CHIS 2003 Adult Questionnaire
Version 11.4 (Korean)

September 4, 2013

(Respondents Age 18 and Older)

Collaborating Agencies:

- ☐ UCLA Center for Health Policy Research
- ☐ California Department of Health Services
- ☐ Public Health Institute

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10911 Weyburn Avenue, Suite 300
Los Angeles, CA 90024-2887
Email: chis@ucla.edu
Phone: (866) 275.2447
Fax: (310) 794.2686

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Section A – Demographic Information, Part I

PROGRAMMING NOTE QA03_1:	**AADATE**
SET AADATE = CURRENT DATE (YYYYMMDD)	

Age

QA03_1   What is your date of birth?

나이를 말씀해 주시겠습니까?

( )년 ( )월 ( )일

( )세

[AA1]   MONTH _____   DAY _____   YEAR _____   **[GO TO QA03_5A]**

[RANGE: 1-12]   [RANGE: 1-31]   [RANGE: 1898-1985]

REFUSED ....-7

DON'T KNOW ....-8

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

PROGRAMMING NOTE QA03_2:
IF QA03_2 = -7 OR –8 (REF/DK), CONTINUE WITH QA03_2;
ELSE GO TO QA03_5A

QA03_2   What month and year were you born?

귀하는 몇 년 몇 월에 출생하셨습니까?

[AA1A]   MONTH _____   YEAR _____   **[GO TO QA03_5A]**

[RANGE: 1-12]   [RANGE: 1898-1985]

REFUSED ....-7

DON'T KNOW ....-8

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

PROGRAMMING NOTE QA03_3:
IF QA03_2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA03_3;
ELSE GO TO QA03_5A

QA03_3   What is your age, please?

나이를(연세를) 말씀해 주시겠습니까?

만으로 ( )세

[AA2]   _____YEARS OF AGE   **[GO TO QA03_5A]**

REFUSED ....-7

DON'T KNOW ....-8

PROGRAMMING NOTE QA03_4:
IF QA03_2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA03_4;
ELSE GO TO QA03_5A

QA03_4   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?

[AA2A]   BETWEEN 18 AND 29 1
BETWEEN 30 AND 39 2
BETWEEN 40 AND 44 3
BETWEEN 45 AND 49 4
BETWEEN 50 AND 64 5
65 OR OLDER... 6
REFUSED .... -7
DON'T KNOW .... -8
18 세와 29 세 사이 1
30 세와 39 세 사이 2
40 세와 44 사이 3
45 세와 49 세 사이 4
50 세와 64 세 사이 5
65 세 이상 6

PROGRAMMING NOTE QA03_5A: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA03_1, QA03_2, OR QA03_3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA03_1, QA03_2, OR QA03_3 = -7 OR -8 (REF/DK), THEN USE QA03_4;
ELSE USE ENUM.AGE

Gender
QA03_5A   Are you male or female?
남성분이십니까, 여성분이십니까?

[AA3]   MALE 1
FEMALE 2
REFUSED .... -7
DON'T KNOW .... -8

Ethnicity
QA03_5B   Are you Latino or Hispanic?
라티노나 히스패닉계이십니까?

[AA4]   YES... 1
NO... 2
REFUSED .... -7   **[GO TO PN QA03_7]**
DON'T KNOW .... -8

QA03_6   And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran
                 -- and if you have more than one, tell me all of them.
                 그럼, 어떤 라티노나 히스패닉계에 속하십니까? 예를 들면, 멕시코인, 엘살바도르인,
                 큐바인, 온두라스인 등이요--하나 이상에 해당되는 경우, 모두 말씀해 주십시오.

                 [IF NECESSARY, GIVE MORE EXAMPLES]

                 [CODE ALL THAT APPLY.]

[AA5_1]	MEXICAN/MEXICANO	1
[AA5_2]	MEXICAN AMERICAN	2
[AA5_3]	CHICANO	3
[AA5_4]	SALVADORAN	4
[AA5_5]	GUATEMALAN	5
[AA5_6]	COSTA RICAN	6
[AA5_7]	HONDURAN	7
[AA5_8]	NICARAGUAN	8
[AA5_9]	PANAMANIAN	9
[AA5_10]	PUERTO RICAN	10
[AA5_11]	CUBAN	11
[AA5_12]	SPANISH-AMERICAN (FROM SPAIN)	12
[AA5_13]	OTHER LATINO (SPECIFY): _____	91
[AA5OS]		
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_7:
IF QA03_5B = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also…"
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA03_7, CONTINUE WITH PROGRAMMING NOTE QA03_8;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

Race
QA03_7   {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?
                 그리고, 다음 중 하나 또는 그 이상, 자신에 해당된다고 생각하는 게 무엇인지 말씀해
                 주십시오. 자신이 하와이 원주인, 다른 태평양 섬 원주민, 아메리칸 인디언, 알래스카
                 인디언, 아시아인, 흑인, 아프리카계 미국인, 또는 백인이라고 생각하십니까?

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

                 [CODE ALL THAT APPLY.]

[AA5A_6]	WHITE	1	**[GO TO QA03_14 if only one race]**
[AA5A_5]	BLACK OR AFRICAN AMERICAN	2	**[GO TO QA03_14 if only one race]**
[AA5A_4]	ASIAN	3	**[GO TO QA03_11 if only one race]**
[AA5A_3]	AMERICAN INDIAN OR ALASKA NATIVE	4	**[GO TO QA03_8 if only one race]**
[AA5A_2]	OTHER PACIFIC ISLANDER	5	**[GO TO QA03_12 if only one race]**
[AA5A_1]	NATIVE HAWAIIAN	6	**[GO TO QA03_14 if only one race]**
[AA5A_7]	OTHER (SPECIFY): _____	91	**[GO TO QA03_14 if only one race]**
[AA5AOS]			
	REFUSED	-7	**[GO TO QA03_14]**
	DON'T KNOW	-8	**[GO TO QA03_14]**

PROGRAMMING NOTE QA03_8:
IF AMERICAN INDIAN OR ALASKA NATIVE, CONTINUE WITH QA03_8;
ELSE GO TO PROGRAMMING NOTE QA03_11

QA03_8   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.

[CODE ALL THAT APPLY.]

[AA5B_1]	APACHE	1
[AA5B_2]	BLACKFOOT/BLACKFEET	2
[AA5B_3]	CHEROKEE	3
[AA5B_4]	CHOCTAW	4
[AA5B_5]	MEXICAN AMERICAN INDIAN	5
[AA5B_5]	NAVAJO	6
[AA5B_6]	POMO	7
[AA5B_7]	PUEBLO	8
[AA5B_8]	SIOUX	9
[AA5B_9]	YAQUI	10
[AA5B_91]	OTHER TRIBE [Ask for spelling] (SPECIFY):_____	91
[AA5BOS]		
	REFUSED	-7
	DON'T KNOW	-8

QA03_9   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
	DON'T KNOW	-8

[GO TO PN QA03_11]

QA03_10   Which tribe are you enrolled in?
어느 부족에 등록되어 있습니까?

[AA5D]   **APACHE**
MESCALERO APACHE, NM 1
APACHE (NOT SPECIFIED).. 2
OTHER APACHE [Ask for spelling] (SPECIFY): 3
BLACKFEET
BLACKFOOT/BLACKFEET.. 4
CHEROKEE
WESTERN CHEROKEE 5
CHEROKEE (NOT SPECIFIED) 6
OTHER CHEROKEE [Ask for spelling] (SPECIFY)................................... 7
CHOCTAW
CHOCTAW OKLAHOMA 8
CHOCTAW (NOT SPECIFIED) 9
OTHER CHOCTAW [Ask for spelling] (SPECIFY): 10
NAVAJO
NAVAJO (NOT SPECIFIED) 11
POMO
HOPLAND BAND, HOPLAND RANCHERIA... 12
SHERWOOD VALLEY RANCHERIA 13
POMO (NOT SPECIFIED) 14
OTHER POMO [Ask for spelling] (SPECIFY):... 15
PUEBLO
HOPI 16
YSLETA DEL SUR PUEBLO OF TEXAS... 17
PUEBLO (NOT SPECIFIED) 18
OTHER PUEBLO [Ask for spelling] (SPECIFY): 19
SIOUX
OGLALA/PINE RIDGE SIOUX 20
SIOUX (NOT SPECIFIED) 21
OTHER SIOUX [Ask for spelling] (SPECIFY):.. 22
YAQUI
PASCUA YAQUI TRIBE OF ARIZONA 23
YAQUI (NOT SPECIFIED) 24
OTHER YAQUI [Ask for spelling] (SPECIFY):.. 25

OTHER
[AA5DOS]   OTHER [Ask for spelling] (SPECIFY): _____ 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA03_11:
IF QA03_7= 3 (ASIAN) AND [QA03_7= 6 (NATIVE HAWAIIAN) OR QA03_7= 5 (OTHER PACIFIC ISLANDER)
OR QA03_7=4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA03_7 = 2 (BLACK OR AFRICAN AMERICAN)
OR QA03_7= 1 (WHITE) OR QA03_= 91 (OTHER (Specify))], CONTINUE WITH QA03_11;
ELSE GO TO PROGRAMMING NOTE QA03_12

QA03_11   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.

[CODE ALL THAT APPLY.]

[AA5E_1]	BANGLADESHI	1
[AA5E_2]	BURMESE	2
[AA5E_3]	CAMBODIAN	3
[AA5E_4]	CHINESE	4
[AA5E_5]	FILIPINO	5
[AA5E_6]	HMONG	6
[AA5E_7]	INDIAN (INDIA)	7
[AA5E_8]	INDONESIAN	8
[AA5E_9]	JAPANESE	9
[AA5E_10]	KOREAN	10
[AA5E_11]	LAOTIAN	11
[AA5E_12]	MALAYSIAN	12
[AA5E_13]	PAKISTANI	13
[AA5E_14]	SRI LANKAN	14
[AA5E_15]	TAIWANESE	15
[AA5E_16]	THAI	16
[AA5E_17]	VIETNAMESE	17
[AA5E_18 AA5EOS]	OTHER ASIAN (SPECIFY): _____	91
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_12:
IF QA03_7= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA03_12;

ELSE GO TO PROGRAMMING NOTE QA03_13

QA03_12   You said you are Pacific Islander. What specific ethnic group are you, such as Samoan,
               Tongan, or Guamanian? If you are more than one, tell me all of them.
               태평양 섬 주민이라고 하셨는데요, 사모안이라던지, Tongan, 또는 Guamanian 등 정확히 어느
               민족이십니까? 한 가지 이상이면, 전부 말씀해 주십시오.

[CODE ALL THAT APPLY.]

[AA5E1_1]	SAMOAN/AMERICAN SAMOAN	1
[AA5E1_2]	GUAMANIAN	2
[AA5E1_3]	TONGAN	3
[AA5E1_4]	FIJIAN	4
[AA5E1_5 AA5E1OS]	OTHER PACIFIC ISLANDER (SPECIFY): _____	91
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_13:
IF QA03_5B = YES (LATINO) AND [QA03_7= 6 (NATIVE HAWAIIAN) OR QA03_= 5 (OTHER PACIFIC ISLANDER)
OR QA03_7= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA03_7= 3 (ASIAN) OR QA03_7= 2 (BLACK
OR AFRICAN AMERICAN) OR QA03_7= 1 (WHITE) OR QA03_7 = 91 (OTHER)], CONTINUE WITH QA03_13;
ELSE IF MULTIPLE RESPONSES TO QA03_7 OR QA03_11 OR QA03_11 [NOT COUNTING -7 OR -8 (REF/DK)]
CONTINUE WITH QA03_13;
ELSE GO TO QA03_14

[NOTE: FOR QA03_13 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); if QA03_6 = -7
(REFUSE), INSERT "Latino"]

IF QA03_5B = 1 (YES, LATINO) AND ANY OF QA03_6 = 1 THRU 12, DO NOT DISPLAY QA03_13 = 14 (LATINO).
IF QA03_7 = 5 (OTHER PACIFIC ISLANDER) AND QA03_12 = 1 THRU 4, DO NOT DISPLAY QA03_13 = 17 (OTHER
PACIFIC ISLANDER).
IF QA03_7= 3 AND ANY OF QA03_11 = 1 THRU 17, DO NOT SAY QA03_13 = 19 (ASIAN)

QA03_13   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, 귀하을 가장 잘 나타낸다고 생각되는
           것은 무엇입니까?

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

[AA5F]   MEXICAN/MEXICANO 1
                    MEXICAN AMERICAN 2
                    CHICANO... 3
                    SALVADORAN... 4
                    GUATEMALAN 5
                    COSTA RICAN... 6
                    HONDURAN... 7
                    NICARAGUAN 8
                    PANAMANIAN... 9
                    PUERTO RICAN 10
                    CUBAN... 11
                    SPANISH-AMERICAN (FROM SPAIN) 12
                    LATINO, OTHER SPECIFY 13
                    LATINO 14
                    NATIVE HAWAIIAN... 16
                    OTHER PACIFIC ISLANDER... 17
                    AMERICAN INDIAN OR ALASKA NATIVE 18
                    ASIAN 19
                    BLACK OR AFRICAN AMERICAN.. 20
                    WHITE... 21
                    RACE, OTHER SPECIFY 22
                    BANGLADESHI.. 30
                    BURMESE 31
                    CAMBODIAN... 32
                    CHINESE 33
                    FILIPINO 34
                    HMONG 35
                    INDIAN (INDIA) 36
                    INDONESIAN... 37
                    JAPANESE 38
                    KOREAN 39
                    LAOTIAN 40
                    MALAYSIAN.. 41
                    PAKISTANI 42
                    SRI LANKAN... 43
                    TAIWANESE 44
                    THAI 45
                    VIETNAMESE 46

ASIAN, OTHER SPECIFY 49
SAMOAN/AMERICAN SAMOAN 50
GUAMANIAN... 51
TONGAN 52
FIJIAN 53
PACIFIC ISLANDER, OTHER SPECIFY 55
BOTH/ALL/MULTIRACIAL 90
NONE OF THESE 95
REFUSED .... -7
DON'T KNOW .... -8

Marital St
QA03_14   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?

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

[AH43]   MARRIED... 1
LIVING WITH PARTNER 2
WIDOWED 3
DIVORCED 4
SEPARATED.. 5
NEVER MARRIED 6
REFUSED .... -7
DON'T KNOW .... -8

Section B – General Health and Health Conditions

	These next questions are about your health.
QA03_15	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?

[AB1]
```
EXCELLENT ............................................................................ 1
VERY GOOD........................................................................... 2
GOOD .................................................................................... 3
FAIR ...................................................................................... 4
POOR ..................................................................................... 5
REFUSED ..............................................................................-7
DON'T KNOW .........................................................................-8
```

Asthma
QA03_16 Has a doctor <u>ever</u> told you that you have asthma?

귀하께서 천식이 있다고 의사가 말한 적이 있습니까?

[AB17]
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YES ....................................................................................... 1
NO......................................................................................... 2
REFUSED ..............................................................................-7 ⎤[GO TO QA03_25]
DON'T KNOW ....................................................................... - 8 ⎦
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QA03_17 How old were you when you or your parents were first told by a doctor that you had asthma?

천식이 있다는 진단을 본인이나 부모님께서 의사로부터 처음 들으셨을 때 그 때 연령이 어떻게 되셨죠?

[IF NEEDED, SAY: "Your best guess is fine".]
[IF NEEDED, SAY: "최선으로 추정해 말씀해 주시면 됩니다."]

[AB39]
```
_____ AGE IN YEARS

REFUSED ...............................................................................-7
DON'T KNOW ..........................................................................-8
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QA03_18 Do you still have asthma?

아직도 천식이 있으십니까?

[AB40]
```
YES ....................................................................................... 1
NO......................................................................................... 2
REFUSED ..............................................................................-7
DON'T KNOW .........................................................................-8
```

QA03_19 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 ....................................................................................... 1
NO......................................................................................... 2
REFUSED ..............................................................................-7
DON'T KNOW .........................................................................-8
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PROGRAMMING NOTE QA03_20:
IF QA03_18 = 2, -7, or –8 (NO, REFUSED, DON'T KNOW) AND QA03_19 = 2, -7, or –8 (NO, REFUSED, DON'T KNOW),
GO TO QA03_24;
ELSE CONTINUE WITH QA03_20

QA03_20   During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest lightness 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 all 1
아무 증상도 없었습니까 1
Less than every month 2
매 달 한 번도 안됐습니까 2
Every month 3
매달 3
Every week, or 4
매주, 아니면 4
Every day? 5
매일 있었습니까? 5
REFUSED .... -7
DON'T KNOW .... -8

QA03_21   During the <u>past 12 months</u>, have you had to visit a hospital emergency room or urgent care clinic because of <u>your</u> asthma?
지난 12 개월 동안, 천식때문에 병원 응급실이나 응급 진료소에 가야 했던 때가
있었습니까?

[AH13A]   YES 1
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_22   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?

[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."]

[AB18]   YES 1
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA03_23:
IF AAGE > 69 SKIP TO QA03_24;
ELSE CONTINUE WITH QA03_23

QA03_23   During 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

QA03_24   Has a doctor or other health professional <u>ever</u> given you an asthma management plan?
                     의사나 다른 어떤 의료 전문가한테서 천식 관리 안내서를 받은 적이 있으습니까?

                     **[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"]**
                     **[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."]**

                     [INCLUDE NURSES AND ASTHMA EDUCATORS]

[AB43]   YES 1
                          NO.. 2
                          REFUSED ....-7   **[GO TO QA03_29]**
                          DON'T KNOW ....-8

QA03_25   During the past 12 months, have you ever had a wheezing or whistling sound in your chest?
                     지난 12 개월 동안, 휘휘거리는 쉰 목소리를 내거나 가슴에서 휘파람같은 소리가 난 적이
                     있습니까?

[AB44]   YES 1
                          NO..2   **[GO TO QA03_29]**
                          BRONCHITIS/EMPHYSEMA/
[AB44A]   CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD) 3   **[GO TO QA03_29]**
                          REFUSED ....-7   **[GO TO QA03_29]**
                          DON'T KNOW ....-8   **[GO TO QA03_29]**

QA03_26   During the past 12 months, how many attacks of wheezing or whistling have you had in your chest?
                     지난 12 개월 동안, 휘휘거리는 쉰 목소리를 내거나 가슴에서 휘파람같은 소리가 난 적이
                     몇번이나 있었습니까?

[AB45]   _____ ATTACKS [HR: 0-999]
                          REFUSED ....-7
                          DON'T KNOW ....-8

QA03_27   During the past 12 months, how many times have you sought any medical help for this breathing problem?
지난 12 개월 동안, 이런 호흡 곤란 때문에 치료를 받았던 것이 몇 번이나 되십니까?

[INCLUDE ALL TYPES OF MEDICAL HELP: TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE TREATMENTS]

[AB46]   _____ TIMES [HR: 0-365]

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

PROGRAMMING NOTE QA03_28:
IF AAGE > 69 SKIP TO QA03_29;
ELSE CONTINUE WITH QA03_28

QA03_28   During the past 12 months, how many days of work did you miss due to this breathing problem?
지난 12 개월 동안, 이런 호흡 곤란 때문에 직장에 나가지 못했던 게 며칠이나 되십니까?

[ENTER 0 IF NOT WORKING]

[AB47]   _____ 0-365 DAYS

NOT WORKING ....-6
REFUSED ....-7
DON'T KNOW ....-8

Dogs, cats, cockroaches in household
QA03_29   Do you have any dogs that you allow inside your home?
집 안에 들여 놓고 키우는 개가 있습니까?

[AB48]   YES 1
NO...2
REFUSED ....-7
DON'T KNOW ....-8

QA03_30   Do you have any cats that you allow inside your home?
집 안에 들여 놓고 키우는 고양이가 있습니까?

[AB49]   YES 1
NO...2
REFUSED ....-7
DON'T KNOW ....-8

QA03_31   In the past 12 months, have you seen cockroaches inside your home?
지난 12 개월 동안, 집 안에서 바퀴벌레를 본 적이 있습니까?

[IF R ASKS WHY WE ARE ASKING THIS QUESTION, SAY: "Cockroaches can cause allergic reactions and asthma symptoms in some people."]
[IF R ASKS WHY WE ARE ASKING THIS QUESTION, SAY: "바퀴벌레는 알레르기 반응과 천식증상을 일으킬수 있는 것으로 알려져 있습니다."]

[AB50]   YES 1
NO...2
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE QA03_32
IF QA03_5A = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

Diabetes

QA03_32   {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]   YES 1
NO 2
BORDERLINE OR PRE-DIABETES 3
REFUSED .... -7 **[]**
DON'T KNOW .... -8

QA03_33   How old were you when a doctor first told you that you have diabetes?
귀하께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇살 때입니까?

[AB23]   _____ AGE IN YEARS   [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]

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

QA03_34   Were you told that you had Type 1 or Type 2 diabetes?
당뇨병이 일형 (타입 I) 당뇨병이라고 들었습니까, 이형 (타입 II) 당뇨병이라고 들었습니까?

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

[AB51]   TYPE 1 1
TYPE 2 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_35   Are you now taking insulin?
현재 인슐린을 투여하고 계십니까?

[AB24]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_36   Do you now take diabetic pills to lower your blood sugar?
현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

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

[AB25]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

High blood pressure
QA03_37   Has a doctor <u>ever</u> told you that you have high blood pressure?
                귀하께서 고혈압이라고 의사가 말한 적이 있습니까?

[AB29]   YES 1
                          NO.. -2
                          REFUSED .... -7   **[GO TO QA03_39]**
                          DON'T KNOW .... -8

QA03_38   Are you now taking any medications to control your high blood pressure?
                현재 혈압 조절 약을 복용하고 계십니까?

[AB30]   YES 1
                          NO.. 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

Heart Disease
QA03_39   Has a doctor <u>ever</u> 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 QA03_41]**
                          DON'T KNOW .... -8

PROGRAMMING NOTE QA03_40:
IF AAGE < 65 YEARS, GO TO QA03_41;
ELSE ASK QA03_40

QA03_40   Has a doctor <u>ever</u> told you that you have heart failure or congestive heart failure?
                심부전이나 울혈성 심부전이 있다는 진단을 의사로부터 받으신 적이 있습니까?

[AB52]   YES 1
                          NO.. 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

Blindness, physical-emotional impairment
QA03_41   Are you legally blind?
                귀하께서는 법적으로 장님입니까?

[AL8]   YES 1
                          NO.. 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

QA03_42   Do you have a physical or mental impairment that has kept you from working for at least a year?
                지난 1년 이상 동안 일을 할 수 없었던 신체적, 정신적 장애가 있으셨습니까?

                [IF NEEDED, SAY "Current condition"]

[AL8A]   YES 1
                          NO.. 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

Epilepsy
QA03_43   Has a doctor <u>ever</u> told you that you have seizure disorder or epilepsy?
발작적인 질환이나 간질이 있다는 진단을 의사로부터 받으신 적이 있습니까?

[AB53]   YES 1
                    NO.. 2
                    REFUSED ....-7 **[GO TO PN QA03_47]**
                    DON'T KNOW ....-8

QA03_44   Are you now taking any medicine to control your seizure disorder or epilepsy?
발작적인 질환이나 간질을 다스리기 위해 현재 약을 복용하고 계십니까?

[AB54]   YES 1
                    NO.. 2
                    REFUSED ....-7
                    DON'T KNOW ....-8

QA03_45   How many seizures <u>of any type</u> have you had in the <u>last three months</u>?
지난 3 개월 동안, 어떤 종류이든지 발작이 있었던 게 몇 번이나 되십니까?

                [IF R NORMALLY COUNTS "AURAS" AS SEIZURES, ACCEPT THE RESPONSE]

[AB55]   NO SEIZURES 0
                    ONE SEIZURE 1
                    MORE THAN ONE SEIZURE... 2
                    NO LONGER HAVE EPILEPSY OR SEIZURE DISORDER .... 3 **[GO TO PN QA03_47]**
                    REFUSED ....-7
                    DON'T KNOW/ NOT SURE..-8

QA03_46   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 1
                    전혀 지장이 없었습니까 1
                    Slightly.. 2
                    조금 지장이 있었습니까 2
                    Moderately 3
                    다소 지장이 있었습니까 3
                    Quite a bit or.. 4
                    상당히 지장이 있었습니까 4
                    Extremely? 5
                    극도로 지장이 많았습니까? 5
                    REFUSED ....-7
                    DON'T KNOW ....-8

PROGRAMMING NOTE QA03_47:
IF AAGE < 50, GO TO QA03_51;
ELSE CONTINUE WITH QA03_47

Flu, pneumonia shot

QA03_47   During the past 12 months, have you had a flu shot?
지난 12 개월 동안, 독감예방주사를 맞은 적이 있습니까?

[AE30]   YES 1
                NO..2 ⎤
                REFUSED ....-7 ⎬ **[GO TO QA03_49]**
                DON'T KNOW ....-8 ⎦

QA03_48   At what kind of place did you get your last flu shot?
지난 번 독감 예방 주사를 맞았던 곳이 어디였습니까?

[AB57]   A DOCTOR'S OFFICE OR HMO 1
                A COMMUNITY HEALTH CENTER, HEALTH DEPT.,
                HEALTH DEPT. CLINIC, OR OTHER TYPE OF CLINIC .... 2 ⎤
                A STORE (FOR EXAMPLE MARKET, DRUGSTORE, OR PHARMACY) . 3 ⎪
                WORKPLACE .... 4 ⎪
                A SENIOR, RECREATON, OR COMMUNITY CENTER.......................... 5 ⎬ **[GO TO QA03_50]**
                A HOSPITAL OR EMERGENCY ROOM.. 6 ⎪
                OTHER, (SPECIFY): _____ .... 91 ⎪
                REFUSED ....-7 ⎪
                DON'T KNOW/ NOT SURE..-8 ⎦

QA03_49   What is the main reason you did <u>not</u> get a flu shot in the last 12 months?
지난 12 개월 동안 독감 예방 주사를 맞지 않았던 주된 이유가 무엇이었습니까?

                [IF NEEDED, SAY: "Main reason is the most important reason".]
                [IF NEEDED, SAY: "주된 이유란 가장 중요한 이유입니다."]

[AB58]   DIDN'T KNOW I NEEDED IT/ NOT AT RISK... 1
                SHOT COULD GIVE ME THE FLU/
                SHOT COULD GIVE ME A REACTION 2
                DID NOT THINK OF IT/ FORGOT/ LAZY 3
                INCOVENIENT/ INACCESSIBLE TIME OR LOCATION OR
                DIDN'T KNOW WHERE TO GET SHOT... 4
                FLU VACCINE UNAVAILABLE 5
                I ASKED ME DOCTOR, BUT DOCTOR SAID I DIDN'T NEED IT/
                DOCTOR DIDN'T SUGGEST IT 6
                DIDN'T THINK IT WOULD WORK OR
                FLU NOT SERIOUS DISEASE 7
                COST 8
                OTHER, (SPECIFY):_____ 91
                REFUSED ....-7
                DON'T KNOW/ NOT SURE..-8

QA03_50   Have you <u>ever</u> had a pneumonia shot? This shot is given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine (new-ma-COCK-all).
폐렴 예방 주사를 맞은 적이 있습니까? 이 주사는 평생에 한번이나 두번 만 맞는 것으로 독감 예방 주사와는 다릅니다. 이 주사는 폐렴구균백신이라고 불립니다.

[AB59]   YES 1
                NO.. 2
                REFUSED ....-7
                DON'T KNOW ....-8

Cancer history

QA03_51   Has a doctor <u>ever</u> told you that you had a cancer of any kind?
어느 종류이든지 암에 걸렸다는 진단을 의사로부터 받으신 적이 있습니까?

[AF1]	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_52:
IF QA03_51 = 1 CONTINUE WITH QA03_52; ELSE GO TO PROGRAMMING NOTE QA03_56
ACCEPT ONLY FIRST SIX RESPONSES

QA03_52   What kind of cancer was it?
어떤 종류의 암이였습니까?

[CODE ALL THAT APPLY.]

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

[AF2_1]	BLADDER	1
[AF2_2]	BLOOD	2
[AF2_3]	BONE	3
[AF2_4]	BRAIN	4
[AF2_5]	BREAST	5
[AF2_6]	CERVIX	6
[AF2_7]	COLON	7
[AF2_8]	ESOPHAGUS	8
[AF2_9]	GALLBLADDER	9
[AF2_10]	KIDNEY	10
[AF2_11]	LARYNX-WINDPIPE	11
[AF2_12]	LEUKEMIA	12
[AF2_13]	LIVER	13
[AF2_14]	LUNG	14
[AF2_15]	LYMPHOMA	15
[AF2_16]	MOUTH/TONGUE/LIP	16
[AF2_17]	OVARY	17
[AF2_18]	PANCREAS	18
[AF2_19]	PROSTATE	19
[AF2_20]	RECTUM	20
[AF2_21]	SKIN	21
[AF2_24]	SOFT TISSUE (MUSCLE OR FAT)	24
[AF2_25]	STOMACH	25
[AF2_26]	TESTIS	26
[AF2_27]	THROAT-PHARYNX	27
[AF2_28]	THYROID	28
[AF2_29]	UTERUS	29
[AF2_91]	OTHER	91
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_53:
IF QA03_52 = 5 (YES HAD BREAST CANCER), CONTINUE WITH QA03_53;
ELSE GO TO PROGRAMMING NOTE QA03_54

QA03_53   Tell me how you <u>first</u> found out about your breast cancer. Was it by…
             유방암에 걸린 것을 어떻게 처음 알게 되셨는지 말씀해 주십시오. 다음 중 어떤 거지요?

[AB60]   Finding it yourself by accident 1
                  우연히 스스로 발견하셨습니까 1
                  Finding it yourself during a self breast examination.................................... 2
                  유방 자기 검사 중에 스스로 발견하셨습니까...................................2
                  Your husband or partner finding it 3
                  남편이나 애인이 발견했습니까 3
                  Your doctor finding it during a routine breast exam 4
                  정규 유방 검진 중 의사가 발견했습니까 4
                  Finding it by a mammogram.. 5
                  매모그램, 즉 유방 엑스레이 (x-ray)
                  촬영검사로 발견했습니까, 아니면 5
                  Or Some other way? **(IF OTHER, SPECIFY)**:_____ 91
                  다른 어떤 방법으로 발견하셨습니까? 91
                  REFUSED ....-7
                  DON'T KNOW ....-8

PROGRAMMING NOTE QA03_54:
IF QA03_52= 21 (YES HAD SKIN CANCER), CONTINUE WITH QA03_54;
ELSE GO TO PROGRAMMING NOTE QA03_56

QA03_54   Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?
             말씀하신 피부암은 흑색종이었습니까, 비흑색종이었습니까, 아니면 알 수 없는 종류였습니까?

                             [CODE ALL THAT APPLY.]

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

                 [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 반점에서 시작하는 경우가 있습니다. 비흑색종은 좀 더 보편화한 암 종류이며,흑색종보다 덜 심각합니다.]

[AF2A]   NON-MELANOMA.. 1
                      MELANOMA.. 2
                      UNKNOWN TYPE 3
                      REFUSED ....-7
                      DON'T KNOW ....-8

QA03_55   How old were you when cancer was first diagnosed?
             처음으로 암 진단을 받았을 때가 몇살때였습니까?

                 **[IF MORE THAN ONE CANCER, ASK HOW OLD THEY WERE THEN THEIR EARLIEST
                 CANCER WAS DIAGNOSED]**

[AF3]   _____ AGE IN YEARS [HR: 1 THRU AAGE OR (105) IF AAGE = -7)]

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

PROGRAMMING NOTE QA03_56:
IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE
IS UNKNOWN, GO TO PROGRAMMING NOTE QA03_63;
ELSE CONTINUE WITH QA03_56

Colon cancer screening

QA03_56   Have you <u>ever had</u> a Sigmoidoscopy, Colonoscopy, or a Proctoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.
S 상 결장경 검사(Sigmoidoscopy)나 결장경 검사(Colonoscopy)나 직장경 검사(Proctoscopy)를 하신 적이 있으십니까? 이러한 검사는 의료 전문가가 암이나 다른 이상 증세를 찾아 내려고 직장에 튜브를 삽입하는 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. A <u>Proctoscopy</u> is an older exam that uses a rigid tube."]
[IF NEEDED, SAY: "S 상 결장경 검사는 이상이 있는지 보기 위해 신축성있는 튜브를 직장에 삽입하는 것입니다. 결장경 검사는 비슷하지만, 더 긴 튜브를 사용하고, 팔에 바늘로 약을 투여해 마취를 시키고, 집에 데려다 줄 사람을 데려오도록 지시를 받습니다. 직장경 검사는 딱딱한 튜브를 사용하는, 더 오래된 검사법입니다."]

[AF14]   YES 1
                   NO 2
                   REFUSED .... -7 **[GO TO QA03_60]**
                   DON'T KNOW .... -8

QA03_57   How long ago did you have your most recent exam?
가장 최근에 검사를 받으신 것이 언제였습니까?

[AF16]   A YEAR AGO OR LESS 1
                   MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO 2
                   MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO 3
                   MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO 4
                   MORE THAN 5 YEARS AGO UP TO 10 YEARS AGO 5
                   MORE THAN 10 YEARS AGO 6
                   REFUSED .... -7
                   DON'T KNOW .... -8

QA03_58   Was your <u>most recent</u> exam a sigmoidoscopy, colonoscopy, proctoscopy or something else?
가장 최근에 받으신 검사가 S 상 결장경 검사, 결장경 검사, 직장경 검사, 아니면 다른 어떤 검사였습니까?

[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. A <u>Proctoscopy</u> is an older exam that used a rigid tube."]
[IF NEEDED, SAY: "S 상 결장경 검사는 이상이 있는지 보기 위해 신축성있는 튜브를 직장에 삽입하는 것입니다. 결장경 검사는 비슷하지만, 더 긴 튜브를 사용하고, 팔에 바늘로 약을 투여해 마취를 시키고, 집에 데려다 줄 사람을 데려오도록 지시를 받습니다. 직장경 검사는 딱딱한 튜브를 사용하는, 더 오래된 검사법입니다."]

[AB61]   SIGMOIDOSCOPY 1
                   COLONOSCOPY 2
                   PROCTOSCOPY 3
                   SOMETHING ELSE 4
                   REFUSED .... -7
                   DON'T KNOW .... -8

QA03_59　　Tell me the <u>main reason</u> you had this exam. Was it
이 검사를 받았던 주된 이유를 말씀해 주십시오. 그게...

[IF NEEDED, SAY: "Main reason is the most important reason".]
[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유입니다."]

[AF17]　　　　　As part of a routine physical exam or screening test 1
정규 검진이나 선별 검사의 일부였습니까 1
Because of a specific problem 2
구체적인 문제때문이었습니까 2
As a follow-up to an earlier test or screening exam or 3
이전 검사나 선별 검진에 대한 후속 검사였습니까 3
Because of family history? 4
가족 중에 누가 그런 병에 걸린 적이
있었기 때문이었습니까? 4
REFUSED .... -7
DON'T KNOW .... -8

QA03_60　　The following questions are about the blood stool test to determine if you have blood in your stool. The test can be done with a home kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.
다음은 대변에 혈액이 섞여 있는가를 결정하기 위한 대변잠혈검사에 대한 질문을
드리겠습니다. 이 검사는 집에서 간단한 도구 세트를 사용하여 하실 수 있습니다. 즉,
집에서 소량의 대변을 카드에 묻혀서 의사나 실험실에 카드를 돌려 보내는 것입니다.

Have you <u>ever had</u> a blood stool test, using a <u>home</u> test kit?
집에서 그런 간단한 도구 세트를 사용하여 대변잠혈검사를 하신 적이 있습니까?

[AF22]　　　　　YES 1
NO 2
REFUSED .... -7　**[GO TO PN QA03_63]**
DON'T KNOW .... -8

QA03_61　　When did you have your <u>most recent home</u> blood stool test?
집에서 대변잠혈검사를 가장 최근에 하신 적이 언제입니까?

[AF24]　　　　　A YEAR AGO OR LESS 1
MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO 2
MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO 3
MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO 4
MORE THAN 5 YEARS AGO 5
REFUSED .... -7
DON'T KNOW .... -8

QA03_62   Tell me the <u>main reason</u> you had this exam. Was it
이 검사를 하신 주된 이유를 말씀해 주십시오. 그게...

[IF NEEDED, SAY: "Main reason is the most important reason".]
[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유입니다."]

[AF25]   As part of a routine physical exam or screening test 1
정규 검진이나 선별 검사의 일부였습니까 1
Because of a specific problem 2
구체적인 문제 때문이었습니까 2
As a follow-up test for an earlier test or screening exam or.......................3
이전 검사나 선별 검진에 대한 후속 검사였습니까 3
Because of your family history?..4
가족 중에 누가 그런 병에 걸린 적이
있었기 때문이었습니까? 4
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE QA03_63:
IF QA03_5A = 2 (FEMALE) OR QA03_ = 1 (MALE) AND [AAGE < 40 OR (AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)) OR ENUM.AGE < 40 OR IF AGE IS UNKNOWN]), GO TO PROGRAMMING NOTE QA03_67;
ELSE CONTINUE WITH QA03_63

Prostate cancer screening (PSA Test)
QA03_63   A PSA test is a blood test to detect prostate cancer. Have you ever <u>heard of</u> a PSA test?
PSA 검사란 전립선암을 진단하기 위한 혈액 검사입니다. PSA 검사에
대해 들어본 적이 있으십니까?

[IF NEEDED, SAY: "A PSA test is a prostate-specific antigen test."]
[IF NEEDED, SAY: "PSA 검사란 전립선특이항원 검사입니다."]

[AF30]   YES 1
NO.. 2
REFUSED ....-7   **[GO TO PN QA03_67]**
DON'T KNOW ....-8

QA03_64   Have you <u>ever had</u> a PSA test?
PSA 즉 전립선암 검사를 받으신 적이 있습니까?

[AF31]   YES 1
NO.. 2
REFUSED ....-7   **[GO TO PN QA03_67]**
DON'T KNOW ....-8

QA03_65   When did you have your <u>most recent</u> PSA test?
가장 최근에 PSA 검사를 하신 적이 언제였습니까?

[AF33]   A YEAR AGO OR LESS.. 1
MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO 2
MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO.............................. 3
MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO.............................. 4
MORE THAN 5 YEARS AGO... 5
REFUSED ....-7
DON'T KNOW ....-8

QA03_66   Tell me the <u>main reason</u> you had this PSA test. Was it
PSA 검사를 하신 주된 이유를 말씀해 주십시오. 그게...

[IF NEEDED, SAY: "Main reason is the most important reason".]
[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유입니다."]

[AF34]   As part of a routine physical exam or screening test.................................. 1
정규 검진이나 선별 검사의 일부였습니까…………………………… 1
Because of a specific problem 2
구체적인 문제 때문이었습니까……………………………………..2
As a follow-up test for an earlier test or screening exam or....................... 3
이전 검사나 선별 검진에 대한 후속 검사였습니까…………………..3
Because of your family history?.. 4
가족 중에 누가 그런 병에 걸린 적이
있었기 때문이었습니까?... 4
REFUSED ....-7
DON'T KNOW ....-8

Section C – Elder Health

PROGRAMMING NOTE QA03_67:
IF AAGE < 65 YEARS, GO TO QA03_70;
ELSE CONTINUE WITH QA03_67

Stroke, falls, incontinence

QA03_67   Has a doctor <u>ever</u> told you that you had a stroke?
                  중풍이 있다는 진단을 의사로부터 받으신 적이 있습니까?

[AC6]   YES 1
                          NO... 2
                          REFUSED ....-7
                          DON'T KNOW ....-8

QA03_68   During the past 12 months, have you fallen <u>to the ground</u> more than once?
                  지난 12 개월 동안, 바닥에 쓰러졌던 적이 한 번 이상 있었습니까?

[AC7]   YES 1
                          NO... 2
                          REFUSED ....-7
                          DON'T KNOW ....-8

QA03_69   I'd like to ask about a health problem that is more common than people think.
                  대부분의 사람들이 생각하는 것 보다 더 흔한 건강 문제에 대해 질문을 드리겠습니다.

                  In the past 30 days, have you been incontinent, that is <u>unable to hold or control your urine </u>more than once?
                  지난 30 일 동안, 요실금, 즉 소변을 참거나 조절하지 못했던 적이 한 번 이상
        있었습니까?

[AC8]   YES 1
                          NO... 2
                          REFUSED ....-7
                          DON'T KNOW ....-8

Section D – Health Behaviors

Tobacco use, second hand smoke

QA03_70   Now, I am going to ask about various health behaviors.
이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?
지금껏 살아 오시면서, 다 합해 담배를 적어도 100 개피 정도 피우셨습니까?

[AE15]   YES 1
NO.. 2 **[GO TO QA03_74]**
REFUSED ....-7
DON'T KNOW ....-8

QA03_71   Do you now smoke cigarettes every day, some days, or not at all?
현재 담배를 매일 피우십니까, 가끔 피우십니까, 또는 전혀 안 피우십니까?

[AE15A]   EVERY DAY... 1
SOME DAYS ....2 **[GO TO QA03_73]**
NOT AT ALL..3 **[GO TO QA03_74]**
REFUSED ....-7 **[GO TO QA03_74]**
DON'T KNOW ....-8 **[GO TO QA03_74]**

QA03_72   On the average, how many cigarettes do you now smoke a day?
현재 담배를 하루에 평균 몇 개피나 피우십니까?

[IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

[AD32]   _____ NUMBER OF CIGARETTES .... **[GO TO QA03_74]**

REFUSED ....-7 **[GO TO QA03_74]**
DON'T KNOW ....-8 **[GO TO QA03_74]**

QA03_73   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 피우셨을 때 하루에 [담배를 피우신 날에] 몇 개피나 피우셨습니까?

[IF NEEDED, SAY: "On the days you smoked".]
[IF NEEDED, SAY: "담배를 피운 날에"]

[IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

[AE16]   _____ NUMBER OF CIGARETTES   [HR: 0 – 120]

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

QA03_74   Does <u>anyone</u> smoke cigarettes, cigars, or pipes <u>anywhere inside</u> your home?
귀하댁 내 어디에서든지 담배나 시가나 파이프 담배를 피우는 사람이 있습니까?

[AD33]   YES 1
NO.. 2
REFUSED ....-7   **[GO TO QA03_76]**
DON'T KNOW ....-8

QA03_75   On average, about how many days per week is there smoking <u>anywhere inside</u> your home?
평균 일주일에 며칠이나 귀하댁 내 어디에서든지 누군가가 담배를 피웁니까?

[AD34]   RARELY OR LESS THAN 1 DAY PER WEEK..1
_____DAYS (1-7) 2

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

QA03_76   Which statement best describes the rules about smoking <u>inside</u> your home?
다음 중 댁에서의 흡연 규칙에 대해 가장 맞는 설명이 어떤 겁니까?

Smoking is…

[AD35]   <u>Never</u> allowed inside 1
집 안 어디에서든지 아무도 담배를 피울 수 없다 1
Allowed in <u>some</u> places or at <u>some</u> times, ...2
일부 장소에서 또는 일정 시간에 흡연이 허락된다 2
Or Allowed <u>anywhere</u> and <u>anytime</u> inside your home............................... 3
집 안 어디에서든 흡연이 허락된다 3
REFUSED ....-7
DON'T KNOW ....-8

Alcohol use
QA03_77   During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer,
wine, wine coolers, or liquor?
지난 30 일 동안, 맥주, 와인, 와인쿨러나 술 같은 알코올성 음료를 적어도 한 잔 마신
적이 있습니까?

[AE11]   YES 1
NO.. 2
REFUSED ....-7 **[GO TO QA03_81]**
DON'T KNOW ....-8

QA03_78   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

QA03_79   On the days when you drank, about how many drinks did you drink on the average?
술을 마신날에는 평균 몇병 또는 몇잔이나 마셨습니까? 맥주나 와인쿨러의 경우는 한 깡통이나 한
병으로하고, 와인, 칵테일, 소주, 양주는 몇 잔으로 말씀해 주십시오.

**[IF NEEDED, SAY: A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1
cocktail, or 1 shot of liquor.]**

[AE13]   _____ NUMBER OF DRINKS
REFUSED ....-7
DON'T KNOW ....-8

QA03_80 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 0
REFUSED ....-7
DON'T KNOW ....-8

Walking for transportation and leisure
QA03_81 The next questions are about walking for transportation. I will ask you separately about walking for other reasons like relaxation or exercise.
다음은 어딘가를 가기 위해서(transportation) 걷는 것에 대해 질문을 드리겠습니다. 기분 전환이나 운동같은, 다른 이유로 걷는 것에 대해서는 별도로 질문을 드릴 것입니다.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?
지난 7 일 동안, 어딘가를 적어도 10 분 동안 걸어서 가신 적이 있습니까?

[AD37] YES 1
NO... 2 **[GO TO QA03_84]**
UNABLE TO WALK.. 3 **[GO TO QA03_87]**
REFUSED ....-7 **[GO TO QA03_84]**
DON'T KNOW ....-8 **[GO TO QA03_84]**

QA03_82 In the past 7 days, how many times did you do that?
지난 7 일 동안, 그렇게 하신 적이 몇 번이나 됩니까?

[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place ."]
[IF NEEDED, SAY: "어딘가를 적어도 10 분 동안 걸어서 가신 적이요."]

[AD38] _____ TIMES PER WEEK

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

PROGRAMMING NOTE QA03_83:
IF QA03_82 = 1 TIME (ONE WALK TAKEN), DISPLAY "How long did that walk?";
ELSE IF QA03_82 > 1 (MORE THAN ONE WALK), DISPLAY "On average, how long did those walks take?"

QA03_83 {How long did that walk take?/On average, how long did those walks take?}
그렇게 걸으셨던 게 몇 분 동안이었습니까?

[AD39] _____ MINUTES

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

PROGRAMMING NOTE QA03_84
IF QA03_81 = 1 (WALKED FOR TRANSPORTATION), DISPLAY "Please do not include walking for transportation"
ELSE CONTINUE WITHOUT DISPLAY

QA03_84   Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}
가끔은 재미나 기분전환이나 운동 목적으로, 또는 개를 산책시키기 위해서 걷기도 하실 겁니다. 지난 7 일 동안, 이런 이유로 적어도 10 분 동안 걸으셨던 적이 있습니까?
어딘가를 가기 위해서 걸으셨던 것은 빼고 말씀해 주십시오.

[AD40]   YES 1
             NO... 2
             REFUSED .... -7 } [GO TO QA03_87]
             DON'T KNOW .... -8

QA03_85   In the past 7 days, how many times did you do that?
지난 7 일 동안, 그렇게 하셨던 게 몇번이나 됩니까?

             [IF NEEDED, SAY: "Walk for at least 10 minutes to get some place ."]
             [IF NEEDED, SAY: "재미나 기분전환이나 운동 목적으로, 또는 개를 산책시키기 위해서 적어도 10 분 동안 걸으셨던 적이요."]

[AD41]
             _____ TIMES PER WEEK

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

PROGRAMMING NOTE QA03_86:
IF QA03_85= 1 TIME (ONE WALK TAKEN), DISPLAY "How long did that walk take?";
ELSE IF QA03_85>1 (MORE THAN ONE WALK TAKEN), DISPLAY "On average, how long did those walks take?"

QA03_86   {How long did that walk take?/On average, how long did those walk take}?
그렇게 걸으셨던 것이 평균 몇 분 동안이나 됩니까?

             _____ MINUTES

[AD42]   REFUSED ....-7
             DON'T KNOW ....-8

Height and weight
             These next questions are about your height and weight.
다음 질문들은 키와 체중에 관한 겁니다.

QA03_87   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?"]

[AE17]   _____ FEET   _____ INCHES   [FT HR: 3-7, IN HR: 0-11]
             _____METERS   _____CENTIMETERS   [M HR: 1-2, CM HR: 0-99]

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

PROGRAMMING NOTE QA03_88:
IF QA03_5A = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA03_88   {When not pregnant, how/How} much do you weigh without shoes?
                 임신 중이 아닐 때, 신발을 신지 않은 상태에서 몸무게가 얼마나 됩니까?

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

[AE18]   _____ POUNDS   **[HR: 50-450]**
                         _____ KILOGRAMS   **[HR: 20-220]**

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

PROGRAMMING NOTE QA03_89:
IF AAGE = 18, SKIP TO QA03_90;

QA03_89   How much did you weigh at age 18?
                 18 세였을 때 몸무게가 얼마였습니까?

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

[AE19]   _____ POUNDS   **[HR: 50-450]**
                         _____ KILOGRAMS   **[HR: 20-220]**

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

PROGRAMMING NOTE QA03_90:
IF AAGE > 70 OR QA03_4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN,
GO TO PROGRAMMING NOTE QA03_93;
ELSE CONTINUE WITH QA03_90

Sexual partners, orientation
QA03_90   We are asking a few questions about people's sexual experiences. All answers will be kept private.
                 실례지만, 지금부터는 성적인 경험에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신
                 내용에 대해서는 철저하게 비밀이 유지됩니다.

                 In the past 12 months, how many sexual partners have you had?
                 지난 12 개월 동안, 성관계를 가진 상대방이 몇 명이나 됩니까?

[AD43]   _____ NUMBER OF SEXUAL PARTNERS ....   **[GO TO PN QA03_92]**

                         REFUSED ....-7 **[GO TO PN QA03_92]**
                         DON'T KNOW ....-8

QA03_91　　　Can you give me your best guess?
최선으로 추정해 말씀해 주시겠습니까?

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

[AD44]　　　　　_____ 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

PROGRAMMING NOTE QA03_92:
IF QA03_90 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA03_93;
ELSE CONTINUE WITH QA03_92
IF QA03_90 OR QA03_91= 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female?"

QA03_92　　　{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 1
FEMALE.. 2
BOTH MALE AND FEMALE.. 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA03_93:
IF QA03_5A =1 (MALE), DISPLAY "Gay" in question and "Gay" in Help Screen,
ELSE IF QA03_5A =2 (FEMALE), DISPLAY "Gay, Lesbian" in question and "Gay and Lesbian" in Help Screen

IF AAGE > 70 OR QA03_4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN,
Read "The next question is about sexual orientation. All answers will be kept private." and continue with QA03_93

QA03_93　　　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?

[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."]

[AD46]　　　　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

```
PROGRAMMING NOTE QA03_94:
IF QA03_90=0 OR QA03_91=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO QA03_96;
IF AAGE > 35 YEARS AND (QA03_90 < 2 OR QA03_91<2) (ONE OR LESS SEXUAL PARTNERS), GO TO QA03_96
ELSE CONTINUE WITH QA03_94.
```

Testing for sexually transmitted diseases

QA03_94　　　In the past 12 months, have you been tested for a sexually transmitted disease?
　　　　　　지난 12 개월 동안, 성병 검사를 하신 적이 있습니까?

[AD47]　　　YES 1
　　　　　　NO... 2
　　　　　　REFUSED ....-7　　　**[GO TO QA03_96]**
　　　　　　DON'T KNOW ....-8

QA03_95　　　What were you tested for?
　　　　　　무슨 병에 대한 검사를 하셨지요?

　　　　　　[**DO NOT READ RESPONSES. INDICATE ALL RESPONSES THAT RESPONDENT LISTS.
　　　　　　AFTER HE/SHE FINISHES, PROBE: "Any others?" UNTIL THEY SAY NO.]**
　　　　　　[**DO NOT READ RESPONSES. INDICATE ALL RESPONSES THAT RESPONDENT LISTS.
　　　　　　AFTER HE/SHE FINISHES, PROBE: "또 있습니까?" UNTIL THEY SAY NO.]**

[AD48_1]　　　CHLAMYDIA 1
[AD48_2]　　　GONORRHEA/CLAP 2
[AD48_3]　　　SYPHILIS/SYPH 3
[AD48_4]　　　HIV/AIDS.. 4
[AD48_5]　　　TRICH (Trichomonas, Trichomoniasis) 5
[AD48_OS]　　OTHER_____ 6
　　　　　　REFUSED ....-7
　　　　　　DON'T KNOW ....-8

Section E – General Health, Disabilities, and Social Support

General health
QA03_96   Now, I am going to ask about your health over the <u>past 30 days.</u>
이제는 지난 30 일 동안의 건강에 대해 질문을 드리겠습니다.

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 </u>good?
병에 걸렸거나, 다친 경우를 포함한 신체적 건강에 대해 생각해 보시기 바랍니다. 지난 30 일 동안 신체적 건강이 좋지 않았던 게 며칠이나 됩니까?

[IF NEEDED, SAY: "On how many days was your physical health <u>not</u> good?"]
[IF NEEDED, SAY: "신체적 건강이 좋지 않았던 날이 며칠이나 됩니까?"]

[AE31]   NUMBER OF DAYS .... ___
NONE 0
REFUSED ....-7
DON'T KNOW ....-8

QA03_97   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?

[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 건강이 좋지 않았던 날이 며칠이나 됩니까?"]

[AE32]   NUMBER OF DAYS .... ___
NONE 0
REFUSED ....-7
DON'T KNOW ....-8

QA03_98   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?

[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?"]

[AE33]   NUMBER OF DAYS .... ___
NONE 0
REFUSED ....-7
DON'T KNOW ....-8

Physical disabilities

These next questions are about your daily activities.
다음은 일상 활동에 대한 질문입니다.

QA03_99   Do you need special equipment or someone to help you with eating, dressing, bathing, getting out of chairs, moving around the house, <u>or</u> using the toilet <u>because</u> of a health problem or condition?
건강 문제 때문에 식사하고, 옷을 입고, 목욕하고, 의자에서 일어나거나 집안에서 움직이는 데, 또는 화장실을 사용하는 데 특별한 장비나 누군가의 도움이 필요하십니까?

[AE34]   YES 1
NO 2
REFUSED .... -7   **[GO TO AQ03_106]**
DON'T KNOW .... -8

Do you need special equipment or the help of another person for:
다음과 같은 활동을 하는 데 특별한 장비나 누군가의 도움이 필요하십니까...

QA03_100   Walking or getting around inside the home?
집안에서 걷거나 돌아다니는 데는요?

[AE35]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_101   Getting in or out of bed or chairs?
침대나 의자를 사용하는 데는요?

[AE36]   YES 1
NO 2
REFUSED 7
DON'T KNOW .... -8

QA03_102   Bathing or showering?
목욕이나 샤워하는 데는요?

[AE37]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_103   Dressing?
옷을 입는 데는요?

[AE38]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_104   Eating?
식사하는 데는요?

[AE39]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_105　Using the toilet?
화장실을 사용하는 데는요?

[AE40]　　　　　YES 1
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_106　For household chores, such as cooking, shopping, managing money, <u>or</u> cleaning, do you need special equipment or someone to help you <u>because </u>of a health problem or condition?
요리, 쇼핑, 가계부 정리, 청소 같은 집안일을 하는 데, 건강 문제 때문에 특별한 장비나 누군가의 도움이 필요하십니까?

[AE41]　　　　　YES 1
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_107　Do you now have any health problem that requires you to use special equipment, such a cane, a wheelchair, a special bed, or a special telephone?
현재 건강 문제로 인해 지팡이나 휠체어, 특별 침대, 또는 특별 전화 같은 특별한 장비를 사용해야 하십니까?

[AE42]　　　　　YES 1
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

Social support

How often is someone available…
다음과 같은 도움을 줄 사람이 얼마나 자주 있습니까...

QA03_108　To help with daily chores if you are sick? Would you say…
귀하가 아프면 일상적인 집안일을 도와줄 사람이 있습니까? 다음 중 어떤 거지요...

[AE43]　　　　　None of the time 1
전혀 없습니까,
A little of the time... 2
약간 있습니까,
Some of the time 3
가끔 있습니까,
Most of the time, or.. 4
자주 있습니까, 아니면
All of the time?... 5
항상 있습니까?
REFUSED .... -7
DON'T KNOW .... -8

QA03_109　To get together with for relaxation? Would you say…
기분 전환을 위해 같이 시간을 보낼 사람은요? 다음 중 어떤 거지요...

[IF NEEDED, SAY: "How often is someone available…"]

[AE44]　　　　　None of the time 1
전혀 없습니까
A little of the time... 2
약간 있습니까,

Some of the time 3
가끔 있습니까,
Most of the time, or 4
자주 있습니까, 아니면
All of the time? 5
항상 있습니까?
REFUSED ....-7
DON'T KNOW ....-8

QA03_110   To understand your problems? Would you say…
어떤 문제가 있을 때, 그런 걸 이해해 줄 사람은요? 다음 중 어떤 거지요...

[IF NEEDED, SAY: "How often is someone available…"]

[AE45]   None of the time 1
전혀 없습니까,
A little of the time 2
약간 있습니까,
Some of the time 3
가끔 있습니까,
Most of the time, or 4
자주 있습니까, 아니면
All of the time? 5
항상 있습니까?
REFUSED ....-7
DON'T KNOW ....-8

QA03_111   **[IF NEEDED, SAY: "How often is someone available…"]**
To love you and make you feel wanted? Would you say…
자신을 사랑해주는 사람, 그리고 내가 필요한 사람이구나 하는 느낌이 들도록 해주는
사람은요? 다음 중 어떤 거지요...

[AE46]   None of the time 1
전혀 없습니까,
A little of the time 2
약간 있습니까,
Some of the time 3
가끔 있습니까
Most of the time, or 4
자주 있습니까, 아니면
All of the time? 5
항상 있습니까?
REFUSED ....-7
DON'T KNOW ....-8

QA03_112   During the <u>past 7 days</u>, did you go to church, temple, <u>or another place of worship</u> for services or other activities?
예배나 다른 어떤 활동을 위해 교회나 절이나 아니면 다른 어떤 종교적 집회에 간 적이
있습니까?

[AE49]   YES 1
NO.. 2
REFUSED ....-7
DON'T KNOW ....-8

Section F – Women's Health

PROGRAMMING NOTE QA03_113:
IF QA03_5A = 1 (MALE), GO TO QA03_137

Pap smear test
QA03_113   These next questions are about women's health.
다음은 여성의 건강에 관한 질문들입니다.

Have you ever had a Pap smear?
팹 스미어, 즉 자궁경부세포진 검사를 하신 적이 있습니까?

[IF NEEDED, SAY: "A pap smear is a routine cancer test in which the doctor takes a cell sample from the cervix with a small stick or brush and sends it to the lab. This is not a test for sexually transmitted diseases."]
[IF NEEDED, SAY: "자궁경부세포진 검사란 정규적인 암 검사로, 의사가 작은 막대나 브러쉬로 자궁경부에서 세포를 채취하여 실험실로 보내게 됩니다. 이 검사는 성병 검사가 아닙니다."]

[AD4]   YES 1
                   NO 2
                   REFUSED .... -7 **[GO TO QA03_115]**
                   DON'T KNOW .... -8

QA03_114   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.. 1
                   MORE THAN 1 UP TO 2 YEARS AGO... 2
                   MORE THAN 2 UP TO 3 YEARS AGO... 3
                   MORE THAN 3 UP TO 5 YEARS AGO... 4
                   MORE THAN 5 YEARS AGO.. 5
                   REFUSED .... -7
                   DON'T KNOW .... -8

PROGRAMMING NOTE QA03_115:
IF AAGE < 30 OR QA03_4 = 1 (BETWEEN 18 AND 29), GO TO QA03_118;
ELSE CONTINUE WITH QA03_115

Mammogram, doctor / self-breast exam
QA03_115   Have you <u>ever </u>had a mammogram?
매모그램, 즉 유방 엑스레이 (x-ray) 촬영검사를 하신 적이 있습니까?

[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 기계를이용하여 유방 한 쪽 씩 각각 따로 엑스레이를 찍는 것입니다."]

[AD14]   YES 1
                   NO 2
                   [READ DEFINITION, IF STILL NO, GO TO QA03_118]
                   REFUSED .... -7 **[GO TO QA03_118]**
                   DON'T KNOW .... -8 **[GO TO QA03_118]**

QA03_116   How long ago did you have your most recent mammogram?
가장 최근에 유방 엑스레이(x-ray) 촬영검사를 하신 지가 얼마나 됐습니까?

[AD17]   A YEAR AGO OR LESS.. 1
MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO 2
MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO............................. 3
MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO............................. 4
MORE THAN 5 YEARS AGO... 5
REFUSED .... -7
DON'T KNOW .... -8

QA03_117   Tell me the <u>main</u> reason you had a mammogram. Was it
이 검사를 받았던 주된 이유를 말씀해 주십시오. 그게...

[IF NEEDED, SAY: "The main reason is the most important reason."]
[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유를 말합니다."]

[AD18]   Part of a routine exam 1
Một phần của khám thường lệ,.. 1
Because of a specific breast problem.. 2
Vì có vấn đề đặc biệt về vú,... 2
A follow up to a previously identified breast problem................................ 3
Lần khám theo dõi vấn đề về vú đã phát hiện trước đó, hay................. 3
Or due to family history?.. 4
Do tiểu sử gia đình? 4
REFUSED .... -7
DON'T KNOW .... -8

QA03_118   In the past 12 months, has a doctor examined your breasts for <u>lumps</u>?
지난 12 개월 동안, 의사가 유방에 멍울이 있는지를 검사했습니까?

**[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."]**

[AF37]   YES 1
NO.. 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_119   Do you examine your own breasts for <u>lumps</u>?
멍울이 있는가 보기 위해 자신의 유방을 검사하십니까?

[IF NEEDED, SAY: "This is when you touch your breasts to check for bumps, cysts, or abnormal growth."]
**[IF NEEDED, SAY: "이 검사는 멍울이나 낭종이나 비정상적 종양이 있나 찾아보기 위해
유방을 스스로 만져 보는 것입니다."]**

[AF38]   YES 1
NO.. 2
REFUSED .... -7   **[GO TO PN QA03_121]**
DON'T KNOW .... -8

QA03_120   <u>About</u> how often do you examine your own breasts for lumps?

명울이 있는가 보기 위해 자신의 유방을 대략 얼마나 자주 검사하십니까?

[ENTER NUMBER OF TIMES FOR R SPECIFIED PERIOD]

[AF39]
_____ TIMES PER DAY
_____ TIMES PER WEEK
_____ TIMES PER MONTH
_____ OR TIMES PER YEAR

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

PROGRAMMING NOTE QA03_121:
IF AAGE > 65 YEARS, GO TO PROGRAMMING NOTE QA03_130.
IF QA03_5 =2 (FEMALE) AND IF QA03_93 = 3 (LESBIAN), GO TO QA03_122;
IF QA03_90 = 0 (R HAS ZERO PARTNERS), GO TO QA03_122;
ELSE CONTINUE WITH QA03_121

Birth control, emergency contraception, pregnancy

Now, I'm going to ask some questions about birth control and pregnancy.
이제, 피임과 임신에 대해 몇 가지 여쭤보겠습니다.

QA03_121   Are you or your male sex partner using a birth control method to <u>prevent pregnancy</u>? This includes male or female sterilization.
본인께서나, 아니면 상대방 남자분께서 피임을 하시나요? 여기엔 남성 또는 여성 불임 수술도 포함됩니다.

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children".]
[IF NEEDED, SAY: "불임 수술에는 난관을 묶는 난관 피임술, 정관 절제술, 또는 아이를 가질 수 없도록 하는 기타 수술 등이 있습니다."]

[AF40]
YES 1
NO.. 2
NO MALE SEXUAL PARTNER 3
REFUSED ....-7
DON'T KNOW / NOT SURE..-8

QA03_122   Have you ever heard of RU486, also known as the "abortion pill"?
"낙태약"으로도 알려진 RU486을 들어본 적이 있습니까?

[AF41]
YES 1
NO.. 2
REFUSED ....-7
DON'T KNOW ....-8

QA03_123   Have you ever heard of emergency contraception or the "morning after pill"?
응급 피임약, 즉 행위 후에 복용하는 알약인 "모닝 애프터 필"에 대해 들어본 적이 있습니까?

[AF42]
YES 1
NO.. 2
REFUSED ....-7 **GO TO PN QA03_125**
DON'T KNOW ....-8

QA03_124   Is the following statement true or false?
다음 읽어 드리는 내용이 맞습니까 틀립니까?

Women in California can get emergency contraception pills by going to a pharmacist in a drug store without phoning or seeing a doctor first.
캘리포니아 주의 여성들은 의사에게 먼저 전화하거나 의사를 만나지 않아도 약국의 약사에게 가서 응급 피임약을 받을 수 있습니다.

[AF43]   TRUE.. 1
                    FALSE 2
                    REFUSED ....-7
                    DON'T KNOW ....-8

PROGRAMMING NOTE QA03_125:
IF AGE<50, CONTINUE WITH QA03_125;
ELSE IF AGE = 50 OR IF AGE>50, GO TO PROGRAMMING NOTE QA03_130

QA03_125   To your knowledge, are you now pregnant?
귀하께서 알고 계시기로는 현재 임신 중이십니까?

[AD13]   YES 1
                    NO.. 2
                    REFUSED ....-7
                    DON'T KNOW ....-8

PROGRAMMING NOTE QA03_126:
IF QA03_123 =2 OR –7 OR –8 (NO, REF, DK ABOUT HAVING HEARD OF EC OR MORNING AFTER PILL), GO TO QA03_127;
ELSE CONTINUE WITH QA03_126.

QA03_126   In the past 12 months, have you used emergency contraception pills or the "morning after pill"?
지난 12 개월 동안, 응급 피임약, 즉 행위 후에 복용하는 "모닝 에프터 필"을 사용하신 적이 있습니까?

[IF NEEDED, SAY: "Emergency contraception, also known as the "morning after pill", contains the same medication of regular birth control pills and can prevent pregnancy if taken within 72 hours of unprotected sex or contraceptive failure. It is not RU486, also known as the "abortion pill."]
[IF NEEDED, SAY: "모닝 에프터 필"로도 알려진 응급 피임약에는 일반 피임약과 같은 성분의 약이 들어 있는데, 피임을 하지 않는 무방비한 상태로 행위를 한 후에도 72 시간 내에 복용하면 임신을 방지할 수 있습니다. "낙태약"으로도 알려진 RU486 과는 다릅니다."]

[AF44]   YES 1
                    NO.. 2
                    REFUSED ....-7
                    DON'T KNOW ....-8

QA03_127   In the past 12 months, have you terminated a pregnancy? This does not include miscarriages.
지난 12 개월 동안, 인공 유산을 한 적이 있습니까? 자연 유산은 제외해 주십시오.

[IF NEEDED, SAY: "Terminating a pregnancy means having an abortion."]
[IF NEEDED, SAY: "인공 유산을 한다는 것은 낙태를 의미합니다."]

[AF45]   YES 1
                    NO.. 2
                    REFUSED ....-7
                    DON'T KNOW ....-8

PROGRAMMIN NOTE QA03_128:
IF QA03_125 = 1 (YES, PREGNANT), GO TO QA03_137.
IF AGE = 40 or IF AGE > 40, CONTINUE WITH QA03_128;
ELSE GO TO QA03_137.

QA03_128   Have you had a hysterectomy?
          자궁을 들어내는수술을 하신 적이 있었습니까?
          [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."]

[AD12]   YES 1
          NO 2
          REFUSED ....-7
          DON'T KNOW ....-8

PROGRAMMING NOTE QA03_129
IF QA03_128 = 1 DISPLAY "Were your ovaries removed?
ELSE DISPLAY "Have you had an operation to have your ovaries removed?"

QA03_129   {Were your ovaries removed?} Have you had an operation to have your ovaries removed?
          난소 제거 수술을 받으신 적이 있습니까?

[AD12A]   YES 1
          NO 2
          REFUSED ....-7
          DON'T KNOW ....-8

PROGRAMMING NOTE QA03_130:
IF QA03_128 = 1 GO TO PROGRAMMING NOTE QA03_131
ELSE CONTINUE WITH QA03_130

Menopause and hormone replacement therapy (HRT)
QA03_130   Have your periods become irregular or stopped because of menopause?
          폐경기로 인해 월경이 불규칙하게 되거나 중단되었습니까?

          [IF NEEDED, SAY: "Menopause occurs when women get older, their menstrual periods stop, and they can no longer have children."]
          [IF NEEDED, SAY: "폐경기는 여성이 나이가 들어 월경 주기가 멈출 때이며, 더 이상 아이를 가질 수 없게 됩니다."]

[AF46]   YES 1
          NO 2
          REFUSED ....-7
          DON'T KNOW ....-8

PROGRAMMING NOTE QA03_131:
IF QA03_128 =1 DO NOT DISPLAY "for menopause"

QA03_131   Are you currently taking hormone replacement supplements or HRT {for menopause}?
          현재 폐경기로 인해 호르몬 대체 보충제나 호르몬 대체 요법인 HRT 를 사용하고 계십니까?

          [IF NEEDED, SAY: "This is a supplement, pill, patch, or treatment that gives women more of the female hormone, estrogen. It is also known as hormone replacement therapy or HRT."]
          [IF NEEDED, SAY: "이것은 여성에게 여성 호르몬인 에스트로젠을 보충해 주는 보충제나 약 또는 치료를 말합니다. 호르몬 대체 요법, 그리고 영어로는 HRT 로도 알려져 있습니다."]

[AD28]	YES 1	**[GO TO QA03_137]**
	NO.. 2	
	REFUSED .... -7	
	DON'T KNOW .... -8	

PROGRAMMING NOTE QA03_132:
IF QA03_128 =1 DO NOT DISPLAY "for menopause"

QA03_132   Have you ever taken hormone replacement supplements {for menopause}?
폐경기로 인해 호르몬 대체 보충제나 호르몬 대체 요법(HRT)을 사용한 적이 있습니까?

[IF NEEDED, SAY, "or HRT?"]

[AF47]	YES 1	
	NO...2	
	REFUSED .... -7	**[GO TO QA03_136]**
	DON'T KNOW .... -8	

QA03_133   About how long ago did you stop using hormone replacement supplements– was it less than 1 year ago, 1 to 3 years ago, 3 to 5 years ago, or more than 5 years ago?
호르몬 대체 요법(HRT)을 중단한 게 얼마 전이었습니까 – 1 년도 안 됐습니까, 1 년에서 3 년 전이었습니까, 3 년에서 5 년 전이었습니까, 아니면 5 년도 더 됐습니까?

[IF NEEDED, SAY, "or HRT?"]

[INTERVIEWER NOTE: PUT THOSE WHO SAY EXACTLY 3 YEARS INTO THE 1 TO 3 YEAR CATEGORY.]

[AF48]	LESS THAN 1 YEAR AGO... 1
	1 TO 3 YEARS AGO 2
	MORE THAN THREE YEARS AGO UP TO 5 YEARS AGO..................... 3
	MORE THAN 5 YEARS AGO 4
	REFUSED .... -7
	DON'T KNOW 8

QA03_134   Did your doctor advise you to stop?
의사가 중단하도록 권했습니까?

[AF49]	YES 1
	NO.. 2
	REFUSED .... -7
	DON'T KNOW .... -8

QA03_135   Were news reports or health warnings about long-term use of hormone replacement supplements <u>one</u> of the reasons you decided to stop using them?
뉴스 보도를 봤거나 호르몬 대체 요법(HRT)을 오래 하면 건강에 좋지 않다는 경고도 이 요법을 중단하기로 결정한 이유 중에 하나였습니까?

[IF NEEDED, SAY, "or HRT?"]

[AF50]	YES 1	
	NO.. 2	**[GO TO QA03_137]**
	REFUSED .... -7	
	DON'T KNOW .... -8	

QA03_136   Were news reports or health warnings about long-term use of hormone supplements <u>one </u>of the reasons you decided not to take them?
뉴스 보도를 봤거나 호르몬 대체 요법(HRT)을 오래 하면 건강에 좋지 않다는 경고도 이 요법을 중단하기로 결정한 이유 중에 하나였습니까?

[IF NEEDED, SAY, "or HRT?"]

[AF51]   YES 1
NO.. 2
NO, HAVEN'T STARTED MENOPAUSE/ NOT NEEDED......................... 3
REFUSED ....-7
DON'T KNOW ....-8

Section G – Demographic Information, Part II

Country of birth (self, parents)
QA03_137   Now a few more questions about you.
개인적인 질문을 몇 가지 더 하겠는데요…

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

[SELECT FROM MOST LIKELY COUNTRIES]

[AH33]	UNITED STATES…	1
	AMERICAN SAMOA	2
	CANADA	3
	CHINA	4
	EL SALVADOR	5
	ENGLAND	6
	FRANCE	7
	GERMANY	8
	GUAM	9
	GUATEMALA	10
	HUNGARY	11
	INDIA	12
	IRAN	13
	IRELAND	14
	ITALY	15
	JAPAN	16
	KOREA	17
	MEXICO	18
	PHILIPPINES	19
	POLAND	20
	PORTUGAL	21
	PUERTO RICO	22
	RUSSIA	23
	TAIWAN	24
	VIETNAM	25
	VIRGIN ISLANDS	26
[AH33OS]	OTHER (SPECIFY):_____	91
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_138:
IF QA03_137 NE 1 (NOT BORN IN US), GO TO QA03_140
ELSE IF QA03_137 = 1 (BORN IN US) CONTINUE WITH QA03_138

QA03_138   In what country was your mother born?
모친께서는 어느 나라에서 출생하셨습니까?

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

[AH34]	UNITED STATES… 1
	AMERICAN SAMOA 2
	CANADA 3
	CHINA 4
	EL SALVADOR 5
	ENGLAND 6
	FRANCE 7
	GERMANY 8
	GUAM 9
	GUATEMALA 10
	HUNGARY 11
	INDIA 12
	IRAN 13
	IRELAND 14
	ITALY 15
	JAPAN 16
	KOREA 17
	MEXICO 18
	PHILIPPINES 19
	POLAND 20
	PORTUGAL 21
	PUERTO RICO 22
	RUSSIA 23
	TAIWAN 24
	VIETNAM 25
	VIRGIN ISLANDS 26
[AH34OS]	OTHER (SPECIFY):_____ 91
	REFUSED ....-7
	DON'T KNOW ....-8

QA03_139   In what country was your father born?
                     부친께서는 어느 나라에서 출생하셨습니까?

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

[AH35]	UNITED STATES…	1
	AMERICAN SAMOA	2
	CANADA	3
	CHINA	4
	EL SALVADOR	5
	ENGLAND	6
	FRANCE	7
	GERMANY	8
	GUAM	9
	GUATEMALA	10
	HUNGARY	11
	INDIA	12
	IRAN	13
	IRELAND	14
	ITALY	15
	JAPAN	16
	KOREA	17
	MEXICO	18
	PHILIPPINES	19
	POLAND	20
	PORTUGAL	21
	PUERTO RICO	22
	RUSSIA	23
	TAIWAN	24
	VIETNAM	25
	VIRGIN ISLANDS	26
[AH35OS]	OTHER (SPECIFY):_____	91
	REFUSED	-7
	DON'T KNOW	-8

Racial/ethnic discrimination (general)
QA03_140   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
	그런 적이 전혀 없습니까	1
	Rarely	2
	거의 없습니까	2
	Sometimes	3
	가끔 있습니까	3
	Often	4
	자주 있습니까, 아니면	4
	Or all the time?	5
	항상 있습니까?	5
	REFUSED	7
	DON'T KNOW	8

Languages spoken at home, citizenship, immigration status
QA03_141   What languages do you speak at home?
집에서는 어떤 언어를 사용하십니까?

[CODE ALL THAT APPLY.]

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

Code	Language	
`AH36_1`	ENGLISH	1
`AH36_2`	SPANISH	2
`AH36_3`	CANTONESE	3
`AH36_4`	VIETNAMESE	4
`AH36_5`	TAGALOG	5
`AH36_6`	MANDARIN	6
`AH36_7`	KOREAN	7
`AH36_8`	ASIAN INDIAN LANGUAGES	8
`AH36_9`	RUSSIAN	9
`AH36_91OS1`	OTHER1 (SPECIFY):_____	91
`AH36_92OS2`	OTHER2 (SPECIFY):_____	92
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_142:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA03_142
IF INTERVIEW CONDUCTED IN ENGLISH AND QA03_141 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME),
CONTINUE WITH QA03_142 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 QA03_141 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA03_143

QA03_142   {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]`	Very well	1
	rất giỏi,	1
	Well	2
	giỏi, hay	2
	Not well or	3
	không giỏi?	3
	Not at all?	4
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_143:
IF QA03_137 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO
TO QA03_146;
ELSE CONTINUE WITH QA03_143

QA03_143   The next questions are about citizenship and immigration. Your answers are confidential and will not be
            reported to the INS.
            다음 질문은 시민권과 이민에 대한 겁니다. 대답해주신 내용에 대해서는 철저하게 비밀이
            유지되며, 물론 이민국에 보고되지 않습니다.

            Are you a citizen of the United States?
            미국 시민이십니까?

[AH39]   YES .... 1 **[GO TO QA03_145]**
                     NO.. 2
                     APPLICATION PENDING 3
                     REFUSED ....-7
                     DON'T KNOW ....-8

QA03_144   Are you a permanent resident with a green card?
            그러면 영주권자이십니까?

            **[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."]

[AH40]   YES 1
                     NO.. 2
                     APPLICATION PENDING 3
                     REFUSED ....-7
                     DON'T KNOW ....-8

QA03_145   About how many years have you lived in the United States?
            미국에 거주하신 지는 몇년이나 되셨습니까?

            [FOR LESS THAN A YEAR, ENTER 1 YEAR]

[AH41]   _____ (NUMBER OF YEARS)
                     _____ YEAR (FIRST CAME TO LIVE IN U.S.)

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

PRGRAMMING NOTE QA03_146:
IF QA03_137 = 1 (USA) OR R CAME TO U.S. PRIOR TO 18TH BIRTHDAY (USE AAGE AND QA03_145), CONTINUE WITH
QA03_146;
ELSE GO TO PROGRAMMING NOTE QA03_147

Foster care
QA03_146   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?

[AG5]   YES 1
                     NO.. 2
                     REFUSED ....-7

DON'T KNOW ....-8

PROGRAMMING NOTE QA03_147:
IF QA03_14 =1 (MARRIED) CONTINUE WITH QA03_147
ELSE GO TO PROGRAMMING NOTE QA03_149

QA03_147   Is your spouse also living in your household?
            {배우자}께서도 함께 살고 계십니까}?

[AH44]   YES 1
                   NO 2
                   REFUSED .... -7
                   DON'T KNOW .... -8

QA03_148   May I have your {spouse/partner}'s first name and age?
            {배우자}의 퍼스트네임과 나이를 말씀해 주시겠습니까}?

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

[SC11A]   SPOUSE/PARTNER NAME _____
                   SPOUSE/PARTNER AGE _____
                   SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA03_149:
IF AAGE<30 OR QA03_4 = 1 (AGE 18-29) AND QA03_14 = 1 (MARRIED) AND QA03_147 =1 (SPOUSE LIVING IN HH) AND
3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA03_149;
IF AAGE<30 OR QA03_4 =1 (AGE 18-29) AND QA03_14 =2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING
IN HH, CONTINUE WITH QA03_149;
IF AAGE<30 OR QA03_4 =1 (AGE 18-29) AND QA03_14 = 3, 4, 5, 6, OR –7, -8 (WIDOWED, DIVORCED, SEPARATED,
NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA03_149;
ELSE GO TO QA03_150.

QA03_149   Are you now living with either of your parents?
            부모님 중 한분과 살고 계십니까?

[AH43A]   YES 1
                   NO 2
                   REFUSED .... -7
                   DON'T KNOW .... -8

Child and teen selection
QA03_150   Are there any children under the age of 18 living in the household, including babies?
            {댁의 거주자 중 아기들을 포함한 18 세 미만의 어린이가 있습니까}?

[SC12]   YES 1
                   NO 2
                   REFUSED .... -7   } [GO TO PN QA03_159]
                   DON'T KNOW .... -8

QA03_151　　Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.
이 집에 주로 살고 있는 아기들을 포함한 18 세 미만 어린이들의 퍼스트네임하고 나이만 말씀해 주십시오.

[PROBE: "Is there anyone else?"]
[PROBE: "또 있습니까?"]

[SC13]　　　　　　　**[ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]**

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

QA03_152　　Is (CHILD) …
(CHILD) 이 …

[SC15A]　　　　0 To 11 years old, or .... 1 **[CODE AS CHILD]**

0 세에서 11 세입니까, 아니면 1

12 To 17 years old? .... 2 **[CODE AS TEEN]**

12 세에서 17 세입니까? 2

REFUSED .... -7 **[CODE AS TEEN]**
DON'T KNOW .... -8 **[CODE AS TEEN]**

QA03_153　　I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?
18 세 미만의 거주자가 없다고 기록했습니다. 이 집에 주로 살지만 임시로 다른 곳에 가있는 분 중 저희가 빠뜨린 18 세 미만의 거주자가 있습니까?

[SC13]　　　　　NO ONE MISSED -- ROSTER IS CORRECT 1
RETURN TO ROSTER .... 2 **[GO BACK TO QA03_151]**

PROGRAMMING NOTE QA03_154:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA03_154 ABOUT EACH PERSON UNDER 18

QA03_154　　Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?
귀하께서 {PERSON NAME/AGE/SEX}의 부모 또는 법적 보호자이십니까?

[SC14A]　　　　YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA03_155:
IF ANY PEOPLE IN HH UNDER AGE 22 AND [QA03_14 = 1 (MARRIED) AND QA03_147 = 1 (SPOUSE LIVING IN HH) OR QA03_14 = 2 (LIVING WITH PARTNER)], ASK QA03_155 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 22

QA03_155   Is {NAME/AGE/SEX} the parent or legal guardian of {PERSON NAME/AGE/SEX}?
{NAME/AGE/SEX}님이 {PERSON NAME/AGE/SEX}의 부모 또는 법적 보호자이십니까?

[SC14B]   YES 1
                 NO... 2
                 REFUSED ....-7
                 DON'T KNOW ....-8

QA03_156   Are you {selected child's/selected teen's} biological, step, adoptive, or foster (mother/father)?
귀하께서 {CHILD NAME/AGE/SEX   }의 친, 의붓, 양, 또는 수양(어머니/아버지)가 되십니까?

[SC30]   BIOLOGICAL MOTHER/FATHER.. 1   **[GO TO PN QA03_159]**
                 STEP MOTHER/FATHER 2
                 ADOPTIVE MOTHER/FATHER 3
                 FOSTER MOTHER/FATHER 4
                 PARTNER/GIRL-BOYFRIEND of CHILD/TEEN'S MOTHER/FATHER......5
                 GRANDPARENT 6
                 OTHER.. 7
                 REFUSED ....-7
                 DON'T KNOW ....-8

QA03_157   How long has {selected child/selected teen} lived with you?
{CHILD NAME/AGE/SEX}와 같이 살고 계신 게 얼마나 됐습니까?

[SC31]   _____ years

                 SINCE BIRTH...-1
                 REFUSED ....-7
                 DON'T KNOW ....-8

PROGRAMMING NOTE QA03_158
IF QA03_156 = 4 (FOSTER MOTHER/FATHER), CONTINUE WITH QA03_158;
ELSE GO TO PROGRAMMING NOTE QA03_159

QA03_158   Does anyone in the household currently receive a foster care payment to help care for {selected child/selected teen}?
이 집에서 현재 {CHILD NAME/AGE/SEX}을 보살피도록 "포스터 케어"(foster care) 비용,
즉 정부 기관의 의뢰를 받아 다른 집 아이를 대신 보호해주는 데에 대한 비용을 지급 받고 계신
분이 있습니까?

[SC32]   YES 1
                 NO... 2
                 REFUSED ....-7
                 DON'T KNOW ....-8

PROGRAMMING NOTE QA03_159:
IF ANY CHILD FROM THE ROSTERS IN QA03_150 AND QA03_151 < 12, CONTINUE WITH QA03_159;
ELSE GO TO QA03_161
IF QA03_14 = 1 (MARRIED) AND QA03_147 =1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse",
IF QA03_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner",
ELSE DISPLAY "you".

Paid child care, cost

QA03_159   In the past month, did you use any paid childcare for {CHILD NAME} 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 맡겨놓으신 적이 있으셨습니까? –

[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."]

[AH44A]   YES 1
                 NO... 2
                 REFUSED .... -7 } **[GO TO QA03_161]**
                 DON'T KNOW .... -8

QA03_160   In the past month, how much did you pay for all child care arrangements and programs?
지난 달에, 애를 맡겨두기 위해서 여기저기 들어간 돈이 모두 얼마나 됐습니까?

[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 1주일 동안 애를 맡기는 데에 들어가는 돈이 얼마나 됐습니까?"

"You or any other adult in your household."

[AH44B] $_____ AMOUNT LAST MONTH   [HR: 0-8,000]
                 $_____ AMOUNT IN TYPICAL WEEK   [HR: 0-3,000]

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

Educational attainment, military service

QA03_161　　　What is the highest grade of education you have completed and received credit for?
공식적으로 이수한 최종 학력은 어떻게 되시죠?

[AH47]　　　**NO FORMAL EDUCATION**.. 30
　　　　　　　GRADE SCHOOL
　　　　　　　　　1ST GRADE 1
　　　　　　　　　2ND GRADE 2
　　　　　　　　　3RD GRADE 3
　　　　　　　　　4TH GRADE 4
　　　　　　　　　5TH GRADE 5
　　　　　　　　　6TH GRADE .... 6　(Primaria)
　　　　　　　　　7TH GRADE 7
　　　　　　　　　8TH GRADE 8
　　　　　　　HIGH SCHOOL OR EQUIVALENT
　　　　　　　　　9TH GRADE .... 9　(Secundaria)
　　　　　　　　　10TH GRADE 10
　　　　　　　　　11TH GRADE 11
　　　　　　　　　12TH GRAD .... 12　(Preparatoria)
　　　　　　　4-YEAR COLLEGE OR UNIVERSITY
　　　　　　　　　1ST YEAR (FRESHMAN) 13
　　　　　　　　　2ND YEAR (SOPHOMORE) 14
　　　　　　　　　3RD YEAR (JUNIOR)... 15
　　　　　　　　　4TH YEAR (SENIOR) (BA/BS)... 16
　　　　　　　　　5TH YEAR 17
　　　　　　　GRADUATE OR PROFESSIONAL SCHOOL
　　　　　　　　　1ST YEAR GRAD OR PROF SCHOOL 18
　　　　　　　　　2ND YEAR GRAD OR PROF SCHOOL (MA/MS)..................... 19
　　　　　　　　　3RD YEAR GRAD OR PROF SCHOOL................................... 20
　　　　　　　　　MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)...................... 21
　　　　　　　2-YEAR JUNIOR OR COMMUNITY COLLEGE
　　　　　　　　　1ST YEAR 22
　　　　　　　　　2ND YEAR (AA/AS) 23
　　　　　　　VOCATIONAL, BUSINESS, OR TRADE SCHOOL
　　　　　　　　　1ST YEAR 24
　　　　　　　　　2ND YEAR 25
　　　　　　　　　MORE THAN 2 YEARS.. 26
　　　　　　　　　REFUSED ....-7
　　　　　　　　　DON'T KNOW (OUT OF RANGE)..-8

QA03_162　　　Have you served in the US armed forces for two or more years?
2 년 이상 미국 군에서 군복무를 하신 적이 있으십니까?

AG7　　　　　YES 1
　　　　　　　NO.. 2
　　　　　　　REFUSED ....-7
　　　　　　　DON'T KNOW ....-8

Employment status, spouse's employment status

QA03_163   Which of the following were <u>you</u> doing last week?
다음 중 지난 주에 하신 일을 골라 주시겠습니까?

[AK1]   Working at a job or business .... 1 **[GO TO QA03_166]**
직장이나 사업체에서 일을 하셨습니까...1
With a job or business but not at work 2
직업이나 사업체에 소속되어 있긴
했지만 일은 하지 않으셨습니까? 2
Looking for work or.. 3 **[GO TO PN QA03_167]**
일자리를 구하고 계셨습니까, 아니면 3
Not working at a job or business? 4
직장이나 사업체에서 일하지 않으셨습니까? 4
REFUSED ....-7 **[GO TO QA03_166]**
DON'T KNOW ....-8 **[GO TO QA03_166]**

QA03_164   What is the <u>main reason</u> you did not work last week?
지난 주에 일하지 않으신 주된 이유가 뭐였습니까?

[IF NEEDED, SAY: "Main reason is the most important reason."]
[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유입니다."]

[AK2]   KEEPING HOUSE/CARING FOR CHILDREN OR OTHERS...................... 1 **[GO TO PN QA03_167]**
VACATION OR LEAVE 2
COULDN'T FIND A JOB.. 3
GOING TO SCHOOL/STUDENT 4
RETIRED .... 5 **[GO TO PN QA03_167]**
PHYSICAL DISABILITY 6
UNABLE TO WORK... 7
ON LAYOFF OR STRIKE... 8
OTHER.. 91
REFUSED ....-7 **[GO TO PN QA03_167]**
DON'T KNOW ....-8

PROGRAMMING NOTE QA03_165
IF AAGE = -7 OR –8 OR AAGE < 65 AND QA03_164 = 1, 3, 4, 5, 6, 7, or 91, THEN CONTINUE WITH QA03_165;
ELSE IF AAGE>64, SKIP TO QA03_167;
ELSE SKIP TO QA03_166

QA03_165   Are you receiving Social Security Disability Insurance (SSDI)?
SSDI 라고 하는 장애 보험 보조 혜택을 받고 계십니까?

[AL22]   YES 1
NO .... 2 **[GO TO PN QA03_167]**
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE QA03_166: (FOR PROXY VERSION, SKIP TO QA03_167)
ELSE IF QA03_163 = 1, -7, -8 OR QA03_163 =2,4 AND QA03_163 =2,8 THEN CONTINUE QA03_166
ELSE GO TO QA03_167

QA03_166   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?

             [IF NEEDED, SAY: "Where did you work <u>most</u> hours?"]
             [IF NEEDED, SAY:"가장 많이 일하신 곳이 어디입니까?"]

[AK4]   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 QA03_167:
IF QA03_ 14 = 1 (R HAS A SPOUSE), CONTINUE WITH QA03_167,
ELSE GO TO QA03_ 169

QA03_167   Which of the following was your spouse doing last week?
             다음 중에서 배우자께서 지난 주에 하신 일을 골라 주시겠습니까?

[AG8]   Working at a job/ business 1
                   직장이나 사업체에서 일을 하셨습니까..1
                   With a job/business but not at work.. 2
                   직업이나 사업체에 소속되어 있긴
                   했지만 일은 하지 않으셨습니까? 2
                   Looking for work, or.. 3 **[GO TO QA03_169]**
                   일자리를 구하고 계셨습니까, 아니면 3
                   Not working at a job/business?.. 4 **[GO TO QA03_169]**
                   직장이나 사업체에서 일하지 않으셨습니까? 4
                   REFUSED ....-7 **[GO TO QA03_169]**
                   DON'T KNOW ....-8 **[GO TO QA03_169]**

QA03_168   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?

             [IF NEEDED, SAY: "Where did he/she work MOST hours"]
             [IF NEEDED, SAY:"배우자께서 가장 많이 일하신 곳이 어디입니까?"]

[AG9]   PRIVATE COMPANY, NON-PROFIT ORGANIZATION,
                   FOUNDATION.. 1
                   GOVERNMENT... 2
                   SELF-EMPLOYED 3
                   FAMILY BUSINESS OR FARM... 4
                   REFUSED ....-7
                   DON'T KNOW ....-8

Section I – Health Insurance

Usual source of care

QA03_169   The 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.]

[AH1]   YES .... 1 **[GO TO PN QA03_171]**
NO 2
DOCTOR/MY DOCTOR 3
KAISER 4
MORE THAN ONE PLACE .... 5 **[GO TO PN QA03_171]**
REFUSED .... -7
DON'T KNOW .... -8

QA03_170   What 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 1
NO INSURANCE OR LOST INSURANCE 2
COST OF MEDICAL CARE .... 3 **[GO TO QA03_173]**
DON'T WANT/NEED 4
OTHER REASON 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA03_171:
IF QA03_169 = 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 QA03_169 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA03_169 = 4 (KAISER) CIRCLE "1" FOR QA03_171 AND GO TO QA03_173

QA03_171   {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 HMO .... 1 **[GO TO QA03_173]**
CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
EMERGENCY ROOM 3
SOME OTHER PLACE (SPECIFY):_____ 91
NO ONE PLACE .... 94 **[GO TO QA03_173]**
REFUSED .... -7
DON'T KNOW .... -8

QA03_172   Is it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other kind of clinic or office?
HMO 보건소, 카운티 또는 정부 보건소, 커뮤니티 보건소, 종합병원 클리닉 또는 응급실, 척추신경치료사, 또는 다른 종류의 보건소나 오피스 중 어디입니까?

[IF "SOME OTHER KIND OF PLACE", PROBE FOR TYPE; READ LIST ONLY IF NECESSARY]

[AH4]   HMO CLINIC/KAISER/PRIVATE DOCTOR'S OFFICE 1
COUNTY OR GOVERNMENT CLINIC/COMMUNITY/
    NEIGHBORHOOD CLINIC OR HEALTH CENTER............................... 2
HOSPITAL/MEDICAL CENTER OR CLINIC/
    OUTPATIENT DEPARTMENT 3
VA/VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC 4
EMERGENCY ROOM 5
URGENT CARE CLINIC 6
CHIROPRACTIC CLINIC OR OFFICE... 7
INDIAN HEALTH SERVICE (IHS), TRIBAL
    OR URBAN INDIAN CLINIC... 8
SCHOOL CLINIC 9
OTHER CLINIC OR OFFICE... 91
REFUSED .... -7
DON'T KNOW .... -8

Medicare coverage, Medicare supplemental plan
QA03_173   Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?
메디케어는 65 세 이상이거나 특정 장애자분들을 위한 건강 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

[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.]

[AI1]   YES .... 1 **[GO TO QA03_176]**
NO... 2
REFUSED .... -7 **[GO TO QA03_178]**
DON'T KNOW .... -8

IF QA03_173 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_174AI2:
IF [AAGE > 64 OR QA03_4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA03_173= 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA03_174;
ELSE SKIP TO PROGRAMMING NOTE QA03_176

QA03_174   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?

[AI2]   CORRECT, NOT COVERED BY MEDICARE.. 1 **[GO TO QA03_178]**
NOT CORRECT, R IS COVERED BY MEDICARE.................................... 2 **[GO TO QA03_176]**
AGE IS INCORRECT 93
REFUSED .... -7 **[GO TO QA03_178]**
DON'T KNOW .... -8 **[GO TO QA03_178]**

IF QA03_174 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_175: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA03_175;
IF AAGE < 18, CODE AS IA AND TERMINATE

QA03_175   What is your age, please?
              연세가(or 연령은) 어떻게 되십니까?

[AI3]   _____ YEARS OF AGE   [HR: 18-105] .... **[GO TO QA03_178]**

                   REFUSED .... -7 **[GO TO QA03_178]**
                   DON'T KNOW .... -8 **[GO TO QA03_178]**

PROGRAMMING NOTE QA03_176:
IF ARMCARE = 1, CONTINUE WITH QA03_176;
ELSE SKIP TO QA03_178

QA03_176   Are you ALSO covered by a MediCARE supplemental policy?
              메디케어 보충보험(MediCARE supplemental policy) 혜택을 받고 계십니까?

              [IF NEEDED, SAY: "These are policies that cover health care costs not covered by Medicare alone."]
              [IF NEEDED, SAY:∗ 이 보험은 메디케어만으로는 충당하지 못하는 의료비용을 보조해 줍니다.]

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

[AI4]   YES 1
                   NO .... 2 **[GO TO QA03_178]**
                   REFUSED ....-7 **[GO TO QA03_178]**
                   DON'T KNOW ....-8 **[GO TO QA03_178]**

IF QA03_176 = 1, SET ARSUPP = 1.

PROGRAMMING NOTE QA03_177:
IF QA03_176 = 1 (YES, MEDICARE SUPPLEMENTAL POLICY), CONTINUE WITH QA03_177;
ELSE SKIP TO QA03_178

QA03_177   Who PAYS the monthly premium cost for your Medicare supplemental policy, not counting any co-pays or deductibles you may have?
메디케어 보조보험을 위한 공동지불(Co-pay) 또는 본인부담금(deductible)을 제외한 매월 보험료는 누가 지불하십니까?

[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:∗공동지불**(Copay)**이란 의사를 방문하거나 의료혜택을 받을 때마다 다른 분이 주요 의료혜택을 위해 부담하는 보험료 이외에 본인이 일부 부담하는 금액입니다.

"A deductible is the amount you pay for medical care before your health plan starts paying."
∗ "본인부담금(또는 공제액)이란 의료비용이 의료보험이 적용되는 금액 이하일 경우 귀하 본인께서 지불해야 하는 금액입니다."

"Premium is the monthly charge for the cost of your health insurance plan."]
"∗보험료(또는 프리미엄)이란 의료보험을 위해 매달 지불해야 하는 금액입니다."]

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any other person or program?"]
[PROBE: ∗ "다른 분이나 프로그램이 또 있습니까?"]

[IF R SAYS GOVERNMENT, PROBE: "Is this Medicare or Medi-CAL or some other government program, or is it a benefit of being a government employee?"
[IF R SAYS GOVERNMENT, PROBE:∗ "이 보험은 메디케어나 메디캘, 또는 다른 정부보조프로그램입니까, 아니면 공무원으로서 받는 혜택입니까?"]

IF GOVERNMENT IS EMPLOYER, ENTER: "RESPONDENT'S EMPLOYER OR UNION" OR "SPOUSE'S EMPLOYER OR UNION"

[AI5_1]	SELF OR FAMILY	1
[AI5_2]	RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION	2
[AI5_3]	SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION	3
[AI5_4]	SOMEONE OUTSIDE HOUSEHOLD	4
[AI5_5]	MEDICARE	5
[AI5_6]	MEDI-CAL (MEDICAID)	6
[AI5_7]	HEALTHY FAMILIES PROGRAM	7
[AI5_8]	OTHER	91
	REFUSED	-7
	DON'T KNOW	-8

IF QA03_177 = 6, SET ARMCAL = 1
IF QA03_177 = 7, SET ARHFAM = 1

```
PROGRAMMING NOTE QA03_178:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"
```

Medi-Cal coverage

QA03_178   {Is it correct that you are/Are you} covered by Medi-CAL?
                   귀하께서는 메디캘(MediCal) 혜택을 받고 계십니까?

                   **[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.]

[AI6]   YES .... 1 **[GO TO QA03_180]**
                   NO.. 2
                   REFUSED ....-7
                   DON'T KNOW ....-8

```
IF QA03_178 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1
IF ARMCAL = 1 AND QA03_178 = 2, SET ARMCAL = 0
```

```
PROGRAMMING NOTE QA03_179:
IF AAGE > 18 OR [QA03_4 <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, SKIP TO QA03_180;
ELSE IF [AAGE = 18 OR QA03_4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH
QA03_179 AND DISPLAY: "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA03_4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA03_179 AND
DISPLAY: "Are you"
```

Healthy Families coverage

QA03_179   {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?
                   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."]**

[AI7]   YES 1
                   NO.. 2
                   REFUSED ....-7
                   DON'T KNOW ....-8

```
IF QA03_179 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1
IF ARHFAM = 1 AND QA03_179 = 2, SET ARHFAM = 0
```

PROGRAMMING NOTE QA03_180
IF ARMCARE = 1 AND ARSUPP = 1 AND (QA03_177 = 2 = OR QA03_177 = 3), DISPLAY "Besides the Medicare
supplemental plan you told me about" and "any other"

Employer-based coverage
QA03_180   {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?

              [IF NEEDED, SAY:"...귀하의 직장에서 또는 다른 분의 직장에서요?"]
[AI8]   YES 1
                      NO.. 2 **[GO TO QA03_183]**
                      REFUSED ....-7 **[GO TO QA03_183]**
                      DON'T KNOW ....-8 **[GO TO QA03_183]**

QA03_181   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?

              [PROBE: "Even someone who does not live in this household?"]
              [PROBE: "* 같이 살고 있지 않은 분이라도 포함하십시오."]

[AI9]   IN OWN NAME... 1 **[GO TO QA03_184]**
                      IN SOMEONE ELSE'S NAME 2
                      REFUSED ....-7 **[GO TO QA03_184]**
                      DON'T KNOW ....-8 **[GO TO QA03_184]**

IF QA03_181 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA03_181 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_182:
**IF QA03_14 = 1 (R HAS SPOUSE) OR IF QA03_149 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA03_182; ELSE
SKIP TO QA03_184.
IF QA03_14 = 1 AND R IS MALE, DISPLAY "wife's; IF QA03_14 = 1 AND R IS FEMALE, DISPLAY "husband's; IF
QA03_149 = 1, DISPLAY "parent's"; IF QA03_14 = 1 AND QA03_149 = 1, DISPLAY "or"

QA03_182   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 NAME.. 1 **[GO TO QA03_184]**
                      IN PARENT'S NAME.. 2 **[GO TO QA03_184]**
                      IN SOMEONE ELSE'S NAME .... 3 **[GO TO QA03_184]**
                      REFUSED ....-7 **[GO TO QA03_184]**
                      DON'T KNOW ....-8 **[GO TO QA03_184]**

IF QA03_182 = 1, SET SPEMPOWN=1
IF QA03_182 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA03_182 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA03_183:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY
FAMILIES AND EMPLOYER), CONTINUE WITH QA03_183;
ELSE SKIP TO QA03_185

Private coverage

QA03_183   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?

[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.**"]**

[AI11]   YES 1
                      NO.. 2
                      REFUSED ....-7
                      DON'T KNOW ....-8

IF QA03_183 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_184:
IF QA03_180 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA03_183 = 1 (YES, PURCHASED OWN COVERAGE),
CONTINUE WITH QA03_184;
ELSE SKIP TO QA03_185

QA03_184   Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?
이 의료보험의 공동지불(Co-pay) 또는 본인부담금(deductible)을 제외한 매월 보험료는 누가 지불하십니까?

[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: "*공동지불(Copay)이란 의사를 방문하거나 의료혜택을 받을 때마다 다른 분이 주요 의료혜택을 위해 부담하는 보험료 이외에 본인이 일부 부담하는 금액입니다."

"A deductible is the amount you pay for medical care before your health plan starts paying."
"* 본인부담금(또는 공제액)이란 의료비용이 의료보험이 적용되는 금액 이하일 경우 귀하께서 지불해야 하는 금액입니다."

"Premium is the monthly charge for the cost of your health insurance plan."]
"*보험료(또는 프리미엄)이란 의료보험을 위해 매달 지불해야 하는 금액입니다."

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

[PROBE: "Any other person or program?"]
"*다른 분이나 프로그램이 또 있습니까?"]

[IF R SAYS GOVERNMENT, PROBE: "Is this Medicare or Medi-CAL or some other government program, or is it a benefit of being a government employee?
[IF R SAYS GOVERNMENT, PROBE: "*이 보험은 메디케어나 메디캘, 또는 다른 정부보조프로그램입니까, 아니면 공무원으로서 받는 혜택입니까?"]

IF GOVERNMENT IS EMPLOYER, ENTER: "RESPONDENT'S EMPLOYER OR UNION" OR "SPOUSE'S EMPLOYER OR UNION"]

[AI12_1]   SELF OR FAMILY 1
[AI12_2]   RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION 2
[AI12_3]   SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION 3
[AI12_4]   SOMEONE OUTSIDE HOUSEHOLD 4
[AI12_5]   MEDICARE 5
[AI12_6]   MEDI-CAL (MEDICAID) 6
[AI12_7]   HEALTHY FAMILIES PROGRAM 7
[AI12_8]   OTHER 91
                REFUSED ....-7
                DON'T KNOW ....-8

IF QA03_184 = 2, SET AREMPOWN = 1
IF QA03_184= 3, SET AREMPSP = 1
IF QA03_184 = 5, SET ARMCARE = 1 AND SET ARDIRECT = 0
IF QA03_184 = 6, SET ARMCAL = 1 AND SET ARDIRECT = 0
IF QA03_184 = 7, SET, ARHFAM = 1 AND SET ARDIRECT = 0

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PROGRAMMING NOTE QA03_185:
IF QA03_ 163 NE 3 AND QA03_164 NE 1, 3, 4, 5, 6, 7 AND QA03_166 NE 3 AND AREMPOWN NE 1, CONTINUE WITH
QA03_185;
ELSE SKIP TO PROGRAMMING NOTE QA03_189
```

Employer offers health insurance

QA03_185   Does your employer offer health insurance to any of its employees?
지금 다니시는 직장에서 직장을 통하여 의료보험을 받고 있는 직원이 있습니까?

[AI13]   YES 1
                 NO.. 2 **[SKIP TO QA03_189]**
                 REFUSED .... -7 **[SKIP TO QA03_189]**
                 DON'T KNOW .... -8 **[SKIP TO QA03_189]**

QA03_186   Are you eligible to be in this plan?
이 보험에 들 자격이 되십니까?

[AI14]   YES 1
                 NO.. 2 **[GO TO QA03_188]**
                 REFUSED .... -7 **[GO TO PN QA03_189]**
                 DON'T KNOW .... -8

QA03_187   What 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.. 1 **[GO TO PN QA03_189]**
                 TOO EXPENSIVE .... 2 **[GO TO PN QA03_189]**
                 DIDN'T LIKE PLAN OFFERED .... 3 **[GO TO PN QA03_189]**
                 DON'T NEED OR BELIEVE IN HEALTH INSURANCE............................ 4 **[GO TO PN QA03_189]**

[AI15OS]   OTHER (SPECIFY): _____ .... 91 **[GO TO PN QA03_189]**
                 REFUSED .... -7 **[GO TO PN QA03_189]**
                 DON'T KNOW .... -8 **[GO TO PN QA03_189]**

QA03_188   What 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 PLAN . 2
                 DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR.... 3
[AI15AOS]   OTHER (SPECIFY): _____ 91
                 REFUSED .... -7
                 DON'T KNOW .... -8

```
PROGRAMMING NOTE QA03_189:
IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE
PLAN), CONTINUE WITH QA03_189;
ELSE SKIP TO PROGRAMMING NOTE QA03_190
```

CHAMPUS/CHAMP-VA, TRICARE, VA coverage

QA03_189   Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

[AI16]   YES 1
                 NO.. 2
                 REFUSED .... -7
                 DON'T KNOW .... -8

```
IF QA03_189 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1
```

PROGRAMMING NOTE QA03_190:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER,
PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA03_190;
ELSE SKIP TO QA03_194

AIM, MRMIP, Family PACT, other coverage

QA03_190   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
혜택을 받고 계십니까?

               [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
               MRMIP 는 '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."]

[AI17]   YES 1
                        NO .... 2 **[GO TO QA03_192]**
                        REFUSED ....-7 **[GO TO QA03_192]**
                        DON'T KNOW ....-8 **[GO TO QA03_192]**

IF QA03_190 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA03_191   ASK IF NECESSARY: "What is the name of this plan?"
                 ASK IF NECESSARY: "이 프로그램의 이름은 무엇입니까?"

 [AI17A]   AIM... 1 **[GO TO QA03_194]**
                        MRMIP ("Mister Mip").. 2 **[GO TO QA03_194]**
                        FAMILY PACT.. 3 **[GO TO QA03_194]**
[AI17AOS]   OTHER (SPECIFY): _____ .... 91 **[GO TO QA03_194]**
                        REFUSED ....-7 **[GO TO QA03_194]**
                        DON'T KNOW ....-8 **[GO TO QA03_194]**

PROGRAMMING NOTE QA03_192:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN,
MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA03_192;
ELSE SKIP TO QA03_194

QA03_192   Do you have any health insurance coverage through a plan that I missed?
                 말씀드리지 않은 다른 어떤 보험에 들고 계십니까?

[AI18]   YES 1
                        NO .... 2 **[GO TO QA03_194]**
                        REFUSED ....-7 **[GO TO QA03_194]**
                        DON'T KNOW ....-8 **[GO TO QA03_194]**

QA03_193   What type of health insurance do you have?
어떤 종류의 의료보험에 가입되어 계십니까?

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

[PROBE: "Any others?"]
[PROBE: "∗다른 것은요?"]

[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: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "∗보험을 현재 또는 이전의 직장/노동조합, 학교, 전문가 협회, 업계의 단체, 또는 다른 기관을 통해 들으셨습니까, 아니면 직접 가입하신 의료보험입니까?"]

[AI19_1]	THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
[AI19_2]	THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION	2
[AI19_3]	PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
[AI19_4]	MEDICARE	4
[AI19_5]	MEDI-CAL	5
[AI19_6]	HEALTHY FAMILIES	6
[AI19_7]	CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
[AI19_8]	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
[AI19_9]	OTHER GOVERNMENT HEALTH PLAN	91
[AI19_10]	OTHER NON-GOVERNMENT HEALTH PLAN	92
	REFUSED	-7
	DON'T KNOW	-8

IF QA03_193= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
IF QA03_193 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
IF QA03_193 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
IF QA03_193 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1
IF QA03_193 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1
IF QA03_193 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
IF QA03_193 = 7, SET ARMILIT = 1
IF QA03_193 = 8, SET ARIHS = 1 AND SET ARINSURE = 1
IF QA03_193 = 9, SET AROTHGOV = 1 AND SET ARINSURE = 1
IF QA03_193 = 10 OR QA03_193 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_194:
IF QA03_7 = 3 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA03_194;
ELSE SKIP TO PROGRAMMING NOTE QA03_195 INTRO.

Indian Health Service participation
QA03_194   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 QA03_194 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA03_195 INTRO:
IF (QA03_14 = 1 [MARRIED] AND QA03_147 = 1 [LIVING WITH SPOUSE]), CONTINUE WITH QA03_195 INTRO; ELSE SKIP TO QA03_212 INTRO

Spouse's health insurance, spouse's employer offers insurance
QA03_195 INTRO   These next questions are about the type of health insurance your spouse may have.

PROGRAMMING NOTE QA03_195:
IF ARMCARE = 1 AND/OR SPOUSE 65 OR OLDER, CONTINUE WITH QA03_195;
ELSE SKIP TO QA03_197.
DISPLAY "You said that you are covered by Medicare.**" AND** "also**" IF ARMCARE = 1.**

QA03_195   (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 QA03_195 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_196
IF QA03_195 = 1 AND ARSUPP NE 1 CONTINUE WITH QA03_196 WITHOUT DISPLAY;
ELSE IF QA03_195 = 1 AND ARSUPP = 1 CONTINUE WITH QA03_197 AND DISPLAY "You said that you have a Medicare Supplement plan.**" AND "**also**";**
 IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA03_5A = 1 (MALE) DISPLAY "wife"**; IF QA03_5A = 2 (FEMALE) DISPLAY** "husband"**; ELSE DISPLAY** "spouse"**;**
ELSE SKIP TO QA03_197

QA03_196   [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? {}

[AI37A]   YES 1
                    NO 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA03_197:
IF ARMCAL = 1 , CONTINUE WITH QA03_197;
ELSE SKIP TO PROGRAMMING NOTE QA03_198.
IF ARMCARE = 1, THEN ASK "also".

QA03_197   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]   YES 1
                    NO 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

IF QA03_197 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_198:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA03_198;
ELSE SKIP TO PROGRAMMING NOTE QA03_199.
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also".

QA03_198   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 QA03_198 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_199:
IF AREMPOWN =1, CONTINUE WITH QA03_199;
  IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also"
  IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
   IF QA03_5A = 1 (MALE), DISPLAY "wife"
   IF QA03_5A = 2 (FEMALE), DISPLAY "husband"
  ELSE DISPLAY "spouse".
ELSE SKIP TO PROGRAMMING NOTE QA03_200
IF SPINSURE = 1 OR SPEMPOWN = 1 DISPLAY "also".

QA03_199   You said you {also} 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]   YES 1
                    NO 2
                    MEDI-CAL OR MEDICAID 3
                    MEDICARE 4
                    OTHER 5
                    REFUSED ....-7
                    DON'T KNOW ....-8

IF QA03_199 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_200:
IF QA03_167 =1 OR 2 (EMPLOYED), CONTINUE WITH QA03_200;
   IF QA03_182 = 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 QA03_5A = 1(MALE), DISPLAY "wife," "she" and "her";
     IF QA03_5A =2 (FEMALE), DISPLAY "husband" "he" and "his"
  ELSE DISPLAY "spouse," "he or she" and "his or her";
ELSE SKIP TO PROGRAMMING NOTE QA03_201

QA03_200   {You said you have insurance from your spouse's employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} OWN employer?
           {} {}이/가 {} 자신의 직장에서 자기 보험이 있습니까?

[AI40A]   YES 1
                   NO 2
                   REFUSED .... -7
                   DON'T KNOW .... -8

IF QA03_200 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_201:
IF ARDIRECT = 1, CONTINUE WITH QA03_201;
ELSE SKIP TO PROGRAMMING NOTE QA03_202.
IF QA03_173 = 1 OR QA03_178 = 1 OR QA03_179 = 1 OR QA03_180 = 1, DISPLAY "also."

QA03_201   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]   YES 1
                   NO 2
                   REFUSED .... -7
                   DON'T KNOW .... -8

IF QA03_201 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_202:
IF ARMILIT = 1, CONTINUE WITH QA03_202;
ELSE, SKIP TO PROGRAMMING NOTE QA03_203.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also".

QA03_202   You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or 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]   YES 1
                   NO 2
                   REFUSED .... -7
                   DON'T KNOW .... -8

IF QA03_202 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_203:
IF AROTHGOV = 1, CONTINUE WITH QA03_203;
ELSE, SKIP TO PROGRAMMING NOTE QA03_204.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY
"also".

QA03_203   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]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

IF QA03_203 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_204:
IF SPINSURE NE 1, DISPLAY "any."
ELSE DISPLAY "through any other source."

QA03_204   Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?
{}이/가 건강 보험을 가지고 있습니까?

[AI46]   YES 1
NO ....2 **[GO TO QA03_206]**
REFUSED .... -7 **[GO TO QA03_212INTR]**
DON'T KNOW .... -8 **[GO TO QA03_212INTR]**

QA03_205   What type of health insurance does {he/she} have?
어떤 종류의 건강 보험을 {}이/가 가지고 있습니까?

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

[PROBE: "Any others?"]
[PROBE: "다른 게 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: "{}이/가 현재나 이전의 직장/조합, 학교, 전문인 협회, 트레이드 그룹, 또는 다른 기관을 통해서 이 보험에 들게 되었습니까, 아니면 건강 보험에 직접 들었습니까?"]

[AI47_1]	THROUGH CURRENT OR FORMER EMPLOYER/UNION.......... 1
[AI47_2]	THROUGH SCHOOL, PROFESSIONAL ASSOCIATION,TRADE GROUP OR OTHER ORGANIZATION 2
[AI47_3]	PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) 3
[AI47_4]	MEDICARE 4
[AI47_5]	MEDI-CAL 5
[AI47_6]	HEALTHY FAMILIES 6
[AI47_7]	CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
[AI47_8]	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC.. 8
[AI47_9]	OTHER GOVERNMENT HEALTH PLAN...................................... 91
[AI47_10]	OTHER NON-GOVERNMENT HEALTH PLAN........................... 92
	REFUSED 7
	DON'T KNOW 8

IF QA03_205 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA03_205 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA03_205 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA03_205 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA03_205 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA03_205 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA03_205 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA03_205 = 8, SET SPIHS = 1
IF QA03_205 = 9, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA03_205 = 10, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA03_205 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA03_206
IF SPINSURE NE 1, CONTINUE WITH QA03_206;
ELSE SKIP TO PROGRAMMING NOTE QA03_212INTR.

QA03_206   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]	YES .... 1 **[GO TO QA03_208]**
	NO 2
	REFUSED .... -7 **[GO TO QA03_208]**
	DON'T KNOW .... -8 **[GO TO QA03_208]**

QA03_207   What type of health insurance does {he/she} have?
어떤 종류의 건강 보험을 {}이/가 갖고 있습니까?

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

[PROBE: "Any others?"]
[PROBE: ''다른 게 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: "{}이/가 현재나 이전의 직장/조합, 학교, 전문인 협회, 트레이드 그룹, 또는 다른 기관을 통해서 이 보험에 들게 되었습니까, 아니면 건강 보험에 직접 들었습니까?"]

[AI49_1]	THROUGH CURRENT OR FORMER EMPLOYER/UNION 1	
[AI49_2]	THROUGH SCHOOL, PROFESSIONAL ASSOCIATION,TRADE GROUP, OR OTHER ORGANIZATION 2	
[AI49_3]	PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)... 3	
[AI49_4]	MEDICARE 4	
[AI49_5]	MEDI-CAL 5	
[AI49_6]	HEALTHY FAMILIES 6	
[AI49_7]	CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7	
[AI49_8]	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC 8	
[AI49_9]	OTHER GOVERNMENT HEALTH PLAN... 91	
[AI49_10]	OTHER NON-GOVERNMENT HEALTH PLAN... 92	
	REFUSED 7	
	DON'T KNOW 8	

IF QA03_207 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA03_207 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA03_207 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA03_207 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA03_207 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA03_207 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA03_207 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA03_207 = 8, SET SPIHS = 1
IF QA03_207 = 9, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA03_207 = 10, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA03_207 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA03_208:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), SKIP TO QA03_207INTR;
ELSE IF QA03_167 = 1 or 2 (EMPLOYED), CONTINUE WITH QA03_208;
ELSE SKIP TO AI21INTR

QA03_208   Does your spouse's employer offer health insurance to any of its employees?
배우자 님의 직장에서는 그 직장에 다니는 사람들에게 건강 보험을 해 줍니까?

[AI43]	YES 1	
	NO 2	**[GO TO QA03_212INTR]**
	REFUSED .... -7	**[GO TO QA03_212INTR]**
	DON'T KNOW .... -8	**[GO TO QA03_212INTR]**

QA03_209   Is {she/he} eligible to be in this plan?

             {}이/가 이 보험에 들 자격이 됩니까?

[AI44]   YES 1

                    NO .... 2 **[GO TO QA03_211]**

                    REFUSED .... -7 **[GO TO QA03_212INTR]**

                    DON'T KNOW .... -8 **[GO TO QA03_212INTR]**

QA03_210   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 PLAN 1

                    TOO EXPENSIVE 2

                    DOESN'T LIKE PLAN OFFERED 3

                    DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE 4

[A145OS]   OTHER (SPECIFY): _____ 91

                    REFUSED 7

                    DON'T KNOW 8

PROGRAMMING NOTE QA03_211:
IF QA03_209 = 1 (ELIGIBLE), GO TO PROGRAMMING NOTE QA03_212INTR;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
    IF QA03_5A = 1 (MALE), DISPLAY "she";
    IF QA03_5A = 2 (FEMALE), DISPLAY "he";
ELSE DISPLAY "he or she";

QA03_211   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 .... 1 **[GO TO QAO3_212]**

                    CONTRACT OR TEMPORARY EMPLOYEES NOT

                    ALLOWED IN PLAN .... 2 **[GO TO QAO3_212]**

                    DOESN'T WORK ENOUGH HOURS PER WEEK OR

                    WEEKS PER YEAR .... 3 **[GO TO QAO3_212]**

[AI45AOS]   OTHER (SPECIFY): _____ 91 **[GO TO QAO3_212]**

                    REFUSED-7 .... -7 **[GO TO QAO3_212]**

                    DON'T KNOW .... -8 **[GO TO QAO3_212]**

PROGRAMMING NOTE QA03_212INTR:
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA03_212INTR;
ELSE SKIP TO QA03_228

Managed care plan characteristics

QA03_212INTR   Next, I have some questions about your own main health plan.

QA03_212   Thinking of your own main health plan, did you have to sign up with a primary care doctor, a group of doctors, or a clinic that you must go to for your routine care?

             귀하의 주요 보험은 특정 가정주치의, 의사, 또는 보건소를 정하여 반드시 정기검진을 받도록 되어 있습니까?

[AI21]   YES 1

                    NO 2

                    REFUSED .... -7

                    DON'T KNOW .... -8

QA03_213   In this plan, do you have to get approval or a referral to see a specialist such as a skin doctor?
{Do not include a gynecologist or an obstetrician (ob-gyn).}
이 보험은 피부과 의사와 같은 전문의를 찾아가려면 승인이나 추천을 받아야 합니까?

[AI22]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_214   What is the name of your main health plan?
주된 건강 보험의 이름이 뭡니까?

              [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?"]

[AI22A]   KAISER 1
BLUE CROSS... 2
PACIFICARE.. 3
BLUE SHIELD…. 4
HEALTH NET…. 5
AETNA/US HEALTHCARE/PRUDENTIAL................................. 6
CIGNA HEALTHCARE 7
MEDICARE 8
MEDI-CAL OR MEDICAID 9
(NAME OF COUNTY MEDI-CAL PLAN) 10
OTHER... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA03_215
IF QA03_214 = 1 (KAISER), SET QA03_215 = 1 AND SKIP TO QA03_216;
ELSE IF QA03_212 = 2 AND QA03_213 = 2, SET QA03_215 = 2 AND SKIP TO QA03_216;
ELSE ASK QA03_215.
IF QA03_214 = {1-10}, DISPLAY NAME OF PLAN FROM QA03_214 CODE;
ELSE DISPLAY "main health."

QA03_215   Is your { **QA03_214** CODE/ main health} plan an HMO (Health Maintenance Organization)?
귀하의 { } 보험이 HMO(에이치엠오)입니까?

              [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 you were referred by the HMO or there was a medical emergency."]
              [NOTE: IF R ASKS WHAT AN HMO IS, SAY: "HMO는 일반적으로 반드시 HMO 의사들한테만 진료를 받아야 하고, HMO로부터 정식으로 소개 받지 않은 의사한테 진료를 받으면 응급시가 아닌 한 보험 혜택을 받지 못합니다."]

[AI22C]   YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA03_216   How long have you been on this plan?
                 이 보험에 든 지는 얼마나 되셨습니까?

[AI22D]   _____ MONTHS
                     OR
                     _____ YEARS

QA03_217   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]   YES 1
                     NO 2
                     REFUSED .... -7
                     DON'T KNOW .... -8

PROGRAMMING NOTE QA03_218:
IF ARMCARE = 1 AND QA03_217 = 1 (YES), CONTINUE WITH QA03_218;
IF ARMCARE = 1 AND QA03_217 ≠ 1, GO TO QA03_219; ELSE GO TO QA03_220.

QA03_218   Have you gotten a discount on your prescriptions by showing your Medicare card or any other card at a drug
                 store in California?
                 캘리포니아주에 있는 약국에서 메디케어 카드나 다른 카드를 보여주고 처방약에 대한
                 할인을 받은 적이 있습니까?

[AI25A]   YES .... 1 **[GO TO QA03_220]**
                     NO .... 2 **[GO TO QA03_220]**
                     REFUSED .... -7 **[GO TO QA03_220]**
                     DON'T KNOW .... -8 **[GO TO QA03_220]**

QA03_219   Do you have a card that gives you discount when you buy prescription drugs?
                 처방약을 살 때 할인 혜택을 받을 수 있는 카드가 있으십니까?

[AI25B]   YES 1
                     NO 2
                     REFUSED .... -7
                     DON'T KNOW .... -8

QA03_220   Are you covered for eye exams?
                 눈 검사의 경우, 보험 혜택을 받으십니까?

[AI26]   YES 1
                     NO 2
                     REFUSED .... -7
                     DON'T KNOW .... -8

QA03_221   Are you covered for glasses?
                 안경을 맞추는 것도 포함됩니까?

                 [NOTE: IF COVERED FOR FRAMES ONLY OR LENSES ONLY, CODE AS YES]

[AI26A]   YES 1
                     NO 2
                     REFUSED .... -7
                     DON'T KNOW .... -8

```
PROGRAMMING NOTE QA03_222
IF QA03_216 < 12 MONTHS, GO TO QA03_223;
ELSE, ASK QA03_222.
```

Coverage over past 12 months

QA03_222   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?

[AI31]   YES .... 1 **[GO TO PN QA03_233]**
                        NO.. 2
                        REFUSED .... -7 **[GO TO QA03_225]**
                        DON'T KNOW .... -8

QA03_223   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]   YES 1
                        NO.. 2 **[GO TO QA03_226]**
                        REFUSED .... -7 **[GO TO QA03_225]**
                        DON'T KNOW .... -8 **[GO TO QA03_225]**

QA03_224   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?

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

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

[AI33_1]   MEDI-CAL 1
[AI33_2]   HEALTHY FAMILIES 2
[AI33_3]   THROUGH CURRENT OR FORMER EMPLOYER/UNION 3
[AI33_4]   OTHER HEALTH PLAN 91
                        REFUSED .... -7
                        DON'T KNOW .... -8

QA03_225   During the past 12 months, was there any time when you had no health insurance at all?
            지난 12 개월 동안, 의료보험이 전혀 없었던 때가 있었습니까?

[AI34]   YES 1
                        NO.. 2 **[GO TO PN QA03_233]**
                        REFUSED .... -7 **[GO TO PN QA03_233]**
                        DON'T KNOW .... -8 **[GO TO PN QA03_233]**

QA03_226   For how many months of the past 12 months did you have no health insurance at all?
            의료보험이 전혀 없던 기간이 몇 개월이었습니까?

[AI35]   _____ NUMBER OF MONTHS   [HR: 0-11]

                        REFUSED .... -7 **[GO TO PN QA03_233]**
                        DON'T KNOW .... -8 **[GO TO PN QA03_233]**

Reasons for non-coverage

QA03_227   What is the ONE MAIN reason why you did not have any health insurance during those months?
그 몇 달 동안 건강 보험이 없으셨던 제일 중요한 이유가 무엇 때문이시죠?

[AI36]   CHANGED EMPLOYER/LOST JOB .... 1 **[GO TO PN QA03_233]**
EMPLOYER DID NOT OFFER.. 2 **[GO TO PN QA03_233]**
NOT ELIGIBLE DUE TO WORKING STATUS.. 3 **[GO TO PN QA03_233]**
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS .... 4 **[GO TO PN QA03_233]**
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS............ 5 **[GO TO PN QA03_233]**
COULDN'T AFFORD/TOO EXPENSIVE... 6 **[GO TO PN QA03_233]**
FAMILY SITUATION CHANGED .... 7 **[GO TO PN QA03_233]**
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC)..................... 8 **[GO TO PN QA03_233]**
DON'T BELIEVE IN INSURANCE .... 9 **[GO TO PN QA03_233]**
HEALTHY -- NO NEED .... 10 **[GO TO PN QA03_233]**
PAID FOR OWN CARE -- NO NEED .... 11 **[GO TO PN QA03_233]**
GOT HEALTH CARE FREE -- NO NEED .... 12 **[GO TO PN QA03_233]**
HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST .... 13 **[GO TO PN QA03_233]**
DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT........ 14 **[GO TO PN QA03_233]**
SPECIFIED
DO HAVE COVERAGE BUT DON'T KNOW TYPE .... 15 **[GO TO PN QA03_233]**
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN .... 16 **[GO TO PN QA03_233]**
DIDN'T LIKE INSURANCED OFFERED/DIDN'T WANT IT .... 17 **[GO TO PN QA03_233]**
[AI36OS]   OTHER (SPECIFY) .... 91 **[GO TO PN QA03_233]**
REFUSED ....-7 **[GO TO PN QA03_233]**
DON'T KNOW ....-8 **[GO TO PN QA03_233]**

QA03_228   What is the ONE MAIN reason why you do not have any health insurance?
건강 보험이 없다고 하셨는데, 제일 중요한 이유가 무엇 때문이시죠?

[IF R SAYS NO NEED, PROBE WHY]

[AI24]   CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DOES NOT OFFER.. 2
NOT ELIGIBLE DUE TO WORKING STATUS.. 3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS............. 5
CAN'T AFFORD/TOO EXPENSIVE 6
FAMILY SITUATION CHANGED 7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC)..................... 8
DON'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAYS FOR OWN CARE -- NO NEED 11
GETS HEALTH CARE FREE -- NO NEED 12
HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST 13
DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT......... 14
SPECIFIED
DO HAVE COVERAGE BUT DON'T KNOW TYPE 15
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN 16
DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT 17
[AI24OS]   OTHER (SPECIFY): _____ 91
REFUSED ....-7
DON'T KNOW ....-8

QA03_229 Were you covered by health insurance at any time during the past 12 months?
지난 12개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

[AI27]   YES .... 1 **[GO TO QA03_231]**
NO.. 2
REFUSED ....-7
DON'T KNOW ....-8

QA03_230   How 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 .... 1 **[GO TO PN QA03_233]**
AGO
MORE THAN 3 YEARS AGO .... 2 **[GO TO PN QA03_233]**
NEVER HAD HEALTH INSURANCE .... 3 **[GO TO PN QA03_233]**
REFUSED .... -7 **[GO TO PN QA03_233]**
DON'T KNOW .... -8 **[GO TO PN QA03_233]**

QA03_231   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?

[IF LESS THAN ONE MONTH, ENTER 0 (ZERO)]

[AI29]   _____ MONTHS   [HR: 0-12]

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

QA03_232   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?

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

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

[AI30_1]   MEDI-CAL 1
[AI30_2]   HEALTHY FAMILIES 2
[AI30_3]   THROUGH CURRENT OR FORMER EMPLOYER OR UNION 3
[AI30_4]   OTHER HEALTH PLAN 91
REFUSED .... -7
DON'T KNOW .... -8

Section MA – Child and Adolescent Health Insurance
Child

PROGRAMMING NOTE QA03_233
IF THERE IS NO SELECTED CHILD, GO TO PN QA03_265 TO ASK ABOUT SELECTED ADOLESCENT; ELSE CONTINUE WITH QA03_233.

Child's health insurance

QA03_233   These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as {you/ADULT RESPONDENT NAME}?

{자녀이름/나이/성}이/가 귀하와 같은 보험을 갖고 있습니까?

[CF10A]   YES .... 1 **[GO TO PN QA03_253]**
                 NO... 2
                 REFUSED ....-7
                 DON'T KNOW ....-8

IF QA03_233 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND ARMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND AREMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND AREMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND AREMPPAR= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND AREMPOTH= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND ARDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND ARMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND AROTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
IF QA03_233 = 1 AND ARIHS= 1, SET CHIHS = 1

QA03_234   Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
             {자녀이름/나이/성}(이)가 귀하의 {배우자}(와)과 같은 보험을 갖고 있습니까?

[MA1]   YES .... 1 **[GO TO PN QA03_253]**
                 NO... 2
                 REFUSED ....-7
                 DON'T KNOW ....-8

IF QA03_234 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA03_234 = 1 AND SPMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA03_234 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA03_234 = 1 AND SPEMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA03_234 = 1 AND SPEMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA03_234 = 1 AND SPDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
IF QA03_234 = 1 AND SPMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA03_234 = 1 AND SPOTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1

QA03_235   Is {he/she/he or she} currently covered by Medi-CAL?
             {}이/가 현재 메디캘(Medi-CAL)에 들어 있습니까?

             [IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
             [IF NEEDED, SAY:"메디-캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

[CF1]   YES   1 ....**[GO TO QA03_239]**
                 NO... 2
                 REFUSED ....-7 **[GO TO QA03_237]**

DON'T KNOW ....-8 **[GO TO QA03_237]**

IF QA03_235 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA03_236   What 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 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

QA03_237   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."]

[CF2]   YES .... 1 **[GO TO QA03_239]**
                   NO 2
                   REFUSED .... -7 **[GO TO QA03_239]**
                   DON'T KNOW .... -8 **[GO TO QA03_239]**

IF QA03_237 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1

QA03_238   What 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

QA03_239   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]   YES .... 1 **[GO TO QA03_241]**
                   NO 2
                   REFUSED .... -7
                   DON'T KNOW .... -8

IF QA03_239 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA03_240	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 1
	NO.. 2
	REFUSED .... -7	}[GO TO PN QA03_242]
	DON'T KNOW .... -8

IF QA03_240 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

QA03_241	Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

공동 부담금이나 공제액은 빼고요, 이 건강 보험의 월 보험료를 누가 지불합니까?

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any other person or program?"]
PROBE: "그 밖에 다른 분이나 다른 프로그램이 있습니까?

[IF NEEDED, SAY: "Co-pays 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." A deductible is the amount you pay for medical care before the health plan starts paying." "Premium is the monthly charge for the cost of your health insurance plan."]

[IF R SAYS GOVERNMENT, PROBE: "Is this Medi-CAL, Healthy Families, or some other government program, or is it a benefit of being a government employee?"

[IF R SAYS GOVERNMENT, PROBE: "이게 메디-캘, 헬씨 페밀리스나 다른 정부 프로그램입니까, 아니면

정부 공무원으로서 받는 베네핏입니까?"]
[IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"]

[CF5]	FAMILY IN THIS HOUSEHOLD 1
	EMPLOYER OR UNION... 2
	SOMEONE OUTSIDE HOUSEHOLD.. 3
	MEDI-CAL (MEDICAID) 4
	HEALTHY FAMILIES PROGRAM 5
	OTHER... 91
	REFUSED .... -7
	DON'T KNOW .... -8

IF QA03_241 = 2, SET CHEMP = 1 AND CHDIRECT = 0
IF QA03_241 = 4, SET CHMCAL = 1 AND CHDIRECT = 0
IF QA03_241 = 5, SET CHHFAM = 1 AND CHDIRECT = 0

PROGRAMMING NOTE QA03_242
IF CHINSURE = 1, GO TO QA03_253; ELSE CONTINUE WITH QA03_242

QA03_242	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]	YES .... 1 [GO TO PN QA03_246]

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

IF QA03_242 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA03_243   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?

 [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."]

[CF7]   AIM...1 **[GO TO PN QA03_246]**
                       "MISTER MIP"/MRMIP ....2 **[GO TO PN QA03_246]**
                       NO OTHER PLAN 3
                       SOMETHING ELSE (SPECIFY): _____ ....91 **[GO TO PN QA03_246]**
                       REFUSED ....-7
                       DON'T KNOW ....-8

IF QA03_243 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA03_244   Does {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]   YES 1
                       NO..2
                       REFUSED ....-7 **[GO TO PN QA03_246]**
                       DON'T KNOW ....-8

QA03_245   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?

[CIRCLE ALL THAT APPLY.]

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

[CF9]   THROUGH CURRENT OR FORMER EMPLOYER/UNION.......................1
                       THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP
                       OR OTHER ORGANIZATION 2
                       PURCHASED DIRECTLY FROM A HEALTH PLAN
                       (BY R OR ANYONE ELSE) 3
                       MEDICARE 4
                       MEDI-CAL 5
                       HEALTHY FAMILIES 6
                       CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY
                       HEALTH CARE 7
                       INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN
                       INDIAN CLINIC 8
                       OTHER GOVERNMENT HEALTH PLAN..91
                       OTHER NON-GOVERNMENT HEALTH PLAN...92
                       REFUSED ....-7
                       DON'T KNOW ....-8

IF QA03_245 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA03_245 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA03_245 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA03_245 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA03_245 = 5, SET CHMCAL = 1 AND CHINSURE = 1

IF QA03_245 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA03_245 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA03_245 = 8, SET CHIHS = 1
IF QA03_245 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA03_245 = 92, SET CHINSURE = 1
IF QA03_245 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA03_246
IF CHINSURE = 1, CONTINUE WITH QA03_246;
ELSE GO TO PN QA03_254.

Child's managed care characteristics

QA03_246   Thinking of (CHILD)'s main health plan, did you have to sign {him/her/him or her} up with a primary care doctor, a group of doctors, or a clinic that you must take {him/her/him or her} to for routine care?

{자녀 이름/나이/성별}의 주된 보험 조건상 자녀분이 어떤 특정 가정주치의, 의사, 또는 보건소를 정해

정기검진을 받도록 되어 있습니까?

[CF11]   YES 1
                    NO...2
                    REFUSED ....-7
                    DON'T KNOW ....-8

QA03_247   In this plan, does (CHILD) have to get approval or a referral to see a specialist such as a dermatologist, or skin doctor?

그 보험은 피부과 의사와 같은 전문의를 찾아가려면 **{자녀 이름/나이/성별}**를 위해 선생님께서 승인이나 추천을

받아야 합니까?

[CF12]   YES 1
                    NO...2
                    REFUSED ....-7
                    DON'T KNOW ....-8

QA03_248   What is the name of (CHILD)'s main health plan?
             { }의 주된 건강 보험의 이름이 무엇입니까?

             [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?"]

[MA2]   KAISER. 1
                   BLUE CROSS 2
                   PACIFICARE..3
                   BLUE SHIELD 4
                   HEALTH NET 5
                   AETNA/US HEALTHCARE/PRUDENTIAL 6
                   CIGNA HEALTHCARE 7
                   MEDI-CAL 8
                   {COUNTY MEDI-CAL PLAN NAME} 9
                   OTHER..91
                   REFUSED ....-7
                   DON'T KNOW ....-8

PROGRAMMING NOTE QA03_249
IF QA03_246 = 2 AND QA03_247 = 2, SKIP TO QA03_250, ELSE IF QA03_248 = 1 (KAISER), CODE "1" (YES) FOR
QA03_249, AND GO TO QA03_250.

QA03_249   Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
            {}의 주된 건강 보험이 HMO(에이치엠오)입니까?

            **[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."]**
            **[NOTE: IF R SAYS WHAT AN HMO IS, THEN SAY:" HMO는 {}이/가 일반적으로 반드시 HMO
            의사들한테만 진료를 받아야 하고, HMO로부터 정식으로 소개 받지 않은 의사한테 진료를 받으면
            응급시가 아닌 한 보험 카바가 안 됩니다."]**

[MA3]   YES 1
                    NO.. 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA03_250   Is (CHILD) covered for prescription drugs?
            {}의 처방약도 의료보험으로 받을 수 있습니까?

[CF14]   YES 1
                    NO.. 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA03_251   Is {he/she/he or she} covered for eye exams?
            안과 검사도 포함됩니까?

[CF15]   YES 1
                    NO.. 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA03_252   Is {he/she/he or she} covered for glasses?
            안경을 맞추는 것도 포함됩니까?

[CF16]   YES 1
                    NO.. 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA03_253   Using <u>any number from 0 to 10</u> where 0 is the worst health care possible and 10 is the best health care
            possible, what number would you use to rate all your (CHILD)'s health care in the last 12 months?
            0은 가장 형편 없는 의료 서비스, 그리고 10은 가장 좋은 의료 서비스라고 할 때, 지난
            12개월 동안 {}가 받은 의료 서비스의 등급을 매긴다면, 0에서 10까지 숫자 중 어떤
            숫자를 고르시겠습니까?

[MA4]   _____ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)

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

PROGRAMMING NOTE QA03_254
IF CHINSURE = 1, GO TO QA03_259;
ELSE CONTINUE WITH QA03_254.

QA03_254   What is the **one main** reason (CHILD) does not have any health insurance?
              {}가 의료보험이 없는 가장 큰 이유는 무엇입니까?

[CF18]   CHANGED EMPLOYER/LOST JOB 1
              EMPLOYER DOES NOT OFFER 2
              NOT ELIGIBLE DUE TO WORKING STATUS 3
              NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 4
              NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 5
              CAN'T AFFORD/TOO EXPENSIVE 6
              FAMILY SITUATION CHANGED 7
              LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) 8
              DON'T BELIEVE IN INSURANCE 9
              HEALTHY -- NO NEED 10
              PAYS FOR OWN CARE -- NO NEED 11
              GETS HEALTH CARE FREE -- NO NEED 12
              OTHER (SPECIFY) _____ 91
              REFUSED .... -7
              DON'T KNOW .... -8

Child's coverage over past 12 months
QA03_255   Was (CHILD) covered by health insurance at any time during the past 12 months?
              {}가 지난 12개월 중 의료보험 혜택을 받은 적이 있습니까?

[CF20]   YES .... 1 **[GO TO QA03_257]**
              NO 2
              REFUSED .... -7
              DON'T KNOW .... -8

QA03_256   How long has it been since (CHILD) last had health insurance?
              {}가 마지막으로 의료보험에 들은 지 얼마나 지났습니까?
[CF21]   MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO 1
              MORE THAN 3 YEARS AGO 2
              NEVER HAD HEALTH INSURANCE COVERAGE 3   **[GO TO PN QA03_265]**
              REFUSED .... -7
              DON'T KNOW/NOT SURE .... -8

QA03_257   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?

              [NOTE: IF LESS THAN ONE MONTH, ENTER 1]

[CF22]   _____ MONTHS [RANGE: 0-12]

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

QA03_258   During those months when (CHILD) had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
{}가 들어있던 의료보험이 메디캘, 건강가족프로그램, 귀하의 직장을 통해 가입된 보험, 또는 다른 보험이었습니까?

[CIRCLE ALL THAT APPLY.]

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

[CF23]   MEDI-CAL 1
                 HEALTHY FAMILIES 2
                 THROUGH CURRENT OR FORMER EMPLOYER/UNION.......................3   **[GO TO PN QA03_265]**
                 OTHER HEALTH PLAN 91
                 REFUSED ....-7
                 DON'T KNOW ....-8

QA03_259   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 {}가 동일한 보험에 들어 있었습니까?

[CF24]   YES 1   **[GO TO PN QA03_265]]**
                 NO..2
                 REFUSED ....-7
                 DON'T KNOW ....-8

QA03_260   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?
{}에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

[CF25]   YES 1
                 NO..2
                 REFUSED ....-7   **[GO TO QA03_262]**
                 DON'T KNOW ....-8

QA03_261   Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
{}의 다른 보험이 메디캘, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 어떤 보험이었습니까?

[CIRCLE ALL THAT APPLY.]

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

[CF26]   MEDI-CAL 1
                 HEALTHY FAMILIES 2
                 THROUGH CURRENT OR FORMER EMPLOYER/UNION.......................3
                 OTHER HEALTH PLAN 91
                 REFUSED ....-7
                 DON'T KNOW ....-8

QA03_262   During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?
지난 12개월 동안, {}에게 의료보험이 전혀 없던 때가 있었습니까?

[CF27]   YES 1
                 NO..2
                 REFUSED ....-7   **[GO TO PN QA03_265]]**
                 DON'T KNOW ....-8

QA03_263   For how many of the past 12 months did {he/she/he or she} have no health insurance?
{}에게 의료보험이 전혀 없던 기간이 몇 개월이었습니까?

[CF28]   _____ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]

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

QA03_264   What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she/he or she} wasn't covered?
{}가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 큰 이유는 무엇이었습니까?

                    [IF R SAYS, "No need," PROBE WHY]

[CF29]   CHANGED EMPLOYER/LOST JOB 1
                    EMPLOYER DID NOT OFFER...2
                    NOT ELIGIBLE DUE TO WORKING STATUS...3
                    NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS....................4
                    NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.............5
                    COULDN'T AFFORD/TOO EXPENSIVE...6
                    FAMILY SITUATION CHANGED 7
                    LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.).....................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

Teen's health insurance

> **PROGRAMMING NOTE QA03_265**
> **IF THERE IS NO {CHILD OR TEEN} SELECTED, GO TO QA03_300;**
> **ELSE CONTINUE WITH QA03_265.**

QA03_265   These next questions are about health insurance (TEEN) may have.
다음은 {}이/가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.

                    Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
{}이/가 귀하의 같은 보험을 갖고 있습니까?

[IA10A]   YES .... 1 **[GO TO QA03_286]**
                    NO.. 2
                    REFUSED ....-7
                    DON'T KNOW ....-8

> **IF QA03_265 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND AREMPPAR= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND AREMPOTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1**
> **IF QA03_265 = 1 AND ARIHS= 1, SET TEIHS = 1**

QA03_266   Does (TEEN) have the same insurance as your spouse?
{ }이/가 귀하의 배우자과 같은 보험을 갖고 있습니까?

[MA5]   YES .... 1 **[GO TO QA03_286]**
                  NO.. 2
                  REFUSED ....-7
                  DON'T KNOW ....-8

IF QA03_266 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA03_266 = 1 AND SPMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA03_266 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA03_266 = 1 AND SPEMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA03_266 = 1 AND SPEMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA03_266 = 1 AND SPDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA03_266 = 1 AND SPMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA03_266 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA03_267   Does (TEEN) have the same insurance as (CHILD)?
{ }이/가 { }과 같은 보험을 갖고 있습니까?

[MA6]   YES .... 1 **[GO TO QA03_286]**
                  NO.. 2
                  REFUSED ....-7
                  DON'T KNOW ....-8

IF QA03_267 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA03_267 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA03_267 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA03_267 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA03_267 = 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA03_267 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA03_267 = 1 AND CHOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA03_267 = 1 AND CHIHS= 1, SET TEIHS = 1

QA03_268   Is {he/she/he or she} currently covered by Medi-CAL?
{ }이/가 메디-캘에 들어 있습니까?

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "메디-캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

[IA1]   YES .... 1 **[GO TO QA03_272]**
                  NO.. 2
                  REFUSED ....-7 **[GO TO QA03_270]**
                  DON'T KNOW ....-8 **[GO TO QA03_270]**

IF QA03_268 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA03_269   What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
{}가 메디칼에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니까?

[IA1A]   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

QA03_270   Is (TEEN) covered by the Healthy Families Program?
{}가 건강가족 프로그램(Healthy Families Program)의 혜택을 받고 있습니까?

**[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance
for children up to age 19."]**
**[IF NEEDED, SAY: "*건강가족프로그램은 어린이가 19세가 될 때까지 건강보험료를 지불해주는
주정부 프로그램입니다."]**

[IA2]   YES .... 1 **[GO TO QA03_272]**
NO 2
REFUSED .... -7 **[GO TO QA03_272]**
DON'T KNOW .... -8 **[GO TO QA03_272]**

IF QA03_270 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA03_271   What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
가 건강가족 프로그램에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니까?

[IA2A]   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

QA03_272   Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
가 귀하 또는 다른 사람의 직장 또는 조합(Union)을 통해 건강보험 또는 HMO 의 혜택을 받고
있습니까?

[IA3]   YES .... 1 **[GO TO QA03_274]**
NO... 2
REFUSED ....-7
DON'T KNOW ....-8

IF QA03_272 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA03_273   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]   YES 1
NO... 2
REFUSED ....-7   **[GO TO PN QA03_275]**
DON'T KNOW ....-8

IF QA03_273 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA03_274   Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?
공동지불(Co-pay) 또는 본인부담금(deductible)을 제외한 다달의 보험료는 누가 지불하십니까?

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any other person or program?"]
[PROBE: "*다른 사람이나 프로그램이 또 있습니까?"]

[IF NEEDED, SAY: "Co-pays 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: *공동지불(Copay)이란 의사를 방문하거나 의료혜택을 받을 때마다 다른 사람이 주요 의료혜택을 위해 부담하는 보험료 이외에 본인이 일부 부담하는 금액입니다."

"A deductible is the amount you pay for medical care before the health plan starts paying."
"* 본인부담금(또는 디덕터블)이란 의료비용이 건강보험이 적용되는 금액 이하일 경우 귀하가 지불해야 하는 금액입니다."

"Premium is the monthly charge for the cost of your health insurance plan."]
"*보험료(또는 프리미엄)이란 건강보험을 위해 매달 지불해야 하는 금액입니다."]

[IF R SAYS GOVERNMENT, PROBE: "Is this Medi-CAL, Healthy Families, or some other government program, or is it a benefit of being a government employee?" IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"]
[IF R SAYS GOVERNMENT, PROBE: "*메디칼이나 건강가족프로그램, 또는 다른 정부보조프로그램입니까, 아니면 공무원으로서 받는 혜택입니까?"]

[IA5]   FAMILY IN THIS HOUSEHOLD 1
EMPLOYER OR UNION...2
SOMEONE OUTSIDE HOUSEHOLD...3
MEDI-CAL (MEDICAID) 4
HEALTHY FAMILIES PROGRAM 5
OTHER..91
REFUSED ....-7
DON'T KNOW ....-8

IF QA03_274 = 2, SET TEEMP = 1 AND TEDIRECT = 0
IF QA03_274 = 4, SET TEMCAL = 1 AND TEDIRECT = 0
IF QA03_274 = 5, SET TEHFAM = 1 AND TEDIRECT = 0

PROGRAMMING NOTE QA03_275
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA03_279; ELSE CONTINUE WITH QA03_275

QA03_275   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]   YES ....1 **[GO TO PN QA03_279]**
NO..2
REFUSED ....-7
DON'T KNOW ....-8

IF QA03_275 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA03_276 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?

[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, AIM은 유아와 엄마를 위한 접근', 그리고 '미스터 MIP'나 MRMIP는 "메이저 리스크 의료 보험 프로그램'을 의미합니다."]

[IA7]
AIM ....1 **[GO TO PN QA03_279]**
"MISTER MIP"/MRMIP ....2 **[GO TO PN QA03_279]**
NO OTHER PLAN 3
SOMETHING ELSE (SPECIFY): _____ ....91 **[GO TO PN QA03_279]**
REFUSED ....-7
DON'T KNOW ....-8

IF QA03_276 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA03_277 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?
{ }가 제가 말씀드리지 않은 다른 보험에 들어 있습니까?

[IA8]
YES 1
NO..2
REFUSED ....-7 **[GO TO PN QA03_279]**
DON'T KNOW ....-8

QA03_278　　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?
어떤 종류의 건강 보험을 {}이/가 가지고 있습니까? 그게 메디-캘, 헬씨 페밀리스(Healthy Families), 직장이나 노동 조합을 통한 보험입니까, 아니면 다른 어떤 데를 통해서입니까?

[CIRCLE ALL THAT APPLY.]

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

[IA9]　　　　THROUGH CURRENT OR FORMER EMPLOYER/UNION.......................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP
　OR OTHER ORGANIZATION 2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
　..3
MEDICARE ....4 (VERIFY)
MEDI-CAL 5
HEALTHY FAMILIES 6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY
　HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN
INDIAN CLINIC 8
OTHER GOVERNMENT HEALTH PLAN...91
OTHER NON-GOVERNMENT HEALTH PLAN..92
REFUSED ....-7
DON'T KNOW ....-8

IF QA03_278 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA03_278 = 2, SET TEEMP = 1 AND TEINSURE = 1
IF QA03_278 = 3, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA03_278 = 4, SET TEMCARE = 1 AND TEINSURE = 1
IF QA03_278 = 5, SET TEMCAL = 1 AND TEINSURE = 1
IF QA03_278 = 6, SET TEHFAM = 1 AND TEINSURE = 1
IF QA03_278 = 7, SET TEMILIT = 1 AND TEINSURE = 1
IF QA03_278 = 8, SET TEIHS = 1
IF QA03_278 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA03_278 = 92, SET TEINSURE = 1
IF QA03_278 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA03_279
IF TEINSURE = 1, CONTINUE WITH QA03_279;
ELSE GO TO PN QA03_287.

Teen's managed care characteristics
QA03_279　　Thinking of {TEEN NAME /AGE/SEX}'s main health plan, did you have to sign {him/her/him or her} up with a primary care doctor, a group of doctors, or a clinic that you must take {him/her/him or her} to for routine care?
{}의 주된 건강 보험에 대해서 말인데요. 일차 진료 의사, 의사 그룹, 또는 정기 진료를 위해 {}를 데려가야 하는 진료소에 {}를 등록시켜야 했습니까?

[IA11]　　　　YES 1
NO...2
REFUSED ....-7
DON'T KNOW ....-8

QA03_280   In this plan, does (TEEN) have to get approval or a referral to see a specialist such as a dermatologist, or skin doctor?

이 플랜에서는, {}이/가 피부과 의사 같은 전문의를 보기 위해서 승인이나 소개를 받아야 합니까?

[IA12]
```
YES ........................................................................................... 1
NO............................................................................................. 2
REFUSED ................................................................................. -7
DON'T KNOW ........................................................................... -8
```

QA03_281   What is the name of (TEEN)'s main health plan?

{}의 주된 건강 보험의 이름이 무엇입니까?

[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?"]

[MA7]
```
KAISER ..................................................................................... 1
BLUE CROSS ........................................................................... 2
PACIFICARE............................................................................. 3
BLUE SHIELD .......................................................................... 4
HEALTH NET ............................................................................ 5
AETNA/US HEALTHCARE/PRUDENTIAL ................................ 6
CIGNA HEALTHCARE ............................................................. 7
MEDI-CAL ................................................................................. 8
{COUNTY MEDI-CAL PLAN NAME} ........................................ 9
OTHER.....................................................................................91
REFUSED ................................................................................. -7
DON'T KNOW ........................................................................... -8
```

PROGRAMMING NOTE QA03_282:
IF QA03_279 = 2 AND QA03_280 = 2, SKIP TO QA03_283; ELSE IF QA03_281 = 1 (KAISER), CODE "1"(YES) FOR QA03_282 AND GO TO QA03_283

QA03_282   Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

{}의 주된 건강 보험이 HMO(에이치엠오)입니까?

[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: "HMO는 {}이/가 일반적으로 반드시 HMO 참가 의사들한테만 진료를 받아야 하고, HMO로부터 정식으로 소개 받지 않은 의사한테 진료를 받으면 응급시가 아닌 한 보험 혜택을 받지 못합니다."]

[MA8]
```
YES ........................................................................................... 1
NO............................................................................................. 2
REFUSED ................................................................................. -7
DON'T KNOW ........................................................................... -8
```

QA03_283   Is (TEEN) covered for prescription drugs?

{}의 처방약도 의료보험으로 받을 수 있습니까?

[IA14]
```
YES ........................................................................................... 1
NO............................................................................................. 2
REFUSED ................................................................................. -7
DON'T KNOW ........................................................................... -8
```

QA03_284   Is {he/she/he or she} covered for eye exams?
안과 검사도 포함이 됩니까?

[IA15]   YES 1
                      NO..2
                      REFUSED ....-7
                      DON'T KNOW ....-8

QA03_285   Is {he/she/he or she} covered for glasses?
안경을 맞추는 것도 포함이 됩니까?

[NOTE: IF COVERED FOR FRAMES OR LENSES, CODE AS "YES"]

[IA16]   YES 1
                      NO..2
                      REFUSED ....-7
                      DON'T KNOW ....-8

QA03_286   Using <u>any number from 0 to 10</u> where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your (TEEN)'s health care in the last 12 months?
0 은 가장 형편 없는 의료 서비스, 그리고 10 은 가장 좋은 의료 서비스라고 할 때, 지난 12 개월 동안 {}가 받은 의료 서비스의 등급을 매긴다면, 0 에서 10 까지 숫자 중 어떤 숫자를 고르시겠습니까?

[MA9]   _____ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)

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

PROGRAMMING NOTE QA03_287:
IF TEINSURE = 1, GO TO QA03_292;
ELSE CONTINUE WITH QA03_287.

QA03_287   What is the ONE MAIN reason (TEEN) does not have any health insurance?
{}이 아무 건강 보험도 없는 제일 중요한 이유가 뭡니까?

[IA18]   CHANGED EMPLOYER/LOST JOB 1
                      EMPLOYER DID NOT OFFER...2
                      NOT ELIGIBLE DUE TO WORKING STATUS...3
                      NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS....................4
                      NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.............5
                      COULDN'T AFFORD/TOO EXPENSIVE..6
                      FAMILY SITUATION CHANGED 7
                      LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)....................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

QA03_288   Was (TEEN) covered by health insurance at any time during the past 12 months?
{ }가 지난 12 개월 중 건강보험의 혜택을 받은 적이 있습니까?

[IA20]   YES .... 1 **[GO TO QA03_290]**
                        NO 2
                        REFUSED .... -7
                        DON'T KNOW .... -8

QA03_289   How long has it been since (TEEN) last had health insurance?
{ }가 마지막으로 건강보험에 들은 지 얼마나 지났습니까?

[IA21]   MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO 1
                        MORE THAN 3 YEARS AGO 2
                        NEVER HAD HEALTH INSURANCE COVERAGE .... 3 **[GO TO QA03_298]**
                        REFUSED .... -7
                        DON'T KNOW/NOT SURE .... -8

QA03_290   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?

                        [NOTE: IF LESS THAN ONE MONTH, ENTER 1]

[IA22]   _____ MONTHS [RANGE: 0-12]

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

QA03_291   During those months when (TEEN) had health insurance, was {his/her/his or her} insurance Medi-CAL,
Healthy Families, a plan you obtained through an employer, or some other plan?
{ }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?"]

[IA23]   MEDI-CAL 1
                        HEALTHY FAMILIES 2
                        THROUGH CURRENT OR FORMER EMPLOYER/UNION .... 3 **[GO TO QA03_298]**
                        OTHER HEALTH PLAN 91
                        REFUSED .... -7
                        DON'T KNOW .... -8

Teen's coverage over past 12 months
QA03_292   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]   YES .... 1 **[GO TO QA03_298]**
                        NO 2
                        REFUSED .... -7
                        DON'T KNOW .... -8

QA03_293   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?
{} 현재 들어있는 보험이 없었을 때에는 다른 보험이 있었습니까?

[IA25]   YES 1
                    NO...2
                    REFUSED ....-7   **[GO TO QA03_295]**
                    DON'T KNOW ....-8

QA03_294   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?

[CIRCLE ALL THAT APPLY.]

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

[IA26]   MEDI-CAL 1
                    HEALTHY FAMILIES 2
                    THROUGH CURRENT OR FORMER EMPLOYER/UNION......................3
                    OTHER HEALTH PLAN 91
                    REFUSED ....-7
                    DON'T KNOW ....-8

QA03_295   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 1
                    NO...2
                    REFUSED ....-7   **[GO TO QA03_300]**
                    DON'T KNOW ....-8

QA03_296   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]

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

QA03_297   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?

[IF R SAYS, "No need," PROBE WHY]

[IA29]   CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DID NOT OFFER..2
NOT ELIGIBLE DUE TO WORKING STATUS...3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS....................4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.............5
COULDN'T AFFORD/TOO EXPENSIVE...6
FAMILY SITUATION CHANGED 7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)....................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

QA03_298   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.. 2
REFUSED ....-7
DON'T KNOW ....-8

Section J – Health Care Utilization and Access, Dental Health

Visits to medical doctor

QA03_300   Now, I'd like to ask about the health care <u>you</u> receive.
이제는 받고 계시는 의료 서비스에 대해 여쭤보고자 합니다.

During the past 12 months, how many times have you seen a medical doctor?
지난 12 개월 동안, 의사를 몇 번이나 보셨습니까?

[AH5]   _____ TIMES   [RANGE: 0-365]

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

PROGRAMMING NOTE QA03_301:
IF QA03_300 = 0, -7, OR -8 (HAVE NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA03_301;
ELSE GO TO QA03_302

QA03_301   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 LESS 0
MORE THAN 1 UP TO 2 YEARS AGO..1
MORE THAN 2 UP TO 5 YEARS AGO..2 **[GO TO QA03_306]**
MORE THAN 5 YEARS AGO..3 **[GO TO QA03_306]**
NEVER ....4 **[GO TO QA03_306]**
REFUSED ....-7 **[GO TO QA03_311]**
DON'T KNOW ....-8 **[GO TO QA03_311]**

PROGRAMMING NOTE QA03_302:
IF QA03_301 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA03_302;
ELSE GO TO QA03_306

Communication with doctor

QA03_302   The last time you saw a doctor, did you have a hard time understanding the doctor?
지난 번에 의사를 보았을 때 의사가 하는 말이 알아 듣기 힘들었습니까?

[AJ8]   YES 1
NO.. 2
REFUSED ....-7   **[GO TO QA03_306]**
DON'T KNOW ....-8

QA03_303   Was this because you and the doctor spoke different languages?
그게 귀하과 의사가 서로 다른 언어를 사용하기 때문이었습니까?

[AJ9]   YES 1
NO.. 2
REFUSED ....-7
DON'T KNOW ....-8

QA03_304   Did you need <u>someone else</u> to help you understand the doctor?
의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

[AJ10]   YES 1
NO.. 2
REFUSED ....-7   **[GO TO QA03_306]**
DON'T KNOW ....-8

QA03_305   Who was this person who helped you understand the doctor?
의사의 말을 알아 듣도록 도와 주었던 사람이 누구였습니까?

**[IF R RESPONDS "MY CHILD", PROBE TO SEE IF CHILD IS UNDER AGE 18.
IF AGE 18+, CODE AS ADULT FAMILY MEMBER]**

[AJ11]   MINOR CHILD (UNDER AGE 18) 1
AN ADULT FAMILY MEMBER OR FRIEND OF MINE 2
NON-MEDICAL OFFICE STAFF 3
MEDICAL STAFF INCLUDING NURSES/DOCTORS 4
PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE
TELEPHONE) 5
OTHER (PATIENTS, SOMEONE ELSE) 6
DID NOT HAVE SOMEONE TO HELP 7
REFUSED .... -7
DON'T KNOW .... -8

Problems obtaining care

QA03_306   A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist, a nurse practitioner, or a physician assistant. In the last 12 months, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with? Was it…

개인 의사나 간호사는 전문인들이기에 선생님의 치료와 병력을 알고있습니다. 지난 **12** 개월 동안, 마음에 드는 개인 의사나 간호사를 만나는 데 문제가 있었다면, 얼마나 큰 문제였습니까? 그게...

[AJ12]   A big problem 1
큰 문제였습니까,
A small problem 2
조금 문제가 됐습니까, 아니면
Or not a problem? 3
문제 없었습니까?
DIDN'T NEED TO GET A DOCTOR/NURSE IN PAST 12 MONTHS 4
지난 12 개월 동안 의사나 간호사를 만날 필요가 없었음
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA03_307:**
> **IF QA03_301 =2, 3 OR 4 GO TO QA03_308**
> **ELSE CONTINUE WITH QA03 307**

QA03_307   In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see? Was it…
지난 12 개월 동안, 진료를 받아야 했던 전문의를 만나는 데 문제가 있었다면, 얼마나 큰 문제였습니까? 그게...

**[IF NEEDED, SAY: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who
specialize in one are of health care."**

[AJ13]   A big problem 1
큰 문제였습니까,
A small problem 2
조금 문제가 됐습니까, 아니면
Or not a problem? 3
문제 없었습니까?
DIDN'T NEED TO SEE A SPECIALIST IN PAST 12 MONTHS 4
지난 12 개월 동안 의사나 간호사를 만날 필요가 없었음

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

QA03_308   In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary? Was it…
지난 12 개월 동안, 의사나 자신이 필요하다고 생각했던 진료나 검사나 치료를 받는 데 문제가 있었다면, 얼마나 큰 문제였습니까? 그게...

[AJ14]   A big problem 1
큰 문제였습니까
A small problem... 2
조금 문제가 됐습니까, 아니면
Or not a problem? 3
문제 없었습니까?
DIDN'T NEED TEST/TREATMENT IN PAST 12 MONTHS 4
지난 12 개월 동안 의사나 간호사를 만날 필요가 없었음
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE QA03_309:
IF AR UNINSURED ALL OF THE PAST 12 MONTHS, GO TO QA03_310
IF QA03_301 = 2, 3 OR 4 (HAS NOT SEEN DOCTOR FOR 2 OR MORE YEARS) AND QA03_306 = 4 AND QA03_308 = 4,
GO TO QA03_311;
ELSE CONTINUE WITH QA03_309

QA03_309   In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan? Was it…
지난 12 개월 동안, 건강 보험의 승인이 나오는 동안 진료를 못 받고 기다려야 했던 문제가 있었다면, 얼마나 큰 문제였습니까? 그게...

[AJ15]   A big problem 1
큰 문제였습니까,
A small problem... 2
조금 문제가 됐습니까, 아니면
Or not a problem? 3
문제 없었습니까?
DIDN'T NEED APPROVAL IN PAST 12 MONTHS 4
지난 12 개월 동안 보험 승인이 필요가 없었음
REFUSED ....-7
DON'T KNOW ....-8

QA03_310   Using <u>any number from 0 to 10</u> where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?
0 은 가장 형편 없는 의료 서비스, 그리고 10 은 가장 좋은 의료 서비스라고 할 때, 지난 12 개월 동안 받으신 모든 의료 서비스의 등급을 매긴다면, 0 에서 10 까지 숫자 중 어떤 숫자를 고르시겠습니까?

[AJ16]   _____ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)

NOT APPLICABLE—NO HEALTH CARE LAST 12 MONTHS....................-5
REFUSED ....-7
DON'T KNOW ....-8

Racial/ethnic discrimination in health care
QA03_311   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 1
                             NO 2
                             REFUSED .... -7   **[GO TO PN QA03_313]**
                             DON'T KNOW .... -8

QA03_312   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.. 1
                     MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO 2
                     MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO............................. 3
                     MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO............................. 4
                     MORE THAN 5 YEARS AGO UP TO 10 YEARS AGO........................... 5
                     MORE THAN 10 YEARS AGO UP TO 20 YEARS AGO......................... 6
                     MORE THAN 20 YEARS AGO 7
                     REFUSED .... -7
                     DON'T KNOW .... -8

PROGRAMMNING NOTE QA03_313:
IF QA03_300 > 0 (NUMBER OF TIMES SAW DOCTOR WITHIN LAST YEAR) OR QA03_301 = 0 (ONE YEAR AGO OR LESS) GO TO QA03_314;
ELSE CONTINUE WITH QA03_313

Emergency room visits
QA03_313   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]   YES 1
                     NO.. 2
                     REFUSED .... -7
                     DON'T KNOW .... -8

Delays in care, unmet need
QA03_314   During the past 12 months, did you either delay or not get a medicine that a doctor prescribed
                 for you?
                 지난 12 개월 동안 의사가 처방해준 약을 복용하지 않고 미루거나 아예 약사로부터 사지 않으신 적이
                 있습니까?

[AH16]   YES 1
                     NO..2
                     REFUSED .... -7
                     DON'T KNOW ....-8 **[GO TO QA03_316]**

QA03_315   Was cost or lack of insurance a reason why you delayed or did not get the prescription?
                 비용이 많이 들거나 보험이 없었기 때문에 의사의 처방을 받는 게 지체되었거나, 아니면
                 아예 처방전을 못 받고 말았던 적이 있었습니까?

[AJ19]   YES 1
                     NO.. 2
                     REFUSED .... -7
                     DON'T KNOW .... -8

QA03_316   During the past 12 months, did you delay or not get any other medical care you felt you needed – such as
                 seeing a doctor, a specialist or other health professional?
                 지난 12 개월 동안 의사나 전문가, 또는 다른 의료전문가를 찾아가시는 것과 같은 귀하께서
                 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

[AH22]   YES 1
                     NO.. 2
                     REFUSED .... -7 **[GO TO QA03_318]**
                     DON'T KNOW .... -8

QA03_317   Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
비용이 많이 들거나 보험이 없었기 때문에, 의사의 진료를 받아야 한다고 생각하시면서도
지체되었거나, 아니면 아예 진료를 못 받고 말았던 적이 있었습니까?

[AJ20]   YES 1
                         NO.. 2
                         REFUSED ....-7
                         DON'T KNOW ....-8

Dental health
QA03_318   These next questions are about dental health.
다음 질문들은 치아 건강에 관한 것입니다.

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.
치과 의사나 치과 클리닉을 마지막으로 방문한 지가 얼마나 됐습니까? 치과 위생관리사와
모든 종류의 치과 진료 전문가들을 포함해서 대답해 주십시오.

[AG1]   LESS THAN 6 MONTHS AGO 1
                         6 MONTHS UP TO 1 YEAR AGO 2
                         1 YEAR UP TO 2 YEARS AGO 3
                         2 YEARS UP TO 5 YEARS AGO 4
                         MORE THAN 5 YEARS AGO... 5
                         HAS NEVER VISITED...6
                         REFUSED ....-7
                         DON'T KNOW ....-8

QA03_319   During the past 12 months, was there any time you needed dental care, but could not afford it?
지난 12 개월 동안, 치과 치료가 필요했는데도 그럴만한 경제적인 여유가 없었던 때가
있었습니까?

[AJ22]   YES 1
                         NO.. 2
                         REFUSED ....-7
                         DON'T KNOW ....-8

QA03_320   Do you now have any type of insurance that pays for part or all of your dental care?
치과 진료비를 조금이라도 내주거나 아니면 모두 내주는 보험이 현재 있으십니까?

[AG3]   YES 1
                         NO.. 2
                         REFUSED ....-7
                         DON'T KNOW ....-8

PROGRAMMING NOTE QA03_321
IF QA03_164 = 5 (RETIRED), GO TO PROGRAMMING NOTE QA03_328;
ELSE CONTINUE WITH QA03_321

QA03_321   During the past 12 months, did you miss any work because of a dental problem? Do not count time missed for cleaning or a check-up.
지난 12 개월 동안, 치아 문제 때문에 직장에 나가지 못했던 적이 있었습니까? 정규적인
치석 제거나 그냥 진찰을 받으려던 경우는 제외해 주십시오.

[AJ25]   YES 1
                         NO.. 2
                         REFUSED ....-7   **[GO PN QA03_323]**
                         DON'T KNOW ....-8

QA03_322   How many days of work did you miss?
                      직장에 나가지 못했던게 며칠이나 되십니까?

[AJ26]   _____ LESS THAN A DAY
                      _____ DAYS

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

Section K – Employment, Income, Poverty Status

PROGRAMMING NOTE QA03_323:
IF QA03_163 = 3 GO TO QA03_328;
IF QA03_164 = 1, 4, 5, 6, or 7, GO TO QA03_328;
ELSE CONTINUE WITH QA03_323

Hours word at all jobs

This is about the work you do.
이제는 하시는 일에 대해 몇 가지 여쭤 보겠습니다.

QA03_323   How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?
한군데서 일하시는 경우도 있고, 잡(job)이 하나 이상 있는 경우도 있겠습니다만, 모든 잡(job)을 다 합쳐서 보통 일주일에 몇 시간씩이나 일하십니까?

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

[AK3]   _____ HOURS   [HR: 0-95]

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

PROGRAMMING NOTE QA03_324
IF QA03_323 = 0 (NO HOURS WORKED), GO TO QA03_328;
ELSE CONTINUE WITH QA03_324 AND
IF QA03_166 = 1 (PRIVATE COMPANY), DISPLAY "employed by a private company",
IF QA03_166 = 2 (GOVERNMENT), DISPLAY "employed by the government",
IF QA03_166 = 3 (SELF-EMPLOYED), DISPLAY "self-employed",
IF QA03_166 = 4 (FAMILY BUSINESS OR FARM), DISPLAY "working without pay in a family business or farm".

Occupation/industry

QA03_324   Earlier, you told me that on your <u>main</u> job, you are {employed by a private company/ employed by the government/ self-employed/ working without pay in a family business or farm}. What kind of business or industry is this?
아까, 주된 직업이 가족끼리 하는 사업체나 농장에서 보수를 받지 않고 일하신다고 하셨는데요. 그게 어떤 종류의 사업체나 업종입니까?

[IF NEEDED, SAY: "What do they make or do at this business?"]
[IF NEEDED, SAY: "이 사업체에서 만들거나 하는 일이 뭡니까?"]

[INTERVIEWER: ENTER DESCRIPTION]

[AK5]   _____ (BUSINESS OR INDUSTRY)

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

QA03_325   What is the <u>main</u> kind of work <u>you</u> do?
주로 하시는 일은 무엇입니까?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

[AK6]   _____ (OCCUPATION)

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

QA03_326   How long have you worked at your <u>main</u> job?
지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

[IF NEEDED, SAY: "That is, for your <u>current</u> employer?"]

[AK7]   _____ MONTHS   [HR: 0-12]
_____ YEARS   [HR: 0-50]

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

PROGRAMMING NOTE QA03_327:
IF QA03_166 = 2 (GOVERNMENT EMPLOYEE), GO TO QA03_329;
IF QA03_166 = 3 (SELF-EMPLOYED), CONTINUE WITH QA03_327 AND DISPLAY "Including yourself, about";
ELSE CONTINUE WITH QA03_327 AND DISPLAY "About"

QA03_327   {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?
자신을 포함해서, 지금 현재 고용하고 계시는 직원들이 소속 사무소와 사업장을 통틀어
대략 몇 명이나 됩니까?

[IF NEEDED SAY: "Your best guess is fine."]
[IF NEEDED, SAY: "최선으로 추정해 말씀해 주시면 됩니다."]

[AK8]   FEWER THAN 10.. 1
10-50 2
51-99 3
100-999 4   **[GO TO QA03_329]**
1,000 OR MORE 5
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE QA03_328
IF QA03_163=3 (LOOKING FOR WORK), CONTINUE WITH QA03_328
IF QA03_164 = 1, 4, 5, 6, OR 7 (KEEPING HOUSE, STUDENT, RETIRED, DISABLED, OR
UNABLE TO WORK), CONTINUE WITH QA03_328;
ELSE GO TO PROGRAMMING NOTE QA03_330.

QA03_328   Did you work at any time in the last month?
지난 한달 동안 일하신 적이 있습니까?

[AK9]   YES 1
NO... 2
REFUSED ....-7   **[GO TO PN QA03_330]**
DON'T KNOW ....-8

Last month income
QA03_329   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.

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

[AK10] $_____   AMOUNT

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

PROGRAMMING NOTE QA03_330
IF QA03_14 NE 1 GO TO QA03_334
IF QA03_167 = 1 OR 2 (SPOUSE WORKING) GO TO QA03_331
ELSE CONTINUE WITH QA03_330.

QA03_330   Did your {husband/wife/spouse} work at any time in the last month?
            배우자께서 지난 달에 일을 하신 적이 있습니까?

[AK19]   YES 1
                NO.. 2
                REFUSED ....-7   **[GO TO QA03_334]**
                DON'T KNOW ....-8

QA03_331   How 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?

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

            _____ HOURS

[AK20]   REFUSED ....-7
                DON'T KNOW ....-8

PROGRAMMING NOTE QA03_332:
IF QA03_331= 0 GO TO QA03_334;
ELSE CONTINUE WITH QA03_332 AND
IF QA03_166 = 1 (PRIVATE COMPANY), DISPLAY "employed by a private company",
IF QA03_166 =2 (GOVERNMENT) GO TO QA03_333
IF QA03_166 = 3 (SELF-EMPLOYED), DISPLAY "self employed",
IF QA03_166 = 4 (FAMILY BUSINESS OF FARM, DISPLAY "working without pay in a family business or farm".

QA03_332   Earlier, you told me that your spouse is {employed by a private company/ employed by the government/ self-
            employed/ working without pay in a family business or farm}. Including your spouse, about how many people
            are employed by your spouse's employer at all locations? Your best guess is fine.
            아까, 배우자님께서 민간 업체에서 일하신다고 하셨는데요. 배우자님께서 나가시는 직장의
            경우 배우자님까지 포함하여 소속 사무소나 사업장을 통틀어 전체 직원이 몇 명이나
            됩니까?

[AK21]   FEWER THAN 10.. 1
                10-50 2
                51-99 3
                100-999 4
                1,000 OR MORE 5
                REFUSED ....-7
                DON'T KNOW ....-8

PROGRAMMING NOTE QA03_333
IF QA03_331 > 0 CONTINUE WITH QA03_333;
ELSE GO TO QA03_334

QA03_333   What 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.

                  [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

[AK10A] $_____ AMOUNT

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

Annual household income
QA03_334   What is your best estimate of your household's total annual income from all sources before taxes in 2002?
                  세금을 공제하기 전에 여기저기서 번 돈이나 수입을 모두 포함할 때 2002 년도에 귀 가정의
                  1 년 총수입이 모두 얼마나 되는지요? 최선으로 추정해 말씀해 주시겠습니까?

                  [IF NEEDED SAY, "Include money from jobs, social security, retirement income, unemployment
                  payments, public assistance and so forth. Also include income from interest, dividends, net income
                  from business, farm, or rent and any other money income."]
                  [IF NEEDED, SAY: "직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 지원 등을 포함해 주십시오.
                  아울러, 이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의 현금 수입도 포함해 주십시오."]

                  [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

[AK22] $_____ AMOUNT

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

QA03_335   I have entered that your annual household income is (AMOUNT). Is that correct?
                  ${XX,XXX}이하입니까, 이상입니까?

[AK22A]   YES 1
                  NO... 2
                  REFUSED ....-7
                  DON'T KNOW ....-8

PROGAMMING NOTE QA03_336:
IF QA03_334 = -7 or -8 CONTINUE WITH QA03_336;
ELSE GO TO PROGRAMMING NOTE QA03_342

QA03_336   We don't need to know exactly, but could you tell me if your household's annual income
                  from all sources before taxes is more than $20,000 per year or is it less?
                  댁의 세금 공제전 연간 가구당 총수입이 $20,000 이상입니까, 이하입니까?

[AK11]   MORE ....1 **[GO TO QA03_338]**
                  EQUAL TO $20K OR LESS 2
                  REFUSED ....-7 **[GO TO PN QA03_342]**
                  DON'T KNOW ....-8 **[GO TO PN QA03_342]**

QA03_337   Is it …
                  수입이…

[AK12] $5,000 or less, or.. 1
                        $5,001 to $10,000, or 2
                        $10,001 to $15,000, or .... 3 **}[GO TO PN QA03_342]**
                        $15,001 to 20,000? 4
                        REFUSED ....-7
                        DON'T KNOW ....-8

QA03_338   Is it more or less than $70,000 per year?
                  수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?

[AK13]   MORE .... 1 **[GO TO QA03_340]**
                        EQUAL TO $70K OR LESS 2
                        REFUSED ....-7 **[GO TO PN QA03_342]**
                        DON'T KNOW ....-8 **[GO TO PN QA03_342]**

QA03_339   Is it …
                  수입이…

[AK14] $20,001 to $30,000, ... 1
                        $30,001 to $40,000, ... 2
                        $40,001 to $50,000, ... 3
                        $50,001 to $60,000, <u>or</u> .... 4 **[GO TO PN QA03_342]**
                        $60,001 to $70,000? 5
                        REFUSED ....-7
                        DON'T KNOW ....-8

QA03_340   Is it more or less than $135,000 per year?
                  수입이 연 $135,000 이상입니까, 이하입니까?

[AK15]   MORE .... 1 **[GO TO PN QA03_342]**
                        EQUAL TO $135K OR LESS 2
                        REFUSED ....-7 **[GO TO PN QA03_342]**
                        DON'T KNOW ....-8 **[GO TO PN QA03_342]**

QA03_341   Is it …
                  수입이…

[AK16] $70,001 to $80,000, ... 1
                        $80,001 to $90,000, ... 2
                        $90,001 to $100,000, <u>or</u> 3
                        $100,001 to $135,000? 4
                        REFUSED ....-7
                        DON'T KNOW ....-8

PROGRAMMING NOTE QA03_342:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA03_343;
ELSE CONTINUE WITH QA03_342

Number of persons supported
QA03_342   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 ....-7
                        DON'T KNOW ....-8

PROGRAMMING NOTE QA03_343:

QA03_343 **MUST BE LESS** THAN QA03_342
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL
NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA03_342,
GO TO PROGRAMMING NOTE QA03_344;
ELSE CONTINUE WITH QA03_343

QA03_343   How many of these {INSERT NUMBER FROM AK18} people are children under the age of 18?
           {K17 의 인원수 입력} 중 몇 명이 18 세 미만의 자녀분이십니까?

[AK18]   _____ NUMBER OF CHILDREN (UNDER AGE 18)

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

rty level test

PROGRAMMING NOTE QA03_344:
OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM
BASE.POVRT100
THE 2002 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF
BASE.POVRT130
CHILDREN FROM QA03_342 AND QA03_343 RESPECTIVELY..POVRT200
BASE.POVRT200

                                                    SCRN.RADLTCNT
                                                        SCRN.KIDC

  NT
(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 QA03_342 OR QA03_343 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 QA03_151 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 QA03_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE
FROM QA03_337, QA03_339, OR QA03_341 OR QA03_336 = -7 OR QA03_338 = -7 OR QA03_340 = -7, ASK QA03_344
USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA03_345

QA03_344   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 LESS...1 **[GO TO QA03_348]**
                  MORE 2
                  REFUSED ....-7
                  DON'T KNOW ....-8

> **PROGRAMMING NOTE QA03_345:**
> **IF QA03_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03_337, QA03_339, OR QA03_341 OR IF QA03_336 = -7 OR QA03_338 = -7 OR QA03_340= -7, CONTINUE WITH QA03_345 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);**
> **ELSE GO TO PROGRAMMING NOTE QA03_347**

QA03_345   {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... 1 **[GO TO QA03_348]**
                 MORE 2
                 REFUSED ....-7
                 DON'T KNOW ....-8

> **PROGRAMMING NOTE QA03_346:**
> **IF QA03_334 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03_337, QA03_339, OR QA03_341 OR IF QA03_336 = -7 OR QA03_338= -7 OR QA03_340 = -7, CONTINUE WITH QA03_347 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);**
> **ELSE GO TO QA03_348**

QA03_346   {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 LESS... 1 **[GO TO QA03_348]**
                 MORE 2
                 REFUSED ....-7
                 DON'T KNOW ....-8

> **PROGRAMMING NOTE QA03_347:**
> **IF QA03_334 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03_337, QA03_339, OR QA03_341 OR IF QA03_336 = -7 OR QA03_338= -7 OR QA03_340 = -7, CONTINUE WITH QA03_347 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);**
> **ELSE GO TO QA03_348**

QA03_347   {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

Type of housing
QA03_348   Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

             [IF NEEDED, SAY: "A duplex is a building with 2 units".]
             [IF NEEDED, SAY:"두 가구가 사는 연립 주택은 영어로 듀플렉스라고 하는데 한 건물 안에 두 가구가 살 수 있도록 되어 있는 건물 구조입니다."]

[AK23]   HOUSE 1
                 DUPLEX...2
                 BUILDING WITH 3 OR MORE UNITS 3
                 MOBILE HOME 4
                 REFUSED .... -7

DON'T KNOW .... -8

Rooms in home, rent or own home, cost of rent/mortgage
QA03_349   How many rooms are in your home, <u>not</u> counting bathrooms, porches, balconies, or hallways?
                       화장실, 현관, 발코니나 복도 등은 제외하고요, 댁에 방이 몇 개나 되십니까?

[AK24]   _____ NUMBER OF ROOMS

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

QA03_350   Do you own or rent your home?
                       집은 소유자이십니까, 아니면 렌트하십니까?

[AK25]   OWN 1
                           RENT 2
                           OTHER ARRANGEMENT 3
                           REFUSED ....-7   **[GO TO PN QA03_353]**
                           DON'T KNOW ....-8

PROGRAMMING NOTE QA03_351:
IF QA03_350 = 1 (RENT), CONTINUE WITH QA03_351
IF QA03_348 = 4 (MOBILE HOME) <u>AND</u> QA03_350 =2 (OWN), CONTINUE WITH QA03_351 AND DISPLAY "space payment";
ELSE IF QA03_350 = 2 (OWN), GO TO PROGRAMMING NOTE QA03_352

QA03_351   What is the monthly {rent/space payment}?
                       매달 렌트가 얼마입니까?

[AK26] $_____ PER MONTH

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

PROGRAMMING NOTE QA03_352:
IF QA03_350 = 2 (OWN), CONTINUE WITH QA03_351
ELSE GO TO PROGRAMMING NOTE QA03_353

QA03_352   What is your regular monthly mortgage payment?
                       매달 내는 모기지 액수가 얼마나 되십니까?

[AK27] $_____ PER MONTH

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

Section L- Public Program Participation

PROGRAMMING NOTE QA03_353:
ASK QA03_353 ONLY IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5); ELSE GO TO PROGRAMMING NOTE QA03_370

Program participation

QA03_353   Are you now receiving TANF or CalWORKS?

{}이/가 AFDC 나 TANF 나 칼워크스를 현재 받고 있습니까?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: "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."]

[AL2]   YES 1
                          NO 2
                          REFUSED ....-7
                          DON'T KNOW ....-8

PROGRAMMING NOTE QA03_354:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA03_354 ELSE GO TO QA03_355

QA03_354   Is {TEEN} now receiving TANF, or CalWORKS?

{}이/가 AFDC 나 TANF 나 칼워크스를 현재 받고 있습니까?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: "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."]

[AIP1]   YES 1
                          NO 2
                          REFUSED ....-7
                          DON'T KNOW ....-8

QA03_355   Are you receiving Food Stamp benefits?

푸드스탬프를 받고 계십니까?

[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."

"The EBT card is orange and blue with a picture of the Ocean."

"EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card. It is used by some counties in the state."]
[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.]

[AI5]   YES 1

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

PROGRAMMING NOTE QA03_356:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA03_356;
ELSE GO TO PROGRAMMING NOTE QA03_358

QA03_356   Is {TEEN} receiving Food Stamp benefits?
            {}이/가 푸드스탬프를 받고 있습니까?

            [IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."

            "The EBT card is orange and blue with a picture of the Ocean."

            "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card. It is used by some counties in the state."]

            [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.]

[IAP2]   YES 1
                     NO.. 2
                     REFUSED ....-7
                     DON'T KNOW ....-8

QA03_357   Is {TEEN} receiving free or reduced cost meals at school?
            {}이/가 학교에서 무료나 아니면 낮은 요금의 급식 혜택을 받고 있습니까?

[AL20]   YES 1
                     NO.. 2
                     REFUSED ....-7
                     DON'T KNOW ....-8

PROGRAMMING NOTE QA03_358:
IF SAMPLED CHILD AGE > 4 (5 YEARS OR OLDER), CONTINUE WITH QA03_358;
ELSE GO TO QA03_359

QA03_358   Is {CHILD} receiving free or reduced cost meals at school?
            {}이/가 학교에서 무료나 아니면 낮은 요금의 급식 혜택을 받고 있습니까?

[AL21]   YES 1
                     NO.. 2
                     REFUSED ....-7
                     DON'T KNOW ....-8

QA03_359   Are you receiving public housing subsidies?
            정부에서 해 주는 주택 보조금을 받고 계십니까?

[AL3]   YES 1
                     NO.. 2
                     REFUSED ....-7
                     DON'T KNOW ....-8

QA03_360   Are you receiving SSI?
            SSI 를 받고 계십니까?

            [IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]
            [IF NEEDED, SAY: "SSI 는 생활보조금을 말합니다."]

[AL6]   YES 1
                             NO.. 2
                             REFUSED ....-7
                             DON'T KNOW ....-8

PROGRAMMING NOTE QA03_361:
IF QA03_5A = 2 (FEMALE) AND QA03_125 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER), CONTINUE
WITH QA03_361;
ELSE GO TO QA03_362

QA03_361   Are you on WIC?
                  WIC(윅) 혜택을 받고 계십니까?

                  [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."]

[AL7]   YES 1
                             NO.. 2
                             REFUSED ....-7
                             DON'T KNOW ....-8

Assets
QA03_362   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
                  $5,000?
                  귀하 자신 명의로 된 주택이나 자동차의 가치를 제외한 자산, 즉, 귀하 자신의 현금, 저축예금, 투자금,
                  그리고 가구 등의 총 가치액이 $5,000 이상입니까?

[AL9]   YES 1
                             NO.. 2
                             REFUSED ....-7
                             DON'T KNOW ....-8

PROGRAMMING NOTE QA03_363:
IF QA03_147 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
IF QA03_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

Alimony/child support
QA03_363   Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> 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]   YES 1
                             NO.. 2
                             REFUSED ....-7   **[GO TO QA03_365]**
                             DON'T KNOW ....-8

PROGRAMMING NOTE QA03_364:
IF QA03_363 = 1 (YES), CONTINUE WITH QA03_364
IF QA03_14 = 1 (MARRIED) AND QA03_147 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount
that you received from all these sources?";
IF QA03_14 = 1 (MARRIED) AND QA03_147 = 1 (SPOUSE IN HH),
DISPLAY: "What was the combined total amount that you and your {spouse} received from all these sources?"'
ELSE GO TO PROGRAMMING NOTE QA03_365

QA03_364   What was the {combined} total amount that you {and your spouse} received from all
                  these sources <u>last month</u>?
                  귀하와 귀하의 배우자(부인/남편)께서 지난 달 받은 모든 종류의 보조금의 총 액수는 얼마나
                  되십니까?

                  [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

[AL16] $_____ AMOUNT   [000001-999995]

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

PROGRAMMING NOTE QA03_365:
IF QA03_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
IF QA03_147 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you."

QA03_365   Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or
child support <u>last month</u>?
귀하 또는 귀하의 배우자, 또는 두 분이 함께 지난 달 지불한 위자료나 자녀 양육비가 있습니까?

[AL17]   YES, RESPONDENT PAID 1
                         YES, SPOUSE/PARTNER PAID 2
                         YES, BOTH PAID 3
                         NO .... 4 **[GO TO QA03_367]**
                         REFUSED .... -7 **[GO TO QA03_367]**
                         DON'T KNOW .... -8 **[GO TO QA03_367]**

QA03_366   What was the total amount {you/your spouse/your partner/you both} paid in alimony or support
<u>last month</u>?
귀하 또는 귀하의 배우자/동반자, 또는 두 분이 함께 지난달 지불한 위자료나 양육비 총 합계 액수는
얼마입니까?

                 [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

[AL18]   _____ AMOUNT

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

PROGRAMMING NOTE QA03_367:
IF AGE IS 65 OR OLDER AND QA03_14 ≠ 1 (MARRIED) CONTINUE WITH QA03_367 AND DISPLAY "you";
IF AGE >= 65 AND QA03_14 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA03_367 AND DISPLAY "you or your partner";
ELSE GO TO PROGRAMMING NOTE QA03_369
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA03_14 =1 (MARRIED) AND QA03_147 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA03_367 AND DISPLAY "you or your spouse";

Social security/pension payments
QA03_367   Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments <u>last month</u>?
귀하나 귀하의 배우자가 지난달 사회보장금 (Social Security)이나 연금 (Pension payments)을
받았습니까?

[AL18A]   YES 1
                         NO 2
                         REFUSED .... -7   **[GO TO PN QA03_369]**
                         DON'T KNOW .... -8

QA03_368   What was the total amount received <u>last month</u> from Social Security and Pensions?
지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?

                 [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

[AL18B]   _____ AMOUNT

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

PROGRAMMING NOTE QA03_369:
IF [QA03_173 = 1 OR QA03_178 = 1 OR QA03_179 = 1 OR QA03_180 = 1 OR QA03_183 = 1 OR QA03_189 = 1 OR
QA03_190 = 1 OR QA03_192 = 1 (R HAS ANY COVERAGE), GO TO QA03_370;
ELSE CONTINUE WITH QA03_369

Reasons for non-participation in Medi-Cal

QA03_369   What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

{}가 메디캘에 들어 있지 않은 가장 큰 이유는 무엇입니까?

[AL19]   PAPERWORK TOO DIFFICULT 1
                DIDN'T KNOW IF ELIGIBLE 2
                INCOME TOO HIGH, NOT ELIGIBLE 3
                NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 4
                OTHER NOT ELIGIBLE 5
                DON'T BELIEVE IN HEALTH INSURANCE 6
                DON'T NEED IT BECAUSE HEALTHY 7
                ALREADY HAVE INSURANCE 8
                DIDN'T KNOW IT EXISTED 9
                DON'T LIKE/WANT WELFARE 10
                OTHER 11
                REFUSED .... -7
                DON'T KNOW .... -8

Section M – Housing and Neighborhood

Length of time at current address/neighborhood

QA03_370   These next questions are about your housing and neighborhood.
지금부터는 살고 계시는 집과 동네에 대한 질문을 드리겠습니다.

About how long have you lived at your current address?
현 주소에서 사신 지 얼마나 되셨습니까?

[AM14]   _____   (MONTHS/YEARS)

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

PROGRAMMING NOTE QA03_371:
IF QA03_370 > = 36 MONTHS OR 3 YEARS, GO TO QA03_372
ELSE CONTINUE WITH QA03_371

QA03_371   About how long have you lived in your current neighborhood?
지금 그 동네에 사신 지는 얼마나 되셨습니까?

[IF NEEDED, SAY: "By neighborhood, we mean the area around where you live and do routine things like shopping, going to the park, or visiting with neighbors."]

[AM15]   _____   (MONTHS/YEARS)

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

QA03_372   While you have lived in your neighborhood, has your home ever been broken into?
지금 그 동네에 사시는 동안, 집에 도둑이 든 적이 있습니까?

[AM16]   YES 1
NO...2
REFUSED ....-7
DON'T KNOW ....-8

QA03_373   Does your neighborhood have a crime prevention program or neighborhood watch?
사시는 동네에 방범 프로그램이나, 수상한 사람이 동네에 오는지 이웃들끼리 서로 눈여겨 보고 지켜주는 "네이버후드 왓치"같은 프로그램이 있습니까?

[AM17]   YES 1
NO...2
REFUSED ....-7
DON'T KNOW ....-8

QA03_374   Is there a park, playground, or open space within walking distance of your home?
집에서 걸어갈 수 있는 거리에 공원이나 놀이터나 공터가 있습니까?

[AM18]   YES 1
NO...2
REFUSED ....-7
DON'T KNOW ....-8

Neighborhood cohesion

QA03_375   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
지금부터 문장을 읽어 드릴 테니까, 거기에 전적으로 동의한다, 동의한다, 동의하지 않는다, 아니면 전적으로 동의하지 않는다 중에서 하나를 골라 주십시오.

People in my neighborhood are willing to help each other.
동네 사람들이 기꺼이 서로 돕습니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?"]

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

[AM19]   STRONGLY AGREE 1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE 4
REFUSED ....-7
DON'T KNOW ....-8

QA03_376   People in this neighborhood generally do <u>not</u> get along with each other.
이 동네 사람들은 보통 서로 친하게 지내지 않습니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?"]

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

[AM20]   STRONGLY AGREE 1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE 4
REFUSED ....-7
DON'T KNOW ....-8

QA03_377   People in this neighborhood can be trusted.
이 동네 사람들은 믿을 수 있습니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?"]

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

[AM21]   STRONGLY AGREE 1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE 4
REFUSED ....-7
DON'T KNOW ....-8

QA03_378   People in this neighborhood do <u>not</u> share the same values.
이 동네 사람들은 서로 가치관이 다릅니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?"]

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

[AM22]   STRONGLY AGREE 1
                          AGREE...2
                          DISAGREE...3
                          STRONGLY DISAGREE 4
                          REFUSED ....-7
                          DON'T KNOW ....-8

QA03_379   Many people in this neighborhood are afraid to go out at night.
이 동네에서는 밤에 밖에 나가는 걸 무서워 하는 사람이 많습니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?"]

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

[AM23]   STRONGLY AGREE 1
                          AGREE...2
                          DISAGREE...3
                          STRONGLY DISAGREE 4
                          REFUSED ....-7
                          DON'T KNOW ....-8

QA03_380   Most people in this neighborhood know each other.
이 동네 사람들은 대부분 서로를 알고 지냅니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면 전적으로 동의하지 않으십니까?"]

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

[AM24]   STRONGLY AGREE 1
                          AGREE...2
                          DISAGREE...3
                          STRONGLY DISAGREE 4
                          REFUSED ....-7
                          DON'T KNOW ....-8

PROGRAMMING NOTE QA03_381
IF QA03_374 =1 (PARK, PLAYGROUND, OPEN SPACE WITHING WALKING DISTANCE) CONTINUE WITH QA03_381;
ELSE GO TO PROGRAMMING NOTE QA03_383

Park/playground safety

QA03_381   The park or playground closest to where I live is safe during the day.
집에서 가장 가까운 공원이나 놀이터가 낮에는 안전합니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면
전적으로 동의하지 않으십니까?"]

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

[AM25]   STRONGLY AGREE 1
                     AGREE...2
                     DISAGREE..3
                     STRONGLY DISAGREE 4
                     REFUSED ....-7
                     DON'T KNOW ....-8

QA03_382   The park or playground closest to where I live is safe at night.
집에서 가장 가까운 공원이나 놀이터가 밤에도 안전합니다.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의하십니까, 동의하십니까, 동의하지 않으십니까, 아니면
전적으로 동의하지 않으십니까?"]

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

[AM26]   STRONGLY AGREE 1
                     AGREE...2
                     DISAGREE..3
                     STRONGLY DISAGREE 4
                     REFUSED ....-7
                     DON'T KNOW ....-8

Section N – Food Insecurity and Hunger

PROGRAMMING NOTE QA03_383
IF POVERTY < 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA03_383;
ELSE GO TO QA03_389

Availability of food in household

QA03_383   These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
다음 질문들은 지난 12 개월 동안 댁에서 드신 음식에 대해, 그리고 식비를 부담하실 수 있었는지의 경제적 형편에 관한 겁니다.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months.
사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 귀 자신과 귀 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 귀 자신과 귀 가정의 경우에, 흔히 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

[AM1]   OFTEN TRUE 1
                       SOMETIMES TRUE 2
                       NEVER TRUE 3
                       REFUSED .... -7
                       DON'T KNOW .... -8

QA03_384   The second statement is:
"(I/We) couldn't afford to eat balanced meals."
Was that often true, sometimes true, or never true for you and your household in the last 12 months?
두 번째 문장은 "(자신 또는 우리)가 골고루 영양분을 섭취할 수 있는 식사를 할 여유가 없었다"인데, 그런 일이 지난 12개월 동안 귀하나 귀하의 가정에서 자주 있었습니까, 가끔 있었습니까, 아니면 전혀 있지 않았습니까?

[AM2]   OFTEN TRUE 1
                       SOMETIMES TRUE 2
                       NEVER TRUE 3
                       REFUSED .... -7
                       DON'T KNOW .... -8

QA03_385   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?
자신이나 가족 중 다른 어떤 성인이 지난 1999년 2월 이후, 음식을 살 충분한 여유가 없었기 때문에 식사의 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오 로 대답해주십시오.

[AM3]   YES 1
                       NO... 2
                       REFUSED .... -7   **[GO TO QA03_387]**
                       DON'T KNOW .... -8

QA03_386   How often did this happen -- almost every month, some months but not every month, or only in 1
or 2 months?
그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2개월 동안만
있었습니까?

[AM3A]   ALMOST EVERY MONTH 1
SOME MONTHS BUT NOT EVERY MONTH 2
ONLY IN 1 OR 2 MONTHS 3
REFUSED ....-7
DON'T KNOW ....-8

Hunger
QA03_387   In the last 12 months, did you ever eat less than you felt you should because there wasn't
enough money to buy food?
지난 12개월 동안 음식을 살 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다
적은 양을 드셨던 적이 있습니까?

[AM4]   YES 1
NO... 2
REFUSED ....-7
DON'T KNOW ....-8

QA03_388   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 12 개월 동안 귀하께서 음식을 살 충분한 돈이 없었기 때문에 배가 고팠지만 음식을 걸렀던
적이 있습니까?

[AN5]   YES 1
NO... 2
REFUSED ....-7
DON'T KNOW ....-8

Section O –Demographic Information Part III and Closing

County of residence

QA03_389   Just a few final questions and then we are done.

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	3
BUTTE	4
CALAVERAS	5
COLUSA	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES	19
MADERA	20
MARIN	21
MARIPOSA	22
MENOCINO	23
MERCED	24
MODOC	25
MONO	26
MONTEREY	27
NAPA	28
NEVADA	29
ORANGE	30
PLACER	31
PLUMAS	32
RIVERSIDE	33
SACRAMENTO	34
SAN BENITO	35
SAN BERNARDINO	36
SAN DIEGO	37
SAN FRANCISCO	38
SAN JOAQUIN	39
SAN LUIS OBISPO	40
SAN MATEO	41
SANTA BARBARA	42
SANTA CLARA	43
SANTA CRUZ	44
SHASTA	45
SIERRA	46
SISKIYOU	47
SOLANO	48
SONOMA	49
STANISLAUS	50
SUTTER	51
TEHAMA	52
TRINITY	53

QA03_389   **CONTINUED…**

[AH42]   TULARE 54
                    TUOLUMNE 55
                    VENTURA 56
                    YOLO 57
                    YUBA 58
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA03_390:
IF ADVANCE LETTER SENT, ASK QA03_390;
ELSE GO TO QA03_391

Address confirmation, cross streets, zip code

QA03_390   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 전화 번호는 이 설문 조사를 위해 컴퓨터에서 무작위로 선정한 것입니다. 이 설문
                    조사의 목적을 설명하는 서신을 보내드리기 위해서 귀하의 전화 번호에 상응하는 주소를
                    찾아볼 수 있었습니다.

                    Is your current address {R's address and street}?
                    귀하의 현재 주소가...

[AO1]   YES .... 1 **[GO TO QA03_394]**
                    NO.. 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA03_391   What is your zip code?
                    귀하 거주지의 우편번호가 무엇입니까?

[AM7]   _____(ZIP CODE)

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

QA03_392   To help us better understand the environment you live in and how it may affect your health, can you tell me
                    your address? Your street address will not be given out to researchers or any other organization and, like
                    your telephone number, will be protected and 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 CLOSE1]

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

QA03_393   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]**

QA03_394　　　And what is the name of the street down the corner from you that crosses your street?
사시는 곳의 거리에서 다음 교차하는 거리 이름은 무엇입니까?

[AM9]　　　　_____(NAME OF CROSS-STREET)

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

CLOSE1　　　Those are my final questions. I really appreciate your patience.
Follow-up survey permission
QA03_395　　　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 참여해 주실 수 있습니까?

[AM10]　　　　YES...1
MAYBE/PROBABLY YES 2
DEFINITELY NOT 3
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.