING NOTE QA05_L14	
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA05_14 =1 (MARRIED) AND QA05_G10 = 1		
(SPOUSE LIVING IN SAME HH) CONTINUE WITH QA05_L12 AND DISPLAY "you or your spouse";		

Social security/pension payments

	()/ponoion paymonto		
QA05_L12	Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last		
	month?		
	귀하이나 귀하의 배우자가 지난달 사회보장금 (Social Security)이나 연금 (Pension payments)을		
	받았습니까?		
AL18A			
	YES1		
	NO2		
	REFUSED		
	YES		
QA05_L13	What was the total amount received last month from Social Security and Pensions?		
_	지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?		
AL18B			
ALIOD			
	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]		
	AMOUNT		
	REFUSED7		
	DON'T KNOW		

DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS	
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	91
REFUSED	7
DON'T KNOW	-8

Section M – Food Insecurity and Hunger

	NG NOTE QA05_M1
	< 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA05_M1;
ELSE GO TO	QA05_N1 food in household
QA05_M1	These next questions are about the food eaten in your household in the last 12 months and whether
· _	you were able to afford food.
	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.
	다음 질문들은 지난 12 개월 동안 댁에서 드신 음식에 대해, 그리고 식비를 부담하실 수 있었는지의 경제적 형편에 관한 겁니다.
	사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 귀하 자신과 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 "{}이/가 산 음식은 금방 떨어졌고, {}은/는 더 살 돈이 없었다"입니다. 이 말이 지난
	12 개월 동안의 귀하 자신과 귀하 가정의 경우에, 흔히 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?
AM1	
	OFTEN TRUE 1
	SOMETIMES TRUE
	NEVER TRUE
	REFUSED7 DON'T KNOW
	DON T KNOW8
QA05_M2	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 귀하이나 귀하의 가정에서 자주 있었습니까, 가끔 있었습니까, 아니면
[]	전혀 있지 않았습니까?
AM2	
	OFTEN TRUE
	NEVER TRUE

QA05_M3	Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, 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 대답해주십시오.
AM3	YES
QA05_M4	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
Hunger QA05_M5	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
QA05_M6	In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food? 지난 12개월 동안 귀하께서 음식을 살 충분한 돈이 없었기 때문에 배가 고팠지만 음식을 걸렀던 적이 있습니까?
AM5	YES

Section N – Demographic Information Part III and Closing

County of residence

QA05_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 곳이 없게 하기 위해선데요, 어느 카운티에 거주하십니까?

AH42

ALAMEDA	1
ALPINE	2
AMADOR	
BUTTE	
CALAVERAS	5
COLUSA	
CONTRA COSTA	
DEL NORTE	
EL DORADO	
FRESNO	-
	-
INYO	
KERN	
KINGS	
LAKE	
LASSEN	
LOS ANGELES	
MADERA	
MARIN	
MARIPOSA	22
MENOCINO	23
MERCED	24
MODOC	25
MONO	
MONTEREY	
NAPA	
NEVADA	
ORANGE	
PLACER	
PLUMAS	
RIVERSIDE	
SACRAMENTO	
SAN BENITO	
SAN BERNARDINO	20
SAN DEGO	
SAN DIEGO	31 20
SAN JOAQUIN	
SAN LUIS OBISPO	
SAN MATEO	
SANTA BARBARA	
SANTA CLARA	
SANTA CRUZ	
SHASTA	45

	SIERRA	46
	SISKIYOU	
QA05 N1	CONTINUED	
	SOLANO	48
	SONOMA	
	STANISLAUS	
	SUTTER	
	ТЕНАМА	
	TULARE	
	TUOLUMNE	
	VENTURA	
	YOLO	
	YUBA	
	REFUSED	
	DON'T KNOW	

PROGRAMMING NOTE QA05_N2:

IF ADVANCE LETTER SENT, ASK QA05_N2; IF R'S ADDRESS IS A P.O. BOX, GO TO QA05_N3 ELSE GO TO QA05_N3

Address confirmation, cross streets, zip code

QA05_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.

귀하의 전화번호는 이 설문조사를 위해 컴퓨터에 의해 무작위로 선정되었습니다. 저희는 귀하의 집으로 이 조사의 목적을 설명하는 서신을 보내기 위하여 귀하의 전화번호와 일치하는 주소를 찾을 수 있었습니다.

Do you now live at {R's address and street}? 귀하는 현재 다음 주소에 거주하십니까?

AO1

YES	1
NO	2
REFUSED	7
DON'T KNOW	

[GO TO QA05_N6]

QA05_N3 What is your zip code? 귀하 거주지의 우편번호가 무엇입니까?

AM7

____(ZIP CODE)

REFUSED	-7
DON'T KNOW	-8

QA05_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. 사시는 동네에 대해서, 그리고 주변 환경의 건강에 대한 영향을 저희가 더 잘 알 수 있도록, 지금 사시는 주소를 말씀해 주실 수 있습니까? 다시 말씀드리지만, 대답 내용에 대해서는 언제나 비밀이
·	유지됩니다.
AO2	(HOUSE ADDRESS NUMBER)
	(NAME OF STREET, VERIFY SPELLING) [GO TO QA05_N6]
	NO
QA05_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 CLOSE1] DON'T KNOW -8 [GO TO CLOSE1]
QA05_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)
	REFUSED7 DON'T KNOW8
CLOSE1	Those are my final questions. I really appreciate your patience. urvey permission
QA05_N7	Finally, do you think you would be willing to do a follow-up to this survey some time in the future? 마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?
AM10	YES1 MAYBE/PROBABLY YES2 DEFINITELY NOT
	DON'T KNOW8 [GO TO CLOSE2]
QA05_N8	In case we do call you back for another study, would you give me your full name so that we will know who to ask for? 저희가 다른 조사를 위해 다시 전화를 드리는 경우, 누구를 바꾸어 달라고 해야 할지 알 수 있도록 귀하의 성과 이름을 알려 주시겠습니까?
AO5	(First name) (Last name, confirm spelling)
	REFUSED
QA05_N9	Is there another number where we might be able to reach you if this one doesn't work?

이 전화번호로 연락이 안될 경우, 저희가 연락 드릴 수 있는 다른 전화번호가 있습니까?

AO6

_____ (read back to confirm alternate telephone number)

REFUSED	7
DON'T KNOW	8

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.

시간을 내 협조해 주셔서 대단히 감사합니다. 아주 중요한

건강 관련 설문 조사를 하는 데 큰 도움이 되었습니다. 감사합니다, 안녕히 계십시오.