

CHIS 2011-2012 Adult Questionnaire Version 10.3 March 24, 2014

Adult Respondents Age 18 and Older

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2011-2012 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

PROGRAMMING NOTE QA11_A1: SET AADATE = CURRENT DATE (YYYYMMDD)		
QA11_A1	What is your date of birth?	
<u> </u>	你的出生日期是?	
AA1MON	MONTH [RANGE: 1-12]	
	1. JANUARY 7. JULY 2. FEBRUARY 8. AUGUST	
	2. FEBRUARY 8. AUGUST 3. MARCH 9. SEPTEMBER	
	4. APRIL 10. OCTOBER	
	5. MAY 11. NOVEMBER	
AA1DAY	6. JUNE 12. DECEMBER	
AAIDAI	DAY [RANGE: 1-31]	
AA1YR		
	YEAR [RANGE: 1898-1994]	
	REFUSED7	
	DON'T KNOW8	
PROGRAMMI	NG NOTE QA11 A2:	
IF QA11_A1 =	Z OD O (DEE/DIC) THEN CONTINUE WITH OA44 AG.	
	-7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A2;	
ELSE GO TO	\cdot	
QA11_A2	\cdot	
	QA11_A5`	
QA11_A2	QA11_A5 What month and year were you born?	
	QA11_A5 What month and year were you born? 您在哪一月及哪一年出生?	
QA11_A2	What month and year were you born? 您在哪一月及哪一年出生? MONTH [RANGE: 1-12]	
QA11_A2	What month and year were you born? 您在哪一月及哪一年出生? MONTH [RANGE: 1-12]	
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QA11_A2	What month and year were you born? 您在哪一月及哪一年出生? MONTH [RANGE: 1-12] 1. JANUARY 7. JULY 2. FEBRUARY 8. AUGUST 3. MARCH 9. SEPTEMBER	
QA11_A2	What month and year were you born? 您在哪一月及哪一年出生? MONTH [RANGE: 1-12] 1. JANUARY 7. JULY 2. FEBRUARY 8. AUGUST 3. MARCH 9. SEPTEMBER 4. APRIL 10. OCTOBER	
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QA11_A2 AA1AMON	What month and year were you born? 您在哪一月及哪一年出生? MONTH [RANGE: 1-12] 1. JANUARY 7. JULY 2. FEBRUARY 8. AUGUST 3. MARCH 9. SEPTEMBER 4. APRIL 10. OCTOBER	
QA11_A2	What month and year were you born? 您在哪一月及哪一年出生? MONTH [RANGE: 1-12] 1. JANUARY 7. JULY 2. FEBRUARY 8. AUGUST 3. MARCH 9. SEPTEMBER 4. APRIL 10. OCTOBER 5. MAY 11. NOVEMBER	
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QA11_A2 AA1AMON	What month and year were you born? 您在哪一月及哪一年出生? MONTH [RANGE: 1-12] 1. JANUARY 7. JULY 2. FEBRUARY 8. AUGUST 3. MARCH 9. SEPTEMBER 4. APRIL 10. OCTOBER 5. MAY 11. NOVEMBER 6. JUNE 12. DECEMBER YEAR [RANGE: 1898-1994]	

	NG NOTE QA11_A3: -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A3; QA11_A5
QA11_A3	What is your age, please?
	請告訴我您的年齡。
AA2	YEARS OF AGE [RANGE: 0-120] [GO TO QA11_A5]
	REFUSED7 DON'T KNOW8
	NG NOTE QA11_A4: -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A4; QA11_A5
QA11_A4	Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
	您的年齡是在 18 到 29 歲、 30 到 39 歲、 40 到 44 歲、 45 到 49 歲、 50 到 64 歲之間,還是在 65 歲或 65 歲以上
AA2A	BETWEEN 18 AND 29
CALCULATE Y	QA11_A2, OR QA11_A3 = -7 OR -8 (REF/DK), THEN USE QA11_A4;
QA11_A5	Are you male or female?
	您是男性還是女性?
AA3	MALE

QA11 A6	Are you Latino	or Hispanic?
---------	----------------	--------------

您是拉丁裔或西裔嗎?

AA4

YES	1	
NO		[GO TO PN QA11 A8
REFUSED		-
DON'T KNOW	8	GO TO PN QA11 A8

QA11_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

您的拉丁裔或西裔祖籍或原國籍是哪里?例如,墨西哥人、薩爾瓦多人、古巴人、洪都拉斯人——如果有一個以上原國籍,請將所有的原國籍告訴我。

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

MEXICAN/MEXICAN AMERICAN/CHICAN(D1
SALVADORAN	4
GUATEMALAN	5
COSTA RICAN	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN	11
SPANISH-AMERICAN (FROM SPAIN)	
OTHER LATINO (SPECIFY:	
REFUSED	
DON'T KNOW	
	_

PROGRAMMING NOTE QA11 A8:

IF QA11_A6 = 1 (YES, LATINO/HISPANIC), THEN DISPLAY "You said you are Latino or Hispanic. Also,"; IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA11_A8, THEN CONTINUE WITH PROGRAMMING NOTE QA11 A9;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA11 A8

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

此外,請告訴我您會用以下哪一項或哪幾項來描述您自己。您認為自己是夏威夷原住民、其他太平 洋群島人、美洲印地安人、阿拉斯加原住民、亞洲人、黑人、非裔美國人還是白人?

AA5A

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]

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

[CODE ALL THAT APPLY]

WHITE	1	[GO TO PN QA11 A16]
BLACK OR AFRICAN AMERICAN		
ASIAN	3	GO TO PN QA11 A12
AMERICAN INDIAN OR ALASKA NATIVE	4	
OTHER PACIFIC ISLANDER		
NATIVE HAWAIIAN	6	GO TO PN QA11 A16
OTHER (SPECIFY:)	91	
REFUSED		
DON'T KNOW	-8	

PROGRAMMING NOTE QA11 A9:

IF QA11_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), THEN CONTINUE WITH QA11_A9; ELSE GO TO PROGRAMMING NOTE QA11 A12

QA11_A9 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

您說您是美洲印地安人或阿拉斯加原住民,您屬於哪一個部落?如果屬於一個以上部落,請告訴我 所有這些部落。

AA5B

[CODE ALL THAT APPLY]

APACHE	1
BLACKFOOT/BLACKFEET	2
CHEROKEE	3
CHOCTAW	
MEXICAN AMERICAN INDIAN	
NAVAJO	6
POMO	
PUEBLO	
SIOUX	
YAQUI	
OTHER TRIBE (SPECIFY:	
REFUSED	
DON'T KNOW	
= = =	

QA11_A10 Are you an enrolled member in a federally or state recognized tribe?

您是不是聯邦或州政府認可的部落的一名註冊成員?

AA5C

YES1	
NO2	[GO TO PN QA11 A12
REFUSED7	
DON'T KNOW8	GO TO PN QA11 A12

QA11_A11 Which tribe are you enrolled in?

您在哪一個部落註冊?

AA5D

APACHE	
MESCALERO APACHE, NM	1
APACHE (NOT SPECIFIED)	2
OTHER APACHE [Ask for spelling]	
(SPECIFY:)	3
BLACKFEET	
BLACKFOOT/BLACKFEET	4
CHEROKEE	
WESTERN CHEROKEE	
CHEROKEE (NOT SPECIFIED)	6
OTHER CHEROKEE [Ask for spelling]	
(SPECIFY:)	7
CHOCTAW	
CHOCTAW OKLAHOMA	
CHOCTAW (NOT SPECIFIED)	9
OTHER CHOCTAW [Ask for spelling]	
(SPECIFY:)	. 10
NAVAJO	
NAVAJO (NOT SPECIFIED)	. 11
POMO	
HOPLAND BAND, HOPLAND RANCHERIA .	
SHERWOOD VALLEY RANCHERIA	
POMO (NOT SPECIFIED)	. 14
OTHER POMO [Ask for spelling]	4-
(SPECIFY:)	. 15
PUEBLO HOPI	40
YSLETA DEL SUR PUEBLO OF TEXAS	. 16
PUEBLO (NOT SPECIFIED)	. 18
OTHER PUEBLO [Ask for spelling]	40
(SPECIFY:)	. 19
OGLALA/PINE RIDGE SIOUX	20
SIOUX (NOT SPECIFIED)	. 20
OTHER SIOUX [Ask for spelling]	. ∠ 1
(SPECIFY:)	22
YAQUI	. 22
PASCUA YAQUI TRIBE OF ARIZONA	23
YAQUI (NOT SPECIFIED)	
OTHER YAQUI [Ask for spelling]	. 24
(SPECIFY:)	25
OTHER	. 20
OTHER [Ask for spelling] (SPECIFY:)01
REFUSED	ا قر_ 7-
DON'T KNOW	

PROGRAMMING NOTE QA11 A12:

IF QA11_A8 = 3 (ASIAN), THEN CONTINUE WITH QA11_A12;

ELSE GO TO PROGRAMMING NOTE QA11 A13

QA11_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.

您選擇了亞裔,您指的是哪一個具體族裔,例如華裔、菲律賓裔、越南裔? 如果您有一種以上族裔的血統,請全部告訴我。

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA11_A13:

IF QA11_A8 = 5 (OTHER PACIFIC ISLANDER), THEN CONTINUE WITH QA11_A13; ELSE GO TO PROGRAMMING NOTE QA11 A14

QA11_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

您選擇了其他太平洋島嶼人。您屬於哪一個具體族裔?例如薩摩亞人、湯加人或關島人。如果您 有一種以上族裔的血統,請全部告訴我。

AA5E1

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN	1
GUAMANIAN	2
TONGAN	3
FIJIAN	4
OTHER PACIFIC ISLANDER (SPECIFY:	
REFUSED	
DON'T KNOW	8

PROGRAMMING NOTE QA11 A14:

IF QA11_A6 = 1 (LATINO) AND [QA11_A8 = 6 (NATIVE HAWAIIAN) OR QA11_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA11_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA11_A8 = 3 (ASIAN) OR QA11_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA11_A8 = 1 (WHITE) OR QA11_A8 = 91 (OTHER)], THEN CONTINUE WITH QA11_A14;

Version 10.3

ELSE IF THERE WERE MULTIPLE RESPONSES TO QA11_A8, QA11_A12, OR QA11_A13 [NOT COUNTING -7 OR -8 (REF/DK)], THEN CONTINUE WITH QA11_A14;

ELSE GO TO QA11_A16

QA11_A14 You said that you are: {INSERT MULTIPLE RESPONSES FROM QA11_A7, QA11_A8, QA11_A12 AND QA11_A13}.

您曾經說您是: {INSERT MULTIPLE RESPONSES FROM QA11_A7, QA11_A8, QA11_A12 AND QA11_A13}.

Do you identify with any one race in particular?

您是否認同任何一個特定的種族?

AA5G

YES1	
NO2	[GO TO QA11 A16]
REFUSED	
DON'T KNOW8	[GO TO QA11 A16]

PROGRAMMING NOTE QA11 A15:

IF QA11_A6 = 1 (YES, LATINO) AND QA11_A7 \neq -7 OR -8, THEN DO NOT DISPLAY QA11_A15 = 14 (LATINO);

IF QA11_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA11_A13 = 1 TO 4 OR 91, THEN DO NOT DISPLAY QA11_A15 = 17 (OTHER PACIFIC ISLANDER);

IF QA11_A8 = 3 AND QA11_A12 = 1 TO 17 OR 91, THEN DO NOT DISPLAY QA11_A15 = 19 (ASIAN)

QA11_A15 Which do you most identify with?

您 最認同的是哪一個族裔?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN	4
GUATEMALAN	5
COSTA RICAN	6
HONDURAN	
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	.10
CUBAN	.11
SPANISH-AMERICAN (FROM SPAIN)	.12
LATINO, OTHER SPECIFY	.13
LATINONATIVE HAWAIIAN	.14
NATIVE HAWAIIAN	.16
OTHER PACIFIC ISLANDER	.17
AMERICAN INDIAN OR ALASKA NATIVE	.18
ASIANBLACK OR AFRICAN AMERICAN	.19
BLACK OR AFRICAN AMERICAN	.20
WHITE	.21
RACE, OTHER SPECIFY	.22
BANGLADESHI	.30
BURMESE	.31
CAMBODIAN	
CHINESE	
FILIPINO	.34
HMONG	
INDIAN (INDIA)	
INDONESIAN	
JAPANESE	.38
KOREAN	
LAOTIAN	
MALAYSIAN	
PAKISTANI	.42
SRI LANKAN	
TAIWANESE	
THAI	.45
VIETNAMESE	.46
ASIAN, OTHER SPECIFY	.49
SAMOAN/AMERICAN SAMOAN	.50
GUAMANIAN	
TONGAN	.52
FIJIAN	
PACIFIC ISLANDER, OTHER SPECIFY	
BOTH/ALL/MULTIRACIAL	.90
NONE OF THESE	.95
REFUSED	
DON'T KNOW	8

QA11_A16 Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

您現在是已婚、與伴侶像婚煙關係一樣同居、喪偶、離婚、分居還是從未結婚?

AH43

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

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

Section B – Health Conditions

QA11_B1	These next questions are about your health.
	以下是有關您的健康的幾個問題。
	Would you say that in general your health is excellent, very good, good, fair, or poor?
	以下是有關您的健康的幾個問題。總體而言,您認為您的健康狀況是極好、很好、較好、一般還是 很差?
AB1	EXCELLENT 1 VERY GOOD 2 GOOD 3 FAIR 4 POOR 5 REFUSED -7 DON'T KNOW -8
QA11_B2	Has a doctor ever told you that you have asthma?
	有沒有醫生告訴過您患有哮喘病?
AB17	YES
QA11_B3	Do you still have asthma?
	您是否依然患有哮喘病?
AB40	YES
QA11_B4	During the past 12 months, have you had an episode of asthma or an asthma attack?
	在過去十二個月中,您是否曾經有過哮喘發作?
AB41	YES

PR	OGR	ΔMM	ING	NOTE	QA11	R5:

IF [QA11_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA OR REF/DK)] AND [QA11_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS OR REF/DK)], THEN GO TO QA11_B9; ELSE CONTINUE WITH QA11_B5

QA11_B5 During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

在過去十二個月中,您每隔多久會出現哮喘症狀,例如咳嗽、氣喘、氣短、胸悶或粘痰?您認為 是......

Δ	R1	ıa
А	0	וט

Not at all,	1
根本沒有,	
Less than every month,	2
每月少於一次,	
Every month,	3
每月,	3
Every week, or	4
每週,還是	
Every day?	5
每天?	5
REFUSED	7
DON'T KNOW	8

QA11_B6 During the <u>past 12 months</u>, have you had to visit a hospital emergency room because of <u>your</u> asthma?

在 過去十二個月中,你是否曾經因 你的哮喘病發作前往醫院 急診室就診?

AH13A

YES1	
NO2	[GO TO QA11 B8]
REFUSED7	[GO TO QA11_B8]
DON'T KNOW8	[GO TO QA11 B8]

QA11_B7 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

你是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室就診?

AB106

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

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

QA11_B8	During the <u>past 12 months</u> , were you admitted to the hospital overnight or longer for your asthma?
	在 過去十二個月中,您是否因哮喘病曾經住院一天或更長時間?
AH15A	YES
QA11_B9	Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor?
	您目前是否每天服用醫生開給您的或是醫生提供給您的控制哮喘的藥物?
AB18	[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."] [IF NEEDED, SAY: "「包括口服藥和吸入劑,但不是用於快速緩解症狀的吸入劑。」"]
	YES
IF QA11_B3 = GO TO PROG	NG NOTE QA11_B10: 1 (YES, STILL HAVE ASTHMA) OR QA11_B4 = 1 (YES, EPISODE IN LAST 12 MOS), THEN RAMMING NOTE QA11_B14; IUE WITH QA11_B10
QA11_B10	During the <u>past 12 months</u> , how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say
	在 過去12個月 中,您出現哮喘症狀的頻率有多高?哮喘症狀包括咳嗽、喘鳴、氣短、胸悶或黏痰。您認為是
AB66	Not at all,

 Every day?
 .5

 每天?
 .5

 REFUSED
 .7

 DON'T KNOW
 -8

QA11_B11	During the past 12 months, have you had to visit a hospital emasthma?	nergency room because of <u>your</u>
	在過去12個月中,你是否曾經因哮喘病發作前往醫院急診室就	尤診?
AB67	YES	[GO TO QA11_B13] [GO TO QA11_B13] [GO TO QA11_B13]
QA11_B12	Did you visit a hospital emergency room for your asthma beca doctor?	use you were unable to see your
	你是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室	室就診?
AB107	[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN PROBE.]	I'T HAVE A DOCTOR. DO NOT
	YES	
QA11_B13	During the <u>past 12 months</u> , were you admitted to the hospital asthma?	overnight or longer for your
	在過去十二個月中,您是否曾經因哮喘病住院一天或更長時間	?
AB80	YES	
IF AAGE > 69 ,	IG NOTE QA11_B14: THEN GO TO QA11_B15; UE WITH QA11_B14	
QA11_B14	During the past 12 months, how many days of work did you m	iss due to asthma?
	在過去十二個月中,您因為哮喘病有多少天沒有工作?	
AB42	[IF NOT WORKING, ENTER ZERO]	
	DAYS (0 - 365)	
	REFUSED7 DON'T KNOW8	

QA11_B15

Have your doctors or other medical providers worked with you to develop a plan so that you know

	how to take care of your asthma?
	是否曾經有醫生或其他醫療服務提供者與您一起制定一項計劃,以 便您瞭解如何控制自己的哮喘?
AB43	YES
QA11_B16	Do you have a written or printed copy of this plan?
	您是否有該項計劃的書面或列印副本?
AB98	[IF NEEDED, SAY: "This can be an electronic or hard copy."] [IF NEEDED, SAY: "可以是電子或列印副本。"] YES
0444 547	
QA11_B17	How confident are you that you can control and manage your asthma? Would you say you are
AB108	 您對控制與管理自己的哮喘信心有多高?您認為是 Very confident,

REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA11_B18: IF QA11_A5 = 2 (FEMALE), THEN DISPLAY "Other than during pregnancy, has"; ELSE DISPLAY "Has"			
QA11_B18	{Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have diabetes or sugar diabetes?		
	是否有醫生曾經告訴您患有糖尿病?		
AB22	YES		
	IG NOTE QA11_B19: 2 (FEMALE), THEN DISPLAY "Other than during pregnancy, has"; / "Has"		
QA11_B19	{Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have pre-diabetes or borderline diabetes?		
	是否 曾經 有醫生告訴您患有前驅糖尿病或臨界糖尿病?		
AB99	YES		
IF QA11_B18 =	PROGRAMMING NOTE QA11_B20: IF QA11_B18 = 1 (YES, HAS DIABETES), THEN CONTINTUE WITH QA11_B20; ELSE GO TO PROGRAMMING NOTE QA11 B39		
QA11_B20	How old were you when a doctor first told you that you have diabetes?		
	當醫生第一次告訴您患有糖尿病時,您的年齡多大?		
AB23	AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]		
	REFUSED		

QA11_B21	Were you told that you had Type 1 or Type 2 diabetes?
	您是否曾經被告知患有一類或二類糖尿病?
AB51	[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."] [IF NEEDED, SAY: "「一類糖尿病是由於身體無法產生胰島素而引起,常見於兒童及年輕人。類糖尿病是由於抗胰島素作用而引起,是最 常見的糖尿病類型。」"]
	TYPE 1
QA11_B22	Are you now taking insulin?
	您目前在使用胰島素嗎?
AB24	YES
QA11_B23	Do you now take diabetic pills to lower your blood sugar?
	您目前在服用降血糖的糖尿病藥物嗎?
AB25	[IF NEEDED, SAY: "These are sometimes called oral agents or oral hypoglycemic agents."] [IF NEEDED, SAY: "「有時稱作□服藥劑或□服降血糖藥劑。"]
	YES

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QA11_B24	About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
	您本人、您的家庭成員或朋友每天、每週或每月大約幾次檢查您的血糖?
AB26	[FILL IN TIME FRAME ANSWERED]
	TIMES
	PER DAY [HR: 0-24; SR: 0-10]
	PER WEEK [HR: 0-70; SR: 0-34]
	PER MONTH [HR: 0-300; SR: 0-149]
	PER YEAR [HR: 0-3650; SR: 0-599]
	REFUSED7 DON'T KNOW8
QA11_B25	About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?
	在過去十二個月中,醫生或健康專業人員大約檢查過幾次您的血紅蛋 白「A one C」?
AB27	[IF R NEVER HEARD OF IT, ENTER 995]
	NUMBER OF TIMES [HR: 0-52, 995; SR: 0-25, 995]
	REFUSED7 DON'T KNOW8
QA11_B26	About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
	在過去12個月中,醫生約檢查過幾次您的腳部是否有任何疼痛或發炎?
AB28	NUMBER OF TIMES [HR: 0-52; SR: 0-25]
	REFUSED7 DON'T KNOW8

QA11_B27	When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
	您最後一次接受瞳孔放大眼科檢查是什麼時間?瞳孔放大會使您的眼睛 在短時間內對亮光敏感。
AB63	WITHIN THE PAST MONTH
QA11_B28	During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
	在過去12個月中,你是否曾經因糖尿病發作前往醫院急診室就診?
AB109	YES
QA11_B29	Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
	你是否曾經因糖尿病發作無法約見自己的醫生而前往醫院急診室就診?
AB110	[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]
	YES
QA11_B30	During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
	在過去12個月中,您是否曾經因糖尿病而住院一整天或更長時間?
AB111	YES

QA11_B31	Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?
	您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計 劃,以便讓您瞭解如何護理自己的糖尿病?
AB112	YES
QA11_B32	Do you have a written or printed copy of this plan?
	您是否有該項計劃的書面或列印副本?
AB113	[IF NEEDED, SAY: "This can be an electronic or hard copy."] [IF NEEDED, SAY: "可以是電子或列印副本。"]
	YES
QA11_B33	How confident are you that you can control and manage your diabetes? Would you say you are
	您對控制與管理自己的糖尿病信心有多高?您認為是
AB114	Very confident, 1 很有信心、 1 Somewhat confident, 2 較有信心、 2 Not too confident, or 3 不太有信心還是 3 Not at all confident? 4 毫無信心? 4 REFUSED -7

DON'T KNOW-8

PROGRAMMING NOTE QA11_B34:

	= 2 (FEMALE), THEN CONTINUE WITH QA11_B34; D QA11_B35
QA11_B34	Has a doctor ever told you that you had diabetes only during pregnancy?
	是否有醫生曾經說過您僅在懷孕期間患過糖尿病?
AB81	[IF NEEDED, SAY: "This is also known as gestational diabetes."] [IF NEEDED, SAY: "「這也稱為妊娠糖尿病。」"]
	YES
QA11_B35	Has a doctor ever told you that you have high blood pressure?
	是否有醫生 曾經告訴過您患有高血壓?
AB29	YES
QA11_B36	Are you now taking any medications to control your high blood pressure?
	您目前是否在服用任何控制高血壓的藥物?
AB30	YES

QA11_B37	Has a doctor ever told you that you have any kind of heart disease?	
	有沒有醫生告訴過您患有任何一種心臟病?	
AB34	YES	
QA11_B38	Has a doctor ever told you that you have heart failure or congestive heart failure?	
	是否有醫生曾經告訴您患有心力衰竭或充血性心力衰竭?	
AB52	YES	
QA11_B39	During the past 12 months, have you had to visit a hospital emergency room because of y heart disease?	our/
	在 過去12個月 中,你是否曾經因心臟病前往醫院急診室就診?	
AB115	YES	
QA11_B40	Did you visit a hospital emergency room for your heart disease because you were unable your doctor?	to see
	你是否曾經因心臟病發作無法約見自己的醫生而前往醫院急診室就診?	
AB116	[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO PROBE.] YES	NOT
	REFUSED7 DON'T KNOW8	

QA11_B41

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

	disease?
	在過去12個月中,您是否因心臟病而住院一整天或更長時間?
AB117	
	YES
QA11_B42	Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?
	您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃,以便您瞭解如何護理自己的心臟病?
AB118	
	YES
QA11_B43	Do you have a written or printed copy of this plan?
	您是否有該項計劃的書面或列印副本?
AB119	[IF NEEDED, SAY: "This can be an electronic or hard copy."] [IF NEEDED, SAY: "可以是電子或列印副本。"]
	YES
QA11_B44	How confident are you that you can control and manage your heart disease? Would you say you are
	您對控制與管理您的心臟病的信心有多高?您認為是
AB120	Very confident, 1 很有信心、 1 Somewhat confident, 2 較有信心、 2 Not too confident, or 3 不太有信心還是 3 Not at all confident? 4 毫無信心? 4 REFUSED -7
	DON'T KNOW8

QA11_B45	Has a doctor ever told you that you had a stroke?
	是否曾經有醫生告訴過您患有中風?
AC6	YES
QA11_B46	Have you EVER been told by a doctor that you have some form of <u>ARTHRITIS</u> , gout, lupus or fibromyalgia [fy-bro-my-AL-jee-uh]?
	是否 曾經 有醫生告訴你,說你患有某種類型的 關節炎 、痛風、狼瘡 或纖維肌痛?
AB64	YES
QA11_B47	In the past 30 days, did you have any pain, aching, or stiffness in or around a joint?
AB127	在過去30天內,你是否曾經出現關節或關節周圍疼痛或僵硬? [IF NEEDED, SAY: "Do not include the back or neck."]
	[IF NEEDED, SAY: "「請勿包括背部或頸部。」"]
	YES

PROGRAMMING NOTE QA11 B48:

IF QA11_B46 = 1 (DIAGNOSED WITH ARTHRITIS, GOUT, LUPUS, OR FIBROMYALGIA) OR QA11_B47 = 1 (HAD SYMPTOMS OF JOINT PROBLEM IN PAST 30 DAYS), THEN CONTINUE WITH QA11_B48; ELSE GO TO QA11_B49

QA11_B48	How much are you	limited in your activities	by these problems?	Would you say
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這些問題在多大程度上限制了你的活動?你覺得是...

Α	B1	6
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Not at all,	1
毫無限制,	1
A little bit,	
有很少限制,	2
Moderately,	3
有一些限制,	3
Quite a lot, or	4
有較大的限制,或	4
Extremely?	5
有極大的限制?	5
REFUSED	7
DON'T KNOW	8

QA11_B49 During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

在過去12個月中,您是否打過流感防疫針或使用過流感疫苗鼻噴劑Flumist?

AE30

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

[IF NEEDED, SAY: "流感防疫針通常是在秋季注射,以便為流感季節預防流感 提供保護。"]

TEO	
NO2	[GO TO QA11 B52]
REFUSED7	
DON'T KNOW8	

QA11_B50 Did you have the flu shot or the nasal flu vaccine?

VEC

您是否曾經打過流感防疫針或使用過流感疫苗鼻噴劑?

AB100

FLU SHOT	1
NASAL/FLUMIST	
BOTH	
REFUSED	7
DON'T KNOW	

IF QA11_B50	NG NOTE QA11_B51: = 1, THEN DISPLAY "flu shot"; 1_B50 = 2, THEN DISPLAY "nasal flu vaccine"; AY "vaccine"	
QA11_B51	At what kind of place did you get your last {flu shot/nasal flu vac	cine/vaccine}?
	您最後一次打流感防疫針是在哪里?	
AB57		
AB57	A DOCTOR'S OFFICE, KAISER, OR HMO	
	A STORE (FOR EXAMPLE, MARKET, DRUGSTORE, OR PHARMACY)3 WORKPLACE4	
	A SENIOR, RECREATON, OR COMMUNITY CENTER5 A HOSPITAL OR EMERGENCY ROOM6	
	PLACE OF WORSHIP	
	DON'T KNOW/ NOT SURE8	
IF AAGE < 65	NG NOTE QA11_B52: YEARS, GO TO QA11_C1; NUE WITH QA11_B52;	
QA11_B52	During the past 12 months, have you fallen to the ground more	than once?
	在過去十二個月中,您是否曾經不止一次昏倒在地?	
AC7	YES	[GO TO QA11_C1] [GO TO QA11_C1] [GO TO QA11_C1]
QA11_B53	Did you get any medical care because of those falls?	
	您在任何一次摔跤後是否接受過醫療護理?	
AB91	YES	[GO TO QA11_B56] [GO TO QA11_B56] [GO TO QA11_B56]

QA11_B54	Did you go to the emergency room because of any of those fail	S?
	你是否因為這些摔跤前往急診室就診?	
AB140	YES	
QA11_B55	Were you hospitalized because of any of those falls?	
	你是否因為這些摔跤住院?	
AB141	YES	
QA11_B56	Did a health care professional talk with you about how to avoid	falling?
	您的健康護理專業人員是否曾經與您討論過如何預防摔跤的問題	ī?
AB92	[IF NEEDED, SAY: "A health care professional is a doctor, provider.] [IF NEEDED, SAY: "健康護理專業人員指醫生、護士或其他健 YES	
	NO2 REFUSED7	[GO TO QA11_B58] [GO TO QA11_B58]
0.444 DE7	DON'T KNOW	[GO TO QA11_B58]
QA11_B57	Did the health care professional make any specific recommend	ations?
AB142	健康護理專業人員是否曾經提出任何具體的建議? YES	
	NO	
QA11_B58	Because of those falls, did a health care professional review yo	our medications?
	是否有健康護理專業人員因為這些摔跤而檢查您服用的藥物?	
AB93	YES	[GO TO QA11_B60] [GO TO QA11_B60] [GO TO QA11_B60]

QA11_B59	Did the health care professional recommend any changes to your medications?		
	健康護理專業人員是否曾經建議更換你服用的任何藥物?		
AB143	YES		
QA11_B60	Because of those falls, did you start a physical therapy or exercise program?		
	您是否因為這些摔跤而開始物理療法或運動計劃?		
AB94	[IF NEEDED, SAY: "Include temporary changes during your recovery."] [IF NEEDED, SAY: "包括在康復期作出的臨時改變。"]		
	YES		
QA11_B61	Did you do this because a health care professional recommended it?		
	你這樣做是否是因為有健康護理專業人員提出建議?		
AB144	YES		
QA11_B62	Because of those falls, did you make changes to your home, such as adding grab bars removing rugs?	3 0	
	您是否因為這些摔跤而對您的住宅進行改善,例如增加扶手或移除小塊地毯?		
AB95	[IF NEEDED, SAY: "Include temporary changes during your recovery."] [IF NEEDED, SAY: "包括在康復期作出的臨時改變。"]		
	YES		

QA11_B63	Did you do this because a nealth care professional recommend	lea it?
	你這樣做是否是因為有健康護理專業人員提出建議?	
AB145	YES	
QA11_B64	Did you start using a cane or walker?	
	您是否開始使用手杖或助步器?	
AB96	[IF NEEDED, SAY: "Because of those falls"] [IF NEEDED, SAY: "因為這些摔跤。"]	
	[IF NEEDED, SAY: "Include temporary changes during you [IF NEEDED, SAY: "包括在康復期作出的臨時改變。"]	r recovery."]
	YES	[GO TO QA11_B66] [GO TO QA11_B66] [GO TO QA11_B66]
QA11_B65	Did you do this because a health care professional recommend	led it?
	你這樣做是否是因為有健康護理專業人員提出建議?	
AB146	YES	
QA11_B66	Did you change your daily routines?	
	您是否對日常生活作出了改變?	
AB97	[IF NEEDED, SAY: "Because of those falls"] [IF NEEDED, SAY: "因為這些摔跤。"]	
	[IF NEEDED, SAY: "Include temporary changes during you [IF NEEDED, SAY: "包括在康復期作出的臨時改變。"]	r recovery."]
	YES	[GO TO QA11_C1] [GO TO QA11_C1] [GO TO QA11_C1]

QA11_B67	Did you do this because	a health care professiona	I recommended it?
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你這樣做是否是因為有健康護理專業人員提出建議?

AB147

YES	
NO	
REFUSED	7
DON'T KNOW	-8

Section C – Health Behaviors

QA11_C1	The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.				
	以下是有關以步代車的問題。我會另外向您提出因休閒或運動目	的步行問題。			
	During the past 7 days, did you walk to get some place that took you at least 10 minutes?				
	在 過去七天 內,您是否曾經步行 至少10分鐘去某個地方?				
AD37W	YES	[GO TO QA11_C4] [GO TO QA11_C7] [GO TO QA11_C4] [GO TO QA11_C4]			
QA11_C2	In the past 7 days, how many times did you do that?				
	在過去七天內,您曾經幾次這樣做?				
AD38W	[IF NEEDED, SAY: "Walk for at least 10 minutes to get som [IF NEEDED, SAY: "至少步行10分鐘至某個地方。"]	e place."]			
	TIMES PER WEEK	[IF 0, GO TO QA11_C4]			
	REFUSED7 DON'T KNOW8	[GO TO QA11_C4] [GO TO QA11_C4]			
IF QA11_C2 =	NG NOTE QA11_C3: 1, THEN DISPLAY "How long did that walk take"; 1, THEN DISPLAY "On average, how long did those walks ta	ake"			
QA11_C3	{How long did that walk take/On average, how long did those w	/alks take}?			
	在那些日子裡,您通常每天步行多長時間?				
AD39W	MINUTES PER DAY				
	HOURS PER DAY				
	REFUSED7 DON'T KNOW8				

PROGRAMMING NOTE QA11_C4:

transportation	1 (WALK FOR TRANSPORTATION), THEN DISPLAY "Please it."	do not include walking for	
QA11_C4	Sometimes you may walk for fun, relaxation, exercise, or to walk did you walk for at least 10 minutes for any of these reasons? {I transportation.}		
	有時,您會為了娛樂、休閒、運動或溜狗而步行。在過去七天內次至少步行10分鐘?請勿包括您已經告訴我的步行。	,您是 否曾經因任何此類原因一	
AD40W	YES	[GO TO QA11_C7] [GO TO QA11_C7] [GO TO QA11_C7]	
QA11_C5	In the past 7 days, how many times did you do that?		
	在過去七天內,您曾經幾次這樣做?		
AD41W	[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, reladog."] [IF NEEDED, SAY: "因娛樂、休閒、運動或溜狗至少步行10分鐘	·	
	TIMES PER WEEK	[IF 0, GO TO QA11_C7]	
	REFUSED7 DON'T KNOW8	[GO TO QA11_C7] [GO TO QA11_C7]	
PROGRAMMING NOTE QA11_C6: IF QA11_C5 = 1, THEN DISPLAY "How long did that walk take"; IF QA11_C5 > 1, THEN DISPLAY "On average, how long did those walks take"			
QA11_C6	{How long did that walk take/On average, how long did those wa	alks take}?	
	在那些日子裡,您通常每天步行多長時間?		
AD42W	MINUTES PER DAY		
	HOURS PER DAY		
	REFUSED -7		

DON'T KNOW-8

QA11_C7	Now think about the foods you ate or drank during the past month, that is, the past 30 days,
	including meals and snacks.

現在,請想一想上個月,即過去30天,您吃的食物或喝的飲料,包括正餐及點心。

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

在過去一個月中,您吃過幾次水果?請不要包括果汁。

AE2

[IF NEEDED, SAY: "Your best guess is fine."] [IF NEEDED, SAY: "大概估計的次數就可以。"]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "這是每天、每週還是每個月?"]

TIMES

PER DAY	1	[HR: 0-20; SR: 0-9]
PER WEEK		
PER MONTH		
REFUSED		,
DON'T KNOW	-8	

QA11_C8 [During the past month,] how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

在過去一個月中,您吃過幾次任何類型的油炸馬鈴薯,包括炸薯條、家常薯條或煎薯餅?

AE3

[IF RESPONDENT ASKS, SAY: "Do not include potato chips."] [IF NEEDED, SAY: "請不要包括炸薯片。"]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?"]

[IF R GIVES YOU A NUMBER WITHOUT A TIME FRAME, ASK: "這是每天、每週還是每個月?"]

____TIMES

PER DAY	1 [H	R: 0-20: SR: 0-51
PER WEEK		
PER MONTH		
REFUSED	7	•
DON'T KNOW	_R	

PROGRAMMING NOTE QA11 C9:

IF QA11_C8 > 0 (ATE FRIED POTATOES) THEN DISPLAY "Do not include fried potatoes." ELSE DO NOT DISPLAY

QA11_C9 [During the past month,] how many times did you eat any *other* vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes.}

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[在過去一個月中,] 您吃過幾次任何 **其他** 蔬菜,例如青菜沙拉、四季豆或馬 鈴薯? 請不要包括油 炸馬鈴薯。

AE7

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."] [IF STRONGLY NEEDED, SAY: "例如西紅柿、胡蘿蔔、洋蔥或綠花椰菜。"]

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."] [ONLY IF R ASKS ABOUT RICE, SAY: "米飯不是蔬菜。"]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "這是每天、每週還是每個月?"]

QA11_C10 [During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

[在過去一個月中,]您喝普通汽水或含糖汽水的頻率有多高?請不要包括低卡節食汽水。[您可以告訴我每天、每週或每個月的次數。]

AC11

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

[IF NEEDED, SAY: "請不要包括罐裝或瓶裝果汁或茶。給出最佳估計數字即可。"]

TIMES

QA11_C11	Now think about the <u>past week</u> . In the past 7 days, how many times did you eat fast food?
	Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive
	through.

現在,請想一想**上一週**的情況。在過去七天中,您曾經幾次吃快餐食品?包括在工作場所、家中或快餐店、外賣店或驅車購買快餐店購買的快餐食品。

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

[IF NEEDED, SAY: "例如,您在麥當勞、肯塔基炸雞店、熊貓快餐店或塔可鐘購買的食品。"]

# OF TIMES IN PAST 7	DAYS
----------------------	------

REFUSED	-7
DON'T KNOW	-8

QA11_C12 How often can you find fresh fruits and vegetables in your neighborhood? Would you say...

你在所在社區買到新鮮水果和蔬菜的頻率有多高?你認為是......

AC42

Never,	1
從未、๋	
Sometimes,	2
有時、	2
Usually, or	3
經常、還是	
Always?	4
總是?	4
DOESN'T EAT F & V	5
DOESN'T SHOP FOR F&V	6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD	
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA11 C13:

IF QA11_C12 = 2, 3, OR 4, THEN CONTINUE WITH QA11_C13;

ELSE GO TO PROGRAMMING NOTE QA11_C14

QA11_C13 How often are they affordable? Would you say...

你能夠負擔得起這些食品的頻率有多高?你認為是......

AC44

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

[IF NEEDED, SAY: "「你能夠負擔得起你所在社區的新鮮水果和 蔬菜的頻率有多高?你認為是從未、有時、通常還是總是?」"]

Never	1
從未、	1
Sometimes	2
有時、	
Usually, or	3
通常、還是	3
Always?	4
總是?	
REFUSED	7
DON'T KNOW	8-

PROGRAMMING NOTE QA11_C14:

IF QA11_C12 = 5 (DOESN'T EAT FRUITS AND VEGETABLES) OR AAGE > 64, THEN GO TO QA11_C16; ELSE CONTINUE WITH QA11 C14

QA11_C14 How often can you find fresh fruits and vegetables at or near your workplace? Would you say...

你在你的工作場所或附近買到新鮮水果和蔬菜的頻率有多高? 你認為 是……

AC43

Never	
從未、	1
Sometimes	
有時、	2
Usually, or	3
經常、還是	
Always?	4
總是?	4
DOESN'T WORK	5
WORKS AT HOME	
OTHER NOT APPLICABLE (DOESN'T WORK IN	
ONE PLACE, CAN'T LEAVE WORK, ETC.)	7
REFUSED	-7
DON'T KNOW	-8

[GO TO QA11_C20]

[GO TO QA11_C20]

	NG NOTE QA11_C15: = 2, 3, OR 4 THEN CONTINUE WITH QA11_C15; QA11_C16	
QA11_C15	How often are they affordable? Would you say	
	你能夠負擔得起這些食品的頻率有多高?	
AC45	[IF NEEDED, SAY: "「你能夠負擔得起你的工作場所或附近的第 多高?你認為是從未、有時、通常還是 總是?」"]	所鮮水果和蔬菜的頻率有
	Never	
QA11_C16	Now, I am going to ask about various health behaviors.	
	現在,我想就各種不同的健康行為問題提問。	
	Altogether, have you smoked at least 100 or more cigarettes in	your entire lifetime?
	在您的一生中,您抽煙的總量是否至少有100枝或100枝以上?	
AE15	YES	[GO TO QA11_C20]
QA11_C17	Do you now smoke cigarettes every day, some days, or not at all?	
	您現在是每天、某些天抽煙還是完全不抽煙?	
AE15A	EVERY DAY. 1 每天. 1 SOME DAYS. 2 某些天. 2 NOT AT ALL. 3 完全不抽煙. 3	[GO TO QA11_C19] [GO TO QA11_C19] [GO TO QA11_C20] [GO TO QA11_C20]

REFUSED-7

DON'T KNOW-8

QA11_C18	On average, how many cigarettes do you now smoke a day?
	您目前平均每天抽多少枝煙?
AD32	[IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]
	NUMBER OF CIGARETTES [HR: 0-120] [GO TO QA11_C20]
	REFUSED7 [GO TO QA11_C20] DON'T KNOW8 [GO TO QA11_C20]
QA11_C19	In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
	在過去三十天中,當您抽煙時 [在您抽煙的日子裡],您每天抽多少枝煙?
AE16	
	[IF NEEDED, SAY: "On the days you smoked."] [IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]
	NUMBER OF CIGARETTES [HR: 0-120]
	REFUSED7 DON'T KNOW8
QA11_C20	Is smoking ever allowed inside your home?
	你們家中是否允許任何人抽煙?
AC17	YES
QA11_C21	On average, about how many days per week is there smoking inside your home?
	一週平均大約有幾天有人在您家中的任何地方抽煙?
AD34	[IF RARELY OR LESS THAN 1 DAY PER WEEK, ENTER 0]
	DAYS PER WEEK [HR: 0-7]
	REFUSED7 DON'T KNOW8

QA11_C22	Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?		
	在過去十二個月中,您飲用任何含酒精飲料的頻率有多高?		
AC32	[IF NEEDED, SAY: "Your best guess is fine."] [IF NEEDED, SAY: "給出您的最佳估計數字。"]		
	YES	[GO TO QA11_D1] [GO TO QA11_D1] [GO TO QA11_D1]	
	NG NOTE QA11_C23: - 1 (MALE), THEN CONTINUE WITH QA11_C23; QA11_C24		
QA11_C23	In the past 12 months, about how many times did you have 5 o day?	r more alcoholic drinks in a single	
	在過去十二個月內,你在一天內飲酒量達到5份或5份以上的次數	約有多少?	
AC34	[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or g wine, a mixed drink, or a shot of liquor."] [IF NEEDED, SAY: "「一份飲酒是指一罐12盎斯的啤酒或一杯萄酒、一杯混合飲料或一小杯烈酒。」"]	_	
	TIMES [HR: 0-365; SR: 0-99]	[GO TO QA11_D1]	
	REFUSED7 DON'T KNOW8	[GO TO QA11_D1] [GO TO QA11_D1]	

QA11_C24 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?

在過去十二個月內,你在一天內飲酒量達到4份或4份以上的次數約有多少?

AC35

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

[IF NEEDED, SAY: "「一份飲酒是指一罐12盎斯的啤酒或一杯啤酒、一杯5盎斯的葡萄酒、一杯混合飲料或一小杯烈酒。」"]

TIMES	[HR: 0-365; SR: 0-99]
REFUSED	7
DON'T KNOW	-8-

Section D - General Health, Disability, and Sexual Health

QA11_D1	These next questions are about your height and weight.		
	以下是幾個有關您的身高和體重的問題。		
	How tall are you without shoes?		
	您不穿鞋時身高是多少?		
AE17	[IF NEEDED, SAY: "About how tall?"] [IF NEEDED, SAY: "「大約有多高?」"]		
	FEET INCHES [FT HR: 3-7, IN HR: 0-11]		
	METERS CENTIMETERS [M HR: 1-2, CM HR: 0-99]		
	REFUSED7 DON'T KNOW8		
	NG NOTE QA11_D2: 2 (FEMALE) AND AAGE < 50, THEN DISPLAY "When not pregnant, how"; Y "How"		
QA11_D2	{When not pregnant, how/How} much do you weigh without shoes?		
	您不穿鞋時體重是多少? 您不懷孕時,不穿鞋體重是多少?		
AE18	[IF NEEDED, SAY: "About how much?"] [IF NEEDED, SAY: 「大約有多重?」]		
	POUNDS [HR: 50-450] KILOGRAMS [HR: 20-220]		
	REFUSED7 DON'T KNOW8		

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IF AAGE = 18,	NG NOTE QA11_D3: THEN GO TO QA11_D4; UE WITH QA11_D3
QA11_D3	How much did you weigh at age 18?
	您在18歲時體重有多少?
AE19	[IF NEEDED, SAY: "About how much?"] [IF NEEDED, SAY: 「大約有多重?」]
	POUNDS [HR: 50-450] KILOGRAMS [HR: 20-220]
	REFUSED7 DON'T KNOW8
	NG NOTE QA11_D2: 2 (FEMALE) AND AAGE < 50, THEN DISPLAY "When not pregnant, how"; Y "How"
QA11_D4	Are you blind or deaf, or do you have a severe vision or hearing problem?
	您是盲人或聾人或有嚴重視力或聽力障礙嗎?
AD50	YES
QA11_D5	Are you legally blind?
	您是不是法律認可的盲人?
AL8	YES
QA11_D6	Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
	您是否有任何一種嚴重限制一種或多種基本身體活動的症狀 ? 例如,步行、上樓梯、伸手取物或提拿物體。
AD57	YES

QA11_D7	Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:
	您是否由於持續六個月或以上的身體、精神或情感狀況,出現以下任何 症狀:
	Any difficulty learning, remembering, or concentrating?
	學習、記憶或集中注意力方面的任何困難?
AD51	YES
QA11_D8	Any difficulty dressing, bathing, or getting around inside the home?
	穿衣、洗澡或在家中走動時有任何困難嗎?
AD52	[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more"] [IF NEEDED, SAY: "「由於延續六個月或以上的身體、精神或情感狀況。」"]
	YES
QA11_D9	Any difficulty going outside the home alone to shop or visit a doctor's office?
	單獨外出購物或前往醫生診所就診時有任何困難嗎?
AD53	[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more"] [IF NEEDED, SAY: "「由於延續六個月或以上的身體、精神或情感狀況。」"]
	YES

IF AAGE >	MMING NOTE QA11_D10: · 64 GO TO PROGRAMMING NOTE QA11_D12; NTINUE WITH QA11_D10
QA11_D10	Any difficulty working at a job or business?
	工作或從事業務方面遇到任何困難嗎?
AD54	[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."] [IF NEEDED, SAY: "「由於延續六個月或以上的身體、精神或情感狀況。」"]
	YES
QA11_D11	Do you have a physical or mental condition that has kept you from working for at least a year?
	您有沒有身體或精神障礙,導致您至少一年無法工作?
AL8A	[IF NEEDED, SAY: "Current condition."] [IF NEEDED, SAY: "目前的狀況。"]
	YES
IF AAGE > PROGRAM	MMING NOTE QA11_D12: 70 OR QA11_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO MMING NOTE QA11_E1; NTINUE WITH QA11_D12
QA11_D12	We are asking a few questions about people's sexual experiences. All answers will be kept private.
	我們會提出幾個有關性經歷的問題。所有的答案都會予以保密。
	In the past 12 months, how many sexual partners have you had?
	在過去十二個月中,您有過幾位性伴侶?
AD43	NUMBER OF SEXUAL PARTNERS [GO TO PN QA11_D14]
	REFUSED7 [GO TO PN QA11_D14] DON'T KNOW8

QA11_D13	Can you give me your best guess?
	您能不能儘量估計有幾個人?
AD44	[IF R PROVIDES EXACT NUMBER, ENTER AS GIVEN. OTHERWISE, CODE INTO CATEGORIES PROVIDED]
	NUMBER OF PARTNERS 1 PARTNER
IF QA11_D12 PROGRAMMI ELSE CONTII IF QA11_D12 male or fema	ING NOTE QA11_D14: = 0 OR QA11_D13 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), THEN GO TO ING NOTE QA11_D15; NUE WITH QA11_D14; = 1 OR QA11_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), THEN DISPLAY "Is that partner le"; AY "In the past 12 months, have your sexual partners been male, female, or both male and
QA11_D14	{Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?
	在過去十二個月中,您的性伴侶是男性、女性還是既有男性又有女性?
AD45	MALE

PROGRAMMING NOTE QA11 D15:

IF QA11_A5 = 1 (MALE), THEN DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN; ELSE IF QA11_A5 = 2 (FEMALE), THEN DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

QA11_D15 Do you think of yourself as straight or heterosexual, as {gay/gay, lesbian} or homosexual, or bisexual?

您認為自己是異性戀、男同性戀、女同性戀、同性戀還是雙性戀?

AD46

[IF NEEDED, SAY: "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, {Gay/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: "「異性戀者主要受異性吸引並與異性發生性關係; 男同性戀者和女同性戀者主要受同性吸引並與同性發生性關係; 雙性戀者受兩種性別的人吸引並與兩種性別的人發生性關係。」"]

STRAIGHT OR HETEROSEXUAL	1
GAY, LESBIAN, OR HOMOSEXUAL	2
BISEXUAL	3
NOT SEXUAL/CELIBATE/NONE	4
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA11 D16:

IF [QA11_A5 = 1 (MALE) AND QA11_D14 = 1 (MALE)] OR [QA11_A5 = 2 (FEMALE) AND QA11_D14 = 2 (FEMALE)] OR [QA11_D14 = 3, -7, OR -8] OR [IF QA11_D15 \neq 1], THEN CONTINUE WITH QA11_D16; ELSE GO TO QA11_E1

QA11_D16 Are you legally married to someone of the same sex?

你是否與同性別的人合法登記結婚?

AD60

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

YES	1	[GO TO PN NEXT SECTION]
NO	2	•
REFUSED		
DON'T KNOW	8-	

QA11_D17	Are you recognized by the state of California as a legally registered domestic partner to someone
	of the same sex?

你與同性別的人合法登記為同居伴侶是否獲得加利福尼亞州政府的認可?

AD61	
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YES	
NO	2
REFUSED	7
DON'T KNOW	

Section E - Women's Health

IF QA11_A5 =	NG NOTE SECTION E: 1 (MALE), THEN GO TO NEXT SECTION; IUE WITH SECTION E
IF AGE > 45, T	NG NOTE QA11_E1: THEN GO TO PROGRAMMING NOTE QA11_E2; IUE WITH QA11_E1
QA11_E1	These next questions are about women's health.
	以下是有關婦女健康的問題。
	To your knowledge, are you <u>now</u> pregnant?
	據你所知,你 現在 懷孕了嗎?
AD13	YES
IF AAGE < 30 PROGRAMMII ELSE CONTIN	NG NOTE QA11_E2: OR QA11_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, THEN GO TO NG NOTE QA11_E21; IUE WITH QA11_E2 (INCLUDE WOMEN WITH AGE UNKNOWN); THEN DISPLAY "These next questions are about women's health."
QA11_E2	{These next questions are about women's health.} In the past 12 months, has a doctor examined your breasts for lumps?
	在過去十二個月中,是否有醫生為您作乳房腫塊檢查?
AF37	[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."] [IF NEEDED, SAY: "「這是指醫生用手觸摸乳房,檢查是否有腫塊、囊腫或不正常的生長物。"]
	YES

Have you ever had a mammogram?

QA11_E3

	您是否曾經作過乳房X光照射?
AD14	[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."] [IF NEEDED, SAY: "「乳房X光照射是用機器將每隻乳房壓扁或擠壓並分別拍攝每隻乳房的X射線照片。」"]
	YES
IF AGE IS BE	NG NOTE QA11_E4: TWEEN 40 AND 49, THEN CONTINUE WITH QA11_E4; PROGRAMMING NOTE QA11_E5
QA11_E4	Has a doctor ever told you that women your age only need a mammogram every other year?
	你的醫生是否曾經告訴過你像你這樣年齡的女性僅需要每隔一年 接受一次乳房X光檢查?
AE92	YES
IF AGE IS BE	NG NOTE QA11_E5: TWEEN 35 AND 49, THEN CONTINUE WITH QA11_E5; PROGRAMMING NOTE QA11_E6
QA11_E5	Has a doctor ever talked with you about when women should start having mammograms?
	你的醫生是否曾經告訴過你婦女應當何時開始接受乳房X光檢查?
AE93	YES

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IF AGE > 69, T	NG NOTE QA11_E6: HEN CONTINUE WITH QA11_E6; PROGRAMMING NOTE QA11_E7
QA11_E6	Has a doctor ever talked with you about stopping your mammograms?
	是否曾經有醫生讓你停止接受乳房X光檢查?
AE94	
	YES1
	NO2
	REFUSED7
	DON'T KNOW8
IF QA11_E3 = ELSE IF QA11	NG NOTE QA11_E7: 2 (NEVER HAD A MAMMOGRAM), THEN GO TO PROGRAMMING NOTE QA11_E19; _E3 = -7 OR -8, THEN GO TO PROGRAMMING NOTE QA11_E21; UE WITH QA11_E7
QA11_E7	How many mammograms have you had in the last 6 years? Your best estimate is fine.
	在過去六年中,您接受了幾次乳房X光照射?大概估計的次數就可以。
AD16	
ADIO	MAMMOGRAMS [HR: 0-99]
	NONE0 [GO TO PN QA11_E19]
	REFUSED
QA11_E8	How long ago did you have your most recent mammogram?
	您最後一次作乳房X光照射是在多久以前?
AD47	
AD17	A YEAR AGO OR LESS1
	MORE THAN 1 UP TO 2 YEARS AGO2
	MORE THAN 2 UP TO 3 YEARS AGO3
	MORE THAN 3 UP TO 5 YEARS AGO4
	MORE THAN 5 YEARS AGO5
	REFUSED7 [GO TO PN QA11_E21]
	DON'T KNOW8 [GO TO PN QA11_E21]
QA11_E9	Was your most recent mammogram recommended by a doctor?
	您最近一次做的乳房X光照片是否由醫生建議?
AE50	
	YES1
	NO2
	REFUSED7
	DON'T KNOW8

AD19

[GO TO PN QA11 E19]

[GO TO PN QA11 E19]

[GO TO PN QA11 E19]

PROGRAMMING NOTE QA11 E10: IF QA11_E8 = 3, 4, OR 5 (MAMMOGRAM MORE THAN 2 YEARS AGO), THEN GO TO QA11_E11; **ELSE CONTINUE WITH QA11 E10 QA11 E10** Tell me the main reason you had a mammogram. Was it... 請告訴我您做乳房X光照片的主要原因,是..... AD18 [IF NEEDED, SAY: "The main reason is the most important reason."] [IF NEEDED, SAY: "「主要原因是指最重要的原因。」"] Part of a routine exam,.....1 作為例行檢查的一部份,1 Because of a specific breast problem,.....2 由於存在具體的乳房問題,2 A follow-up to a previously identified breast problem, or3 作為以前查出的乳房問題的跟進檢查3 Due to family history?4 由於存在家族病史?4 REFUSED-7 DON'T KNOW-8 **PROGRAMMING NOTE QA11 E11:** IF QA11 E8 = 1 (MOST RECENT MAMMOGRAM A YEAR AGO OR LESS), THEN CONTINUE WITH QA11 E11; **ELSE GO TO QA11_E12 QA11 E11** How much did you pay for your most recent mammogram—did you pay none, some or all of the cost? 你為最近一次接受的乳房X線檢查付了多少錢 — 是免費、支付部份費 用還是全部費用? AE91 NONE OF THE COST1 SOME OF THE COST2 ALL OF THE COST3 REFUSED-7 DON'T KNOW-8 **QA11 E12** Have you ever had a mammogram where the results were not normal? 您是否曾經有 不 正常的乳房X光照片結果?

REFUSED-7

DON'T KNOW-8

		oreast?
	您是否曾經接受移除乳房腫塊的手術?	
AD20	YES	[GO TO QA11_E17] [GO TO QA11_E17] [GO TO QA11_E17]
QA11_E14	Did the lump turn out to be cancer?	
	該乳房腫塊是不是癌症?	
AD21	YES	[GO TO QA11_E16]
QA11_E15	How many operations have you had to remove a lump that wa	sn't cancer?
	您曾經動過幾次切除腫塊的手術?請 不要 包括切除癌症腫瘤的	1手術。
AD22	NUMBER OF OPERATIONS	[GO TO QA11_E17]
	REFUSED7	[GO TO QA11_E17]
	DON'T KNOW8	[GO TO QA11_E17]
QA11_E16	DON'T KNOW8 Tell me how you first found out about your breast cancer. Wa	[GO TO QA11_E17]
QA11_E16		[GO TO QA11_E17]

QA11_E17	Did you have any other tests and/or surgery when your mammogram was not normal?
	當您的乳房X光照片 不 正常時,您是否接受任何其他測試及/或 手術?
AD23	YES
QA11_E18	What additional tests and/or surgery did you have?
	您還接受了哪些其他測試及/或手術?
AD24	[CODE ALL THAT APPLY] [IF NEEDED, SAY: "Any others?"] [IF NEEDED, SAY: "還有任何其他測試及/或手術嗎?"]
	NO TESTS/NO SURGERY 1 MASTECTOMY (SURGERY TO 2 REMOVE BREAST) 2 LUMPECTOMY (SURGERY TO 3 REMOVE LUMP) 3 NEEDLE BIOPSY 4 ULTRASOUND TEST 5 ANOTHER MAMMOGRAM 6 CLINICAL BREAST EXAM 7 REFUSED -7 DON'T KNOW -8
IF QA11_E3 = 2	IG NOTE QA11_E19: 2 OR QA11_E7 = 0 OR QA11_E8 > 2 YEARS, THEN CONTINUE WITH QA11_E19; PROGRAMMING NOTE QA11_E20
QA11_E19	In the past 2 years, has a doctor recommended that you have a mammogram? 在過去兩年內,是否有醫生建議您照乳房X光片?
AD26	YES

Section F - Mental Health

QA11 F1 The next questions are about how you have been feeling during the past 30	QA11 F1	QA1	v 11 F1 I he next au	iestions are abo	out how vo	iu have beei	n teelina	during the	past 30	u aa
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以下是關於您在過去30天內感覺的問題。

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

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

ALL	1
MOST	2
SOME	
A LITTLE	
NONE	5
REFUSED	7
DON'T KNOW	

QA11_F2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

在過去30天內,您大約每隔多久會感到毫無希望 — 始終、大多數時間、 有時、很少還是從不?

AJ30

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

QA11_F3 During the past 30 days, about how often did you feel restless or fidgety?

在過去30天內,您大約每隔多久會感到焦慮或煩躁?

AJ31

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

[IF NEEDED, SAY: "始終、大多數時間、有時、很少還是從不?"]

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

QA11_F4

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

	您每隔多久會感到極為憂鬱,任何事也無法使您高興起來?
AJ32	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] [IF NEEDED, SAY: "始終、大多數時間、有時、很少還是從不?"]
	ALL
QA11_F5	During the past 30 days, about how often did you feel that everything was an effort?
	在過去30天內,您大約每隔多久會感到每件事做起來都很費力?
AJ33	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] [IF NEEDED, SAY: "始終、大多數時間、有時、很少還是從不?"] ALL
	NONE
QA11_F6	During the past 30 days, about how often did you feel worthless?
	在過去30天內,您大約每隔多久會感到自己毫無用處?
AJ34	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] [IF NEEDED, SAY: "始終、大多數時間、有時、很少還是從不?"]
	ALL

QA11_F7	Was there ever a month in the past 12 months when these feelings occurred more often than
	they did in the past 30 days?

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

AF62

YES	
NO	2
REFUSED	7
DON'T KNOW	

PROGRAMMING NOTE QA11 F8:

IF QA11_F7 = 1, THEN CONTINUE WITH QA11_F8;

ELSE GO TO PROGRAMMING NOTE QA11_F14

QA11_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.

以下是有關在過去十二個月中您的精神狀態最差的一個月的問題。

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

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

AF63

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

QA11_F9 During that same month, how often did you feel hopeless— all of the time, most, some, a little, or none of the time?

在這個月中,您感到毫無希望的頻率有多高?是所有的時間、大多數時間、某些時間、少數時間 還是根本沒有?

AF64

ALL	1
MOST	
SOME	3
A LITTLE	
NONE	
REFUSED	7
DON'T KNOW	

QA11_F10

How often did you feel restless or fidgety?

	您感到不安或煩躁的頻率有多高?
AF65	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"] [IF NEEDED, SAY: "是所有的時間、大多數時間、某些時間、少數時間還是根本沒有?"]
	ALL
QA11_F11	How often did you feel so depressed that nothing could cheer you up?
	您感到非常壓抑以致任何事情都無法讓您高興起來的頻率有多高?
AF66	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] [IF NEEDED, SAY: "是所有的時間、大多數時間、某些時間、少數時間還是根本沒有?"]
	ALL
QA11_F12	How often did you feel that everything was an effort?
	您感到做每件事都很費力的頻率有多高?
AF67	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] [IF NEEDED, SAY: "是所有的時間、大多數時間、某些時間、少數時間還是根本沒有?"]
	ALL

QA11 F	13 How	often did	vou feel	worthless?

您感到自己毫無用處的頻率有多高?

AF68

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

[IF NEEDED, SAY: "是所有的時間、大多數時間、某些時間、少數時間還是根本沒有?"]

Version 10.3

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

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:

PROGRAMMING NOTE QA11 F14INTRO:

IF (QA11_F1 + QA11_F2 + QA11_F3 + QA11_F4 + QA11_F5 + QA11_F6 > 8) OR (QA11_F8 + QA11_F9 + QA11_F10 + QA11_F11 + QA11_F12 + QA11_F13 > 8) OR

(QA11_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR

(QA11_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7), THEN CONTINUE WITH QA11_F14INTRO;

IF QA11_F7 = 1, THEN DISPLAY "again, please";

ELSE GO TO QA11_F19

QA11 F14INTRO

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

請想一想過去十二個月中您的情緒處於最差狀況的一個月。

PROGRAMMING NOTE QA11_F14: IF AGE > 70, THEN GO TO QA11_F15; ELSE CONTINUE WITH QA11_F14

QA11 F14 Did your emotions interfere a lot, some, or not at all with your performance at work?

您的情緒對您在工作中的表現是影響很大、有一些影響還是根本沒有影響?

AF69B

A LOT	
SOME	
NOT AT ALL	
DOES NOT WORK	
REFUSED	7
DON'T KNOW	-8

QA11_F15	Did your emotions interfere a lot, some, or not at all with your household chores?	
	您的情緒對您做家務是影響很大、有一些影響還是根本沒有影響?	
AF70B	A LOT	
QA11_F16	Did your emotions interfere a lot, some, or not at all with your social life?	
	您的情緒對您的社交生活是影響很大、有一些影響還是根本沒有影響?	
AF71B	A LOT	
QA11_F17	Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?	
	您的情緒對您與朋友及家人的關係是影響很大、有一些影響還是根本沒有影響?	
AF72B	A LOT	
QA11_F18	Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?	
	請想一想過去十二個月的情況。在過去的 365 天中,大約有多少天因為您感到精神緊張、壓抑或情緒壓力而 完全無法 工作或從事正常的活動?	
AF73B	[IF NEEDED, SAY: "You can use any number between 0 and 365 to answer."] [IF NEEDED, SAY: "您可以使用0-365之間的任何一個數字回答這個問題。"]	
	NUMBER OF DAYS	
	REFUSED7	
	DON'T KNOW8	

QA11_F19	Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or your use of alcohol or drugs?	
	在過去十二個月中,您是否曾經因為您的情感、神經、酗酒或吸毒的問題曾經需要約見專業人士?	
AF81	YES	
QA11_F20	Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?	
AJ1	您的保險是否為精神健康疾病治療提供保賠?例如,心理學家或精神病學 家門診。 YES	
QA11_F21	DON'T KNOW	
AF74	YES	
QA11_F22	In the past 12 months, have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?	
	在過去十二個月中,您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過任何 其他專業人員,例如心理諮詢師、精神病醫生或社會工作者?	
AF75	YES	

PROGRAMMING NOTE QA11_F23: IF QA11_F21 = 1 OR QA11_F22 = 1, THEN CONTINUE WITH QA11_F23; ELSE GO TO QA11_F28		
QA11_F23	Did you seek help for your mental or emotional health or for an	alcohol or drug problem?
	您是否曾經因為精神或情感健康、酗酒或吸毒的問題尋求幫助?	
AF76		
	MENTAL-EMOTIONAL HEALTH	
IF QA11_F23 ELSE IF QA1	ING NOTE QA11_F24: = 1, THEN DISPLAY "mental or emotional health"; 1_F23 = 2, THEN DISPLAY "use of alcohol or drugs"; 1_F23 = 3, THEN DISPLAY "mental or emotional health and you	our use of alcohol or drugs";
QA11_F24	In the past 12 months, how many visits did you make to a profe {mental or emotional health/use of alcohol or drugs/mental or enalcohol or drugs}? Do not count overnight hospital stays.	
	在過去十二個月中,您因為精神或情感健康的問題約見專業人員	多少次? 請勿包括住院的次數 。
AF77	NUMBER OF VISITS	
	REFUSED7 DON'T KNOW8	
QA11_F25	Are you still receiving treatment for these problems from one or	more of these providers?
	您現在仍然在約見其中的一位服務提供者嗎?	
AF78	YES	[GO TO QA11_F28] [GO TO QA11_F28] [GO TO QA11_F28]
QA11_F26	Did you complete the recommended full course of treatment? 您是否因為已經戒酒或戒毒或者已經完成了建議的全部療程而不	再接受治療了呢?
AF79	YES	[GO TO QA11_F28]
	DON'T KNOW8	[GO TO QA11_F28]

QA11_F27	What is the MAIN REASON you are no longer receiving treatment?
	您戒酒/戒毒的 主要原因 是什麼?
AF80	GOT BETTER/NO LONGER NEEDED
QA11_F28	During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
	在過去 12 個月中,您是否曾經因情感或個人問題連續兩週或以上幾乎每天服用任何處方藥物,例如抗憂鬱藥或鎮靜劑?
AJ5	YES
IF QA11_F19 =	G NOTE QA11_F29: = 1 AND (QA11_F21 ≠ 1 AND QA11_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT), IUE WITH QA11_F29; QA11_G1
QA11_F29	Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.
	以下任何一項陳述是否說明您沒有約見專業人員的原因?
	You were concerned about the cost of treatment.
	我擔心治療的費用。
AF82	YES

QA11_F30	You did not feel comfortable talking with a professional about your personal proble		
	我認為我能夠更好地處理自己的問題。		
AF83	YES		
QA11_F31	You were concerned about what would happen if someone found out you had a problem		
	我擔心如果有人知道了我的問題會發生什麼情況。		
AF84	YES		
QA11_F32	You had a hard time getting an appointment.		
	我在預約時遇到了困難。		
AF85	YES		

Section G - Demographic Information, Part II

QA11_G1 Now a few more questions about your background.

現在,我想再問幾個有關您本人的問題。

In what country were you born?

您是在哪一個國家出生的?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES	1
AMERICAN SAMOA	2
CANADA	3
CHINA	4
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	
GUATEMALA	
HUNGARY	
NDIA	
RAN	
RELAND	
TALY	
JAPAN	
KOREA	
MEXICO	
PHILIPPINES	
POLAND	
PORTUGAL	
PUERTO RICO	
RUSSIA	
TAIWAN	
VIETNAM	
VIRGIN ISLANDS	
OTHER (SPECIFY:)	
REFUSED	7
DON'T KNOW	-8

PROGRAMMING NOTE QA11 G2:

IF QA11_G1 \neq 1 (NOT BORN IN US), THEN GO TO QA11_G4; ELSE IF QA11_G1 = 1, -7, OR -8 (BORN IN US, REFUSED, OR DON'T KNOW), THEN CONTINUE WITH QA11_G2

QA11_G2 In what country was your mother born?

您的母親是在哪一個國家出生的?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES	1
AMERICAN SAMOA	
CANADA	
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	
PHILIPPINES	19
POLAND	20
PORTUGAL	
PUERTO RICO	22
RUSSIA	23
TAIWAN	
VIETNAM	
VIRGIN ISLANDS	
OTHER (SPECIFY:	_) 91
REFUSED	7
DON'T KNOW	-8

QA11_G3 In what country was your father born?

您的父親是在哪一個國家出生的?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES	
AMERICAN SAMOA	2
CANADA	3
CHINA	4
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	g
GUATEMALA	10
HUNGARY	11
INDIA	12
IRAN	13
IRELAND	14
ITALY	15
JAPAN	16
KOREA	17
MEXICO	
PHILIPPINES	19
POLAND	20
PORTUGAL	
PUERTO RICO	22
RUSSIA	23
TAIWAN	24
VIETNAM	25
VIRGIN ISLANDS	26
OTHER (SPECIFY:) 91
REFUSED	
DON'T KNOW	_9

QA11_G4 What languages do you speak at home?

您在家中用什麼語言交談?

AH36

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "「還有任何其他人或機構嗎?」"]

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

PROGRAMMING NOTE QA11 G5 AND QA11 G6:

IF INTERVIEW NOT CONDUCTED IN ENGLISH, THEN CONTINUE WITH QA11 G5;

IF INTERVIEW CONDUCTED IN ENGLISH AND QA11_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), THEN CONTINUE WITH QA11_G5 AND DISPLAY: "Since you speak a language other than English at home, we are interested in the languages you use in other situations"; ELSE IF QA11_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), THEN GO TO QA11_G8 PROGRAMMING NOTE QA11_G7:

IF INTERVIEW CONDUCTED IN ENGLISH AND QA11_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), THEN CONTINUE WITH QA11_G7 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?":

ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, THEN CONTINUE WITH QA11_G7;

ELSE GO TO PROGRAMMING NOTE QA11 G8

QA11_G7 {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...

因為您在家中說的語言不是英文,我們很想了解您認為自己英語說得怎樣。您認為您的英語說得…您覺得您的英文說得…

AH37

Very well,	1
非常好,	1
Well,	2
好	2
Not well, or	3
不好,或	3
Not at all?	4
完全不會說?	4
REFUSED	7
DON'T KNOW	8-

PROGRAMMING NOTE QA11 G8:

IF QA11_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), THEN GO TO PROGRAMMING NOTE QA11_G11;

ELSE CONTINUE WITH QA11 G8

QA11_G8 The next questions are about citizenship and immigration.

以下是有關公民身份及移民的幾個問題。您的回答會予以保密,絕對不會向移民局報告。

Are you a citizen of the United States?

您是美國公民嗎?

AH39

YES	1 I	GO TO QA11 G101
NO		
APPLICATION PENDING	3	
REFUSED	7	
DON'T KNOW	-8	

QA11_G9	Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
	您是擁有綠卡的永久居民嗎?
AH40	[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
	YES
QA11_G10	About how many years have you lived in the United States?
	您在美國已經居住了大約多少年?
AH41	[FOR LESS THAN A YEAR, ENTER 1 YEAR]
	NUMBER OF YEARS
	YEAR (FIRST CAME TO LIVE IN U.S.)
	REFUSED7 DON'T KNOW8
IF [QA11_A16 (LEGAL SAME IF QA11_A16 = IF QA11_A16 =	NG NOTE QA11_G11: = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA11_D16 = 1 OR QA11_D17 = 1 E-SEX COUPLE)], THEN CONTINUE WITH QA11_G11; = 1, THEN DISPLAY "spouse"; = 2 OR QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY "partner"; PROGRAMMING NOTE QA11_G13
QA11_G11	Is your {spouse/partner} also living in your household?
	你的{配偶}是不是也住在你的家中?
AH44	YES

QA11_G12	May I have your {spouse/partner}'s first name and age?
	你是否能夠告訴我你的{伴侶}的名字和年齡?
SC11A	[ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]
	SPOUSE/PARTNER NAME
	SPOUSE/PARTNER AGE
	SPOUSE/PARTNER SEX
IF [AAGE < 30 3 OR MORE A IF [AAGE < 30 DIVORCED, S CONTINUE W	NG NOTE QA11_G13: 0 OR QA11_A4 = 1 (AGE 18-29)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HH) AND NOTE IN HH, THEN CONTINUE WITH QA11_G13; 10 OR QA11_A4 = 1 (AGE 18-29)] AND QA11_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, EPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, THEN ITH QA11_G13; PROGRAMMING NOTE QA11_G14
QA11_G13	Are you now living with either of your parents?
	您目前有沒有與您的父母之中一人住在一起?
AH43A	YES
IF COMPLETE	NG NOTE QA11_G14: ED CHILD 1 ST INTERVIEW, THEN GO TO QA11_G20; IUE WITH QA11_G14
QA11_G14	Are there any children under the age of 18 living in the household, including babies?
	是否有任何年齡在18歲以下的兒童住在這個家中?請包括嬰兒。
SC12	YES

QA11_G15 Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

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請給我通常住在你家裡、年齡在18歲以下,包括嬰兒在內的每個小孩的名字和年齡。

SC13A

[PROBE: "Is there anyone else?"] [PROBE: "還有其他的人嗎?"]

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

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

QA11_G16 Is (CHILD) ...

{CHILD NAME/AGE/SEX}是...

SC15A

a =	
0 To 11 years old or1	[CODE AS CHILD]
0歲至11歲,還是1	[CODE AS CHILD]
12 To 17 years old?2	
12歲至17歲?2	
REFUSED7	
DON'T KNOW8	

QA11_G17 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?

我的記錄顯示這個家中沒有18歲以下的兒童。您是不是漏掉了哪位通常住在這裡但臨時外出的、18歲以下的兒童?

SC13

PROGRAMMING NOTE QA11_G18: IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA11_G18 ABOUT EACH PERSON UNDER 18

QA11_G18 Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?

你是不是{PERSON NAME/AGE/SEX}的父親/母親或法定監護人?

SC14A

YES	
NO	2
REFUSED	
DON'T KNOW	

PROGRAMMING NOTE QA11 G19:

IF ANY PEOPLE IN HH UNDER AGE 18 AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HOUSEHOLD), THEN ASK QA11_G19 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18; ELSE GO TO QA11_G20

QA11_G19 Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

{NAME/AGE/SEX }是不是{PERSON NAME/AGE/SEX}的父母或法定監護人?

SC14B

YES	
NO	2
REFUSED	7
DON'T KNOW	

PROGRAMMING NOTE QA11_G20:

IF QA11_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA11_G15 ARE AGE 13 OR LESS, THEN CONTINUE WITH QA11_G20;

ELSE GO TO QA11_G22;

IF ANY CHILD IN ROSTER QA11_G15 ≥ 14, DISPLAY "for any children under age 14";

IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HH), THEN DISPLAY "you or your spouse";

ELSE IF QA11_G11 = 1, THEN DISPLAY "you or your partner";

ELSE DISPLAY "you"

QA11_G20 In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

在過去一個月中,您是否當 { } 在工作、上學或尋找工作時讓 { } 接受付費幼兒看護服務?

AH44A

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

[IF NEEDED, SAY: "「這包括學前起步計畫(Head Start)、日託所、上學前和放學後的看護計畫以及任何臨時嬰兒照看安排。"]

YES	1	
NO	2	[GO TO QA11 G22]
REFUSED	-7	[GO TO QA11_G22]
DON'T KNOW	-8	[GO TO QA11_G22]

QA11_G21	In the past month, how much did you pay for all child care arrangements and programs?
	在上個目中,你為所有的幼兒看護安排及計劃支付了多少費用?

AH44B

last month. You o	"If it is easier for you, you can tell me what you paid in a typical week or any other adult in your household."] :"「如果這樣比較容易,您可以告訴我您在上個月最有代表性的一週中支付了 说您家裡任何一位成年人。」"]
\$	AMOUNT LAST MONTH [HR: 0-8,000]
\$	AMOUNT IN TYPICAL WEEK [HR: 0-3,000]
REFUSED	ENT IN LAST MONTH OR WEEK -7 DW8

QA11_G22 What is the highest grade of education you have completed and received credit for?

您完成的最高教育和獲得學分的最高年級是什麼?

AH47

NO FORMAL EDUCATION30
GRADE SCHOOL
1ST GRADE1
2ND GRADE2
3RD GRADE3
4TH GRADE4
5TH GRADE5
6TH GRADE6
7TH GRADE7
8TH GRADE8
HIGH SCHOOL OR EQUIVALENT
9TH GRADE9
10TH GRADE 10
11TH GRADE 11
12TH GRADE 12
4-YEAR COLLEGE OR UNIVERSITY
1ST YEAR (FRESHMAN) 13
2ND YEAR (SOPHOMORE) 14
3RD YEAR (JUNIOR) 15
4TH YEAR (SENIOR) (BA/BS)
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 YEAR22
2ND YEAR (AA/AS)23
VOCATIONAL, BUSINESS, OR TRADE SCHOOL
1ST YEAR24
2ND YEAR25
MORE THAN 2 YEARS 26
REFUSED
DON'T KNOW (OUT OF RANGE)8
,

QA11_G23 Did you ever serve on active duty in the Armed Forces of the United States?

您是否曾經在美國軍隊當過現役軍人?

AG22

YES1	
NO2	
REFUSED	
DON'T KNOW	GO TO QA11 G26

When did you serve?	
您是什麼時候在軍隊服役的?	
FROM TO	
World War II (Sept 1940 to July 1947)	
Altogether, how long did you serve?	
您總共服役多長時間?	
YEARS	
MONTHS REFUSED7 DON'T KNOW8	
Which of the following were <u>you</u> doing last week?	
您上週曾經從事以下哪些工作?	
Working at a job or business, 1 從事工作或業務, 1 With a job or business but not at work, 2 有工作或業務,但不在工作, 2 Looking for work, or 3 在找工作,還是 3 Not working at a job or business? 4 沒有從事工作或業務? 4 REFUSED 7	[GO TO QA11_G30] [GO TO QA11_G30] [GO TO QA11_G30]
	### FROM TO OR CHECK ALL THAT APPLY

[GO TO PN QA11_G31] [GO TO PN QA11_G31]

[GO TO PN QA11_G31]

QA11_G27	What is the main reason you did not work last week?
	你上週沒有工作的 主要原因 是什麼?
AK2	
ANZ	[IF NEEDED, SAY: "Main reason is the most important reason."] [IF NEEDED, SAY: "「主要原因指最重要的原因。」"]
	TAKING CARE OF HOUSE OR FAMILY1 ON PLANNED VACATION2
	COULDN'T FIND A JOB
	GOING TO SCHOOL/STUDENT4
	RETIRED5 [GO TO PN QA11_G29]
	DISABLED
	UNABLE TO WORK TEMPORARILY7
	ON LAYOFF OR STRIKE8
	ON FAMILY OR MATERNITY LEAVE9
	OFF SEASON
	SICK
	REFUSED7
	DON'T KNOW8
QA11_G28	Do you usually work?
	你通常工作嗎?
AG10	
AGTU	YES1
	NO2
	LOOKING FOR WORK3
	REFUSED7
	DON'T KNOW8
DDOCD AMMIN	IC NOTE OA44, COO.
	IG NOTE QA11_G29: OR -8) OR AAGE < 65] AND QA11_G28 = 2 (DOES NOT USUALLY WORK), THEN
CONTINUE WI	- ,
	OR -8) OR AAGE < 65] AND [QA11_G27 = 5 (RETIRED) OR 6 (DISABLED)], THEN
	TH QA11_G29;
ELSE GO TO F	PROGRAMMING NOTE QA11_G30
QA11_G29	Are you receiving Social Security Disability Insurance or SSDI?
	您是否在領取安全殘障保險補助金或SSDI?
AL22	
	YES [GO TO PN QA11_G31]

NO......2

REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA11 G30:

IF (QA11_G26 = 1, 2, -7, OR -8 (WORKING AT A JOB, WITH A JOB BUT NOT AT WORK, REF, DK) OR QA11_G28 = 1 (USUALLY WORKS), THEN CONTINUE WITH QA11_G30; ELSE GO TO PROGRAMMING NOTE QA11_G31

QA11_G30 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?

您從事的主要工作的僱主是: 私人公司、政府部門、還是自行經營者(個體經營者)或者從事家 庭企業或農場內不付薪水的工作?

AK4

[IF NEEDED, SAY: "Where did you work <u>most</u> hours?"] [IF NEEDED, SAY: "「您在哪裡工作的時間最長?」"]

PROGRAMMING NOTE QA11_G31:

IF QA11_ A16 = 1 (MARRIED) OR [QA11_D16 = 1 OR QA11_D17 = 1 5 (LEGAL SAME-SEX COUPLE)],

THEN CONTINUE WITH QA11_G31;

IF QA11_A16 = 1, THEN DISPLAY "spouse";

ELSE IF QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY "partner";

ELSE GO TO QA11_H1

QA11_G31 Which of the following was your {spouse/partner} doing last week?

您的配偶上週曾經從事以下哪些工作?

AG8

Working at a job or business,	
With a job or business but not at work,	
有工作或業務,但不在工作,	
Looking for work, or	3
在找工作,還是	3
Not working at a job/business?	4
沒有從事工作或業務?	4
REFUSED	7

DON'T KNOW-8

QA11_G32 Does your {spouse/partner} usually work?

你的{配偶}通常工作嗎?

AG11

YES1	
NO2	[GO TO QA11 H1]
LOOKING FOR WORK3	GO TO QA11 H1
REFUSED7	
DON'T KNOW8	

QA11_G33 On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

您的配偶從事的主要工作的僱主是: 私人公司、政府部門、還是自行經營者(個體經營者)或者 從事家庭企業或農場內不付薪水的工作?

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"] [IF NEEDED, SAY: "「他/她在哪裡工作的時間最長?」"]

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

Section H - Health Insurance

QA11 H1 The next topics are about health insurance and health care.

以下是有關健康保險及健康護理的問題。

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

當您生病或需要接受健康諮詢時,您是否有一個通常可以去的地方?

AH1

[CODE "3" OR "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]

YES1	
NO2	[GO TO QA11 H3]
DOCTOR/MY DOCTOR3	• - •
KAISER4	
MORE THAN ONE PLACE5	
REFUSED7	[GO TO QA11_H3]
DON'T KNOW8	[GO TO QA11 H3]

PROGRAMMING NOTE QA11 H2:

IF QA11_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE), THEN DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF QA11_H1 = 3 (DOCTOR/MY DOCTOR), THEN DISPLAY "Is your doctor in a private";

ELSE IF QA11_H1 = 4 (KAISER), THEN CODE "1" FOR QA11_H2 AND GO TO QA11_H3

QA11_H2 {What kind of place do you go to most often—a medical} {Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

您最常去什麼樣的地方-醫生辦公室、診所或醫院診所、急診室或其他地方?

AH3

DOCTOR'S OFFICE/KAISER/OTHER HMO	1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC	22
EMERGENCY ROOM	3
SOME OTHER PLACE (SPECIFY:	_) 91
NO ONE PLACE	92
REFUSED	7
DON'T KNOW	8

[GO TO PN QA11_H15]

IF QA11_B6 = ER FOR DIABI QA11_H4;	IG NOTE QA11_H3: 1 OR QA11_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR ETES) OR QA11_B39 = 1 (YES, R VISITED ER FOR HEART D UE WITH QA11_H3	QA11_B27 = 1 (YES, R VISITED ISEASE), THEN GO TO
QA11_H3	During the past 12 months, did you visit a hospital emergency r	oom for your own health?
	在過去 12 個月中,你是否曾因自身的健康問題前往醫院急診室	就診?
AH12		
	YES	[GO TO QA11_H5] [GO TO QA11_H5] [GO TO QA11_H5]
IF QA11_B6 = ER FOR DIABE "During the pa health?";	IG NOTE QA11_H4: 1 OR QA11_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR ETES) OR QA11_B39 = 1 (YES, R VISITED ER FOR HEART D st 12 months, how many times did you visit a hospital emer "How many times did you do that?"	ISEASE), THEN DISPLAY
QA11_H4	{During the past 12 months, how many times did you visit a hos own health/How many times did you do that}?	spital emergency room for your
AH95	NUMBER OF TIMES	
	REFUSED7 DON'T KNOW8	
QA11_H5	MediCARE is a health insurance program for people 65 years a disabilities. At this time, are you covered by MediCARE?	and older or persons with certain
	以下是有關您可能享有的健康保險類型的幾個問題。Medicare(患有某種殘障的人士提供的健康保險計劃。您目前是否享受Med	
Al1	[INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE	ORIGINAL MEDICARE PLAN.]
	YES1 NO2	[GO TO PN QA11_H8]
	REFUSED7	[GO TO PN QA11_H15]

POST-NOTE QA11_H5:

IF QA11_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

DON'T KNOW-8

PROGRAMMING NOTE QA11 H6:

IF [AAGE > 64 OR QA11_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA11_H5 = 2 (NOT COVERED BY MEDICARE), THEN CONTINUE WITH QA11_H6;

ELSE GO TO PROGRAMMING NOTE QA11_H8

QA11 H6

Is it correct that you are <u>not</u> covered by MediCARE even though you told me earlier that you are 65 or older?

雖然您剛才告訴過我您的年齡在 65 歲或 65 歲以上,但您沒有享受聯邦醫療護理保險,對不對?

Al2

REFUSED-7 **[GO TO PN QA11_H15]**DON'T KNOW-8 **[GO TO PN QA11_H15]**

POST-NOTE QA11_H6:

IF QA11_H6 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

QA11_H7 What is your age, please?

請告訴我您的年齡多大。

AI3

_____ YEARS OF AGE [HR: 18-105] **[GO TO PN QA11_H15]**

REFUSED-7 **[GO TO PN QA11_H15]**DON'T KNOW-8 **[GO TO PN QA11 H15]**

POST NOTE QA11_H7: AIDATE

SET AIDATE = CURRENT DATE (YYYYMMDD);

SET AAGE = QA11_H7;

IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA11 H8:

IF ARMCARE = 1, THEN CONTINUE WITH QA11_H8;

ELSE GO TO PROGRAMMING NOTE QA11 H15

QA11_H8 Is your MediCARE coverage provided through an HMO?

您的MediCARE保賠是通過HMO提供的嗎?

AH49

[IF NEEDED, SAY: "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]
[IF NEEDED, SAY: "HMO計劃通常要求您從HMO醫生處接受護理,除非是醫療急診,否則不提供醫療費保賠。"]

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

YES	1	
NO		[GO TO QA11_H10]
REFUSED	7	[GO TO QA11_H10]
DON'T KNOW	8	[GO TO QA11_H10]

POST-NOTE QA11_H8:

IF QA11_H8 = 1, SET ARMHMO = 1

QA11_H9 What is the name of your MediCARE HMO plan?

您的MediCARE HMO計劃名稱是什麼?

AH50

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCÈ FOR HEALTH	
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1 ST HEALTH PLAN	12
CARE ADVANTAGE	
CARE MORE	14
CEN CAL HEALTH	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH.	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN	18
CHINESE COMMUNITY HEALTH PLAN SENIOR	
PROGRAM	19
CIGNA	20
CITIZENS CHOICE HEALTHPLAN	
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN	24
CONTRA COSTA HEALTH PLAN	25
DEPARTMENT OF HEALTH SERVICES	
EASY CHOICE HEALTH PLAN	27

GEM CARE	28
GOLDEN/GOLDEN STATE MEDICARE HEALTH F	
GREAT-WEST	
HEALTH NET	31
HEALTH PLAN OF SAN JOAQUIN	
HEALTH PLAN OF SAN MATEO	
HUMANA GOLD PLUS	34
EHP (INLAND EMPIRE HEALTH PLAN)	
EHP MEDICARE DUAL CHOICE	
NTER VALLEY HEALTH PLAN	
KAISER	38
KERN COUNTY HEALTH PLAN	
L.A. CARE HEALTH PLAN	
MD CARE	41
MOLINA HEALTH PLAN	42
MOLINA MEDICARE OPTIONS	
ON LOK	44
ON LOK SENIOR HEALTH SERVICES	
ONE CARE	
PACIFICARE	47
PARTNERSHIP HEALTH PLAN OF CALIFORNIA.	
SALUD CON HEALTH NET	49
SAN FRANCISCO HEALTH PLAN	50
SANTA CLARA FAMILY HEALTH PLAN	
SCAN HEALTH PLAN	
SECURE HORIZONS	
SENIOR ADVANTAGE	
SENIORITY PLUS	
SERVICE TO SENIORS	
SHARP HEALTH PLAN	57
TOTAL FIT	
VALLEY HEALTH PLAN	
VENTURA COUNTY HEALTH CARE PLAN	
WESTERN HEALTH ADVANTAGE	61
WESTERN HEALTH ADVANTAGE CARE+	
CHAMPUS/CHAMP-VA	63
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	
VA HEALTH CARE SERVICES	
MEDI-CAL	
MEDICARE	67
MEDICARE ADVANTAGE	
OTHER	91
OTHER (SPECIFY:)	92
REFUSED	
DON'T KNOW	-8

POST-NOTE FOR QA11_H9:	
ALL ANSWERS GO TO PROGRAMMING NOTE QA11_H11;	
IF QA11_H9 = 62, 63, OR 64 THEN ARMILIT = 1	

QA11_H10

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

您是不是也享受聯邦醫療護理補充計劃保險?

AI4

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

[IF NEEDED, SAY: "「此類保險支付聯邦醫療護理計劃不支付的醫療費用。」"]

YES1	
NO2	[GO TO PN QA11_H15]
REFUSED	7 [GO TO PN QA11_H15]
DON'T KNOW	GO TO PN QA11 H15]

POST-NOTE FOR QA11_H10: IF QA11_H10 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA11_H11:

IF QA11_H8 = 1 (MEDICARE HMO), THEN CONTINUE WITH QA11_H11 AND DISPLAY "MediCARE HMO"; IF QA11_H10 = 1 (HAS SUPPLEMENT), THEN CONTINUE WITH QA11_H11 AND DISPLAY "MediCARE Supplement plan";

ELSE GO TO PROGRAMMING NOTE QA11_H15

QA11 H11

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

有關{MediCARE Supplement plan}, 您是直接註冊參加還是通過目前的 雇主、以前的雇主、工會、家庭企業、AARP還是以其他方式獲得該保險?

AH52

[IF NEEDED, SAY: "AARP stands for the American Association of Retired Persons."] [IF NEEDED, SAY: "AARP代表「美國退休人協會」。"]

DIRECTLY	1
CURRENT EMPLOYER	2
FORMER EMPLOYER	3
UNION	4
FAMILY BUSINESS	5
AARP	6
SPOUSE'S EMPLOYER	7
SPOUSE'S UNION	8
PROFESSIONAL/FRATERNAL ORGANIZATION	9 NC
OTHER	91
REFUSED	7
DON'T KNOW	8

QA11_H12	Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any
	co-pays or deductibles you or your family may have had to pay.

您是否為該項保健計劃支付任何或全部保費或費用?請勿包括您或您的家庭可能必須支付的任何協同付款或免賠額費用?

AH53

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

[IF NEEDED, SAY:「協同付款是您每次看病或使用健康護理系統時支付的部份健康護理費用,而保險計劃支付您的主要健康護理保賠費。」

"A deductible is the amount you pay for medical care before your health plan starts paying."

"「免賠額是您的保險計劃開始付款之前您支付的醫療護理費。」"

"Premium is the monthly charge for the cost of your health insurance plan."]

"「保費是您的醫療保險計劃的每月收費。」]

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

QA11_H13 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

是否有任何其他人(例如雇主、工會或專業機構)支付該項保健計劃的全部或部份保費或費用?

AH54

YES1	
NO2	[GO TO PN QA11 H15]
REFUSED7	GO TO PN QA11 H15
DON'T KNOW8	-

QA11_H14	Who is that?
	是誰?
AH55	
АПЭЭ	[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]
	[IF NEEDED, SAY: 「除了你本人,還有誰支付這項計劃的任何費 用?例如,你的雇主、工會或專業機構。」]
	[CODE ALL THAT APPLY]
	[PROBE: "Any others?"] [PROBE: "「還有任何其他人或機構嗎?」"]
	CURRENT EMPLOYER 1 FORMER EMPLOYER 2 UNION 3 SPOUSE'S/PARTNER'S CURRENT EMPLOYER 4 SPOUSE'S/PARTNER'S FORMER EMPLOYER 5 PROFESSIONAL/FRATERNAL ORGANIZATION 6 MEDICAID/MEDI-CAL ASSISTANCE 7 HEALTHY FAMILIES 8 OTHER 91 REFUSED -7 DON'T KNOW -8
IF QA11_H14 :	OR QA11_H14: = 7, SET ARMCAL = 1; = 8, SET ARHFAM = 1
	IO NOTE OAAA IIAF
	NG NOTE QA11_H15: 1, THEN DISPLAY "Is it correct that you are"; Y "Are you"
QA11_H15	{Is it correct that you are/Are you} covered by Medi-CAL?
	您有沒有享受加州醫療輔助計劃(Medi-CAL)?
Al6	[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."] [IF NEEDED, SAY: "「加州醫療輔助計劃是為某些低收入兒童及其家庭、孕婦、殘障人士或年長者提供的醫療計劃。」"]
	YES

POST-NOTE FOR QA11_H15: IF QA11_H15 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1; IF ARMCAL = 1 AND QA11_H15 = 2, SET ARMCAL = 0

PROGE	RAMMING	NOTE	QA11	H16

IF AAGE > 18 OR [QA11_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, THEN GO TO PROGRAMMING NOTE QA11 H17;

ELSE IF [AAGE = 18 OR QA11_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, THEN CONTINUE WITH QA11_H16 AND DISPLAY "Is it correct, then, that you are";

ELSE IF [AAGE = 18 OR QA11_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], THEN CONTINUE WITH QA11 H16 AND DISPLAY "Are you"

QA11_H16 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?

您是否享受健康家庭計劃(Healthy Families)?

AI7

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

[IF NEEDED, SAY: "「健康家庭計劃是一項州立計劃,為年齡在19 歲以下的孩子 支付醫療保險費用。」"]

YES	
NO	
REFUSED	7
DON'T KNOW	

POST-NOTE FOR QA11 H16:

IF QA11_H16 = 1, THEN SET ARHFAM = 1 AND ARINSURE = 1; IF ARHFAM = 1 AND QA11_H16 = 2, THEN SET ARHFAM = 0

PROGRAMMING NOTE QA11 H17:

IF ARSUPP = 1, THEN DISPLAY "Besides the Medicare supplemental plan you told me about" AND "any other";

ELSE IF ARMHMO = 1, THEN DISPLAY "Besides the Medicare HMO plan you told me about" AND "any other":

ELSE DISPLAY "a"

QA11 H17

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

您有沒有享受目前或以前的雇主或工會提供的醫療保險計劃或 HMO?

AI8

[IF NEEDED, SAY: "...either through your own or someone else's employment?"] [IF NEEDED, SAY: "「... 可以是通過您本人或其他人的工作?」"]

YES	
NO	
REFUSED	
DON'T KNOW	_Q

POST-NOTE FOR QA11 H17:

IF QA11_H17 = 1, THEN SET AREMPOTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA11 H18:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER), THEN CONTINUE WITH QA11_H18;

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ELSE GO TO PROGRAMMING NOTE QA11_H19

QA11_H18 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?

您有沒有享受您直接從保險公司或HMO 購買的醫療保險計劃?

Al11

[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: "不要包括只支付某些疾病如癌症或中風費用、或只在您住院時才給您「額外現金」的計劃。"]

YES	
NO	
REFUSED	7
DON'T KNOW	-8

POST-NOTE FOR QA11 H18:

IF QA11_H18 = 1, THEN SET ARDIRECT = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA11 H19:

IF QA11_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA11_H18 = 1 (PURCHASED OWN COVERAGE), THEN CONTINUE WITH QA11 H19;

ELSE GO TO PROGRAMMING NOTE QA11 H24

QA11 H19 Was this plan obtained in your own name or in the name of someone else?

這項計劃是用您的姓名申請還是用其他人的姓名申請的?

Al9

[IF NEEDED, SAY: "Even someone who does not live in this household."] [IF NEEDED, SAY: "「甚至不是住在您的家中的人?」"]

IN OWN NAME1	[GO TO PN QA11_H21]
IN SOMEONE ELSE'S NAME2	
REFUSED7	[GO TO PN QA11 H21]
DON'T KNOW8	[GO TO PN QA11_H21]

POST-NOTE FOR QA11 H19:

IF QA11_H17 = 1 AND QA11_H19 = 1, THEN SET AREMPOWN = 1 AND ARINSURE = 1 AND AREMPOTH = 0:

IF QA11_H17 = 1 AND QA11_H19 = 2, -7, OR -8, THEN SET AREMPOTH = 1 AND ARINSURE = 1;

IF QA11_H18 = 1 AND QA11_H19 = 1, THEN SET ARDIROWN = 1 AND ARINSURE = 1;

IF QA11_H18 = 1 AND QA11_H19 = 2, -7, OR -8, THEN SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA11 H20:

IF QA11_A16 = 1 (MARRIED) OR [QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] OR QA11_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 26, THEN CONTINUE WITH QA11_H20;

ELSE GO TO PROGRAMMING NOTE QA11_H21; IF QA11_A16 = 1, THEN DISPLAY "spouse's name";

IF QA11 A16 ≠ 1 AND (QA11 D16 = 1 OR QA11 D17 = 1), THEN DISPLAY "partner's name;

IF QA11_G13 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA11_H20 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

是否以您的 { } 名義參加該項計劃?

AI9A

IN SPOUSE'S/PARTNER'S NAME	1
IN PARENT'S NAME	2
IN SOMEONE ELSE'S NAME	3
REFUSED	7
DON'T KNOW	8

POST-NOTE FOR QA11 H20:

IF QA11_H17 = 1 AND QA11_H20 = 1, THEN SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;

IF QA11_H17 = 1 AND QA11_H20 = 2, THEN SET AREMPAR =1 AND AREMPOTH = 0;

IF QA11_H18 = 1 AND QA11_H20 = 1, THEN SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF QA11_H18 = 1 AND QA11_H20 = 2, THEN SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA11 H21:

IF QA11_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA11_H18 = 1 (PURCHASED OWN COVERAGE), THEN CONTINUE WITH QA11 H21;

ELSE GO TO PROGRAMMING NOTE QA11 H24

QA11_H21 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否為該項保健計劃支付任何或全部保費或費用?請勿包括您或您的 家庭可能需要支付的任何 共付款或自付額。

AH57

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

[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時 支付的部份健康護理費用,由其他人支付您的主要健康護理保賠費用。"

"A deductible is the amount you pay for medical care before your health plan starts paying."

"自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"

"Premium is the monthly charge for the cost of your health insurance plan."]

"保費是您的健康保險計劃的每月收費。"]

YES		
NO	2	[GO TO PN QA11 H23
REFUSED	7	
DON'T KNOW	8	

QA11_H22 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

是否有任何其他人(例如雇主、工會或專業機構)支付該項保健計劃的全部或部份保費或費用?

AH58

YES1	
NO2	[GO TO PN QA11_H24]
REFUSED7	
DON'T KNOW8	GO TO PN QA11 H241

PROGRAMMING NOTE QA11 H23:

IF QA11_H21 = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";

ELSE DISPLAY "Who is that"

QA11_H23 {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

是誰?

AH56

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

[IF NEEDED, SAY: "「除了你本人,還有誰支付這項計劃的任何費 用?例如,你的雇主、工會或專業機構。」"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "「還有任何其他人或機構嗎?」"]

CURRENT EMPLOYER	
FORMER EMPLOYER	2
UNION	3
SPOUSE'S/PARTNER'S CURRENT EMPLOY	'ER4
SPOUSE'S/PARTNER'S FORMER EMPLOYE	ER5
PROFESSIONAL/FRATERNAL ORGANIZATI	ON6
MEDICAID/MEDI-CAL ASSISTANCE	7
HEALTHY FAMILIES	8
MEDICARE	9
HEALTHY KIDS	
OTHER	91
REFUSED	7
DON'T KNOW	-8

POST-NOTE QA11_H23:

IF QA11 H23 = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF QA11 H23 = 4 OR 5, THEN SET AREMPSP = 1;

IF QA11_H23 = 6, THEN SET AROTHER = 1;

IF QA11 H23 = 10, THEN SET ARHKID = 1;

IF QA11_H23 = 9, THEN SET ARMCARE = 1 AND ARDIRECT = 0;

IF QA11_H23 = 7, THEN SET ARMCAL = 1 AND ARDIRECT = 0;

IF QA11_H23 = 8, THEN SET ARHFAM = 1 AND ARDIRECT = 0;

IF QA11_H23 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA11_H24:

IF [QA11_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA11_G28 = 1 (R USUALLY WORKS)] AND QA11_G30 \neq 3 (NOT SELF-EMPLOYED) AND AREMPOWN \neq 1 (NO EMPLOYER-BASED COVERAGE), THEN CONTINUE WITH QA11_H24;

ELSE GO TO PROGRAMMING NOTE QA11_H28

QA11_H24	Does your employer offer health insurance to any of its employees?		
	您的雇主有沒有提供醫療保險給任何員工?		
	心叩准工为汉为促历首派小然和工门员工:		
Al13	YES	[GO TO PN QA11_H28] [GO TO PN QA11_H28] [GO TO PN QA11_H28]	
QA11_H25	Are you eligible to be in this plan?		
	您是否有資格參加該項計劃?		
Al14	YES	[GO TO QA11_H27] [GO TO PN QA11_H28]	
QA11_H26	What is the one main reason why you aren't in this plan?		
	您沒有參加該項計劃的一個主要原因是什麼?		
Al15	COVERED BY ANOTHER PLAN	[GO TO PN QA11_H28] [GO TO PN QA11_H28]	
QA11_H27	What is the one main reason why you are not eligible for this pl	an?	
	您沒有資格參加該項計劃的一個主要原因是什麼?		
AI15A	HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED1 CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN		

IF ARINSURE PRIVATE PLA	NG NOTE QA11_H28: ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR N), THEN CONTINUE WITH QA11_H28; PROGRAMMING NOTE QA11_H29
QA11_H28	Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
	您是否享受 CHAMPUS/CHAMP VA、 Tricare、或其他軍隊醫療護理計劃?
Al16	
	YES1
	NO2
	REFUSED7
	DON'T KNOW8
POST-NOTE OF	QA11_H28: = 1, THEN SET ARMILIT = 1 AND ARINSURE = 1
IF ARINSURE PRIVATE PLA "Healthy Kids	NG NOTE QA11_H29: ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, N, OR MILITARY PLAN) AND AAGE = 18, THEN CONTINUE WITH QA11_H29 AND DISPLAY "; PROGRAMMING NOTE QA11_H30
QA11_H29	Are you covered by the Healthy Kids program?
	您是否享受Healthy Kids計劃保賠?
AH70	[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."] [IF NEEDED, SAY: "Healthy Kids是一項為您郡內的 兒童提供的計劃。"]
	YES1
	NO2
	REFUSED
POST-NOTE C	QA11_H29: - 1 THEN SET ARHKID - 1 AND ARINSTIRE - 1

PROGRAMMING NOTE QA11 H30:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS), THEN CONTINUE WITH QA11_H30; ELSE GO TO PROGRAMMING NOTE QA11_H32

QA11_H30 Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, PCIP, or something else?

你是否享受其他政府醫療保險計劃,例如AIM、Mister MIP、Family PACT、PCIP或其他計劃?

Al17

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

[IF NEEDED, SAY: "「AIM 表示「母嬰保險計劃」; Mister MIP或 MRMIP表示「重大風險醫療保險計劃」; Family PACT是一項州立計 劃,為沒有保險的低收入男女的避孕/生育醫療服務支付費用; PCIP 是原有病症保險計劃。」"]

YES1	
NO2	[GO TO PN QA11 H32]
REFUSED7	
OON'T KNOW8	

POST-NOTE QA11 H30:

IF QA11_H30 = 1, THEN SET AROTHGOV = 1 AND ARINSURE = 1

QA11_H31 ASK IF NECESSARY: "What is the name of this program?"

ASK IF NECESSARY: "保險計劃的名稱是什麼?"

AI17A

AIM	1
MRMIP ("Mister Mip")	
FAMILY PACT	
PCIP	4
OTHER (SPECIFY:	_) 91
REFUSED	
DON'T KNOW	-8

PROGRAMMING NOTE QA11_H32:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEATHLY KIDS, AND OTHER GOVERNMENT PLAN), THEN CONTINUE WITH QA11_H32;

ELSE GO TO PROGRAMMING NOTE QA11_H36

QA11_H32 Do you have any health insurance coverage through a plan that I missed?

您有沒有享受任何我可能漏掉的其他醫療保險計劃?

Al18

YES1	
NO2	[GO TO PN QA11 H36
REFUSED7	-
DON'T KNOW8	GO TO PN QA11_H36

QA11_H33 What type of health insurance do you have?

您的醫療保險屬於哪一種類型?

Al19

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "「還有任何其他人或機構嗎?」"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "「您是從目前或過去 的雇主/工會、學校、專業社團、商業集團或其他組織、還是直接從醫療計劃 獲得這項計劃?"]

```
THROUGH CURRENT OR FORMER
EMPLOYER/UNION .....1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP,
OR OTHER ORGANIZATION.....2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE) ......3
MEDICARE ......4
MEDI-CAL ......5
HEALTHY FAMILIES ......6
CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE. TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC .....8
HEALTHY KIDS ......9
OTHER GOVERNMENT HEALTH PLAN ...... 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .....-7
DON'T KNOW .....-8
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POST-NOTE QA11_H33:

IF QA11_H33 = 1, THEN SET AREMPOTH = 1 AND ARINSURE = 1;

IF QA11_H33 = 2, THEN SET AREMPOTH = 1 AND ARINSURE = 1;

IF QA11_H33 = 3, THEN SET ARDIRECT = 1 AND ARINSURE = 1;

IF QA11_H33 = 4, THEN SET ARMCARE = 1 AND ARINSURE = 1;

IF QA11_H33 = 5, THEN SET ARMCAL = 1 AND ARINSURE = 1;

IF QA11_H33 = 6, THEN SET ARHFAM = 1 AND ARINSURE = 1;

IF QA11_H33 = 7, THEN SET ARMILIT = 1 AND ARINSURE = 1;

IF QA11_H33 = 9, THEN SET ARHKID = 1 AND ARINSURE = 1;

IF QA11_H33 = 91, THEN SET ARHKID = 1 AND ARINSURE = 1;

IF QA11_H33 = 91, THEN SET AROTHGOV = 1 AND ARINSURE = 1;

IF QA11_H33 = 92, -7, OR -8, THEN SET AROTHER = 1 AND ARINSURE = 1
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Version 10.3 PROGRAMMING NOTE QA11 H34: **IF QA11_H33 = 1, 2, OR 3, THEN CONTINUE WITH QA11_H34**; **ELSE GO TO PROGRAMMING NOTE QA11 H36 QA11 H34** Was this plan obtained in your own name or in the name of someone else? 該項計劃是以您自己的名義還是以其他人的名義獲得? **AH59** [PROBE: "Even someone who does not live in this household?"] [PROBE: "甚至包括不住在您家中的人。"] IN OWN NAME1 [GO TO PN QA11_H36] IN SOMEONE ELSE'S NAME2 REFUSED-7 [GO TO PN QA11 H36] DON'T KNOW-8 [GO TO PN QA11_H36] **POST-NOTE QA11 H34:** IF (QA11 H33 = 1 OR 2) AND QA11 H34 = 1, THEN SET AREMPOWN = 1 AND AREMPOTH = 0 AND ARINSURE = 1; IF QA11_H33 = 3 AND QA11_H34 = 1, THEN SET ARDIROWN = 1 AND ARDIROTH = 0 AND ARINSURE = IF (QA11_H33 = 1 OR 2) AND (QA11_H34 = 2, -7, OR -8), THEN SET AREMPOTH = 1 AND AREMPOWN = 0 AND ARINSURE = 1; IF QA11 H33 = 3 AND (QA11 H34 = 2, -7, OR -8), THEN SET ARDIROTH = 1 AND ARDIROWN = 0 AND ARINSURE = 1 **PROGRAMMING NOTE QA11 H35:** IF QA11_A16 = 1 (MARRIED) OR [QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] OR QA11 G13 = 1 (LIVING WITH PARENTS) OR AAGE < 26, THEN CONTINUE WITH QA11 H35; **ELSE GO TO PROGRAMMING NOTE QA11 H36:** IF QA11 A16 = 1 THEN DISPLAY "spouse's name"; IF QA11 A16 ≠ 1 AND QA11 D16 = 1 OR QA11 D17 = 1, THEN DISPLAY "partner's name"; IF QA11_G13 = 1 OR AAGE < 26, THEN DISPLAY "parent's name"; Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's **QA11 H35** name? 該項計劃是以您的{ spouse's/parent's/spouse's, parent's, or someone else's} 名義獲得的嗎? **AH60** IN SPOUSE'S/PARTNER'S NAME1 IN PARENT'S NAME2 IN SOMEONE ELSE'S NAME3 REFUSED-7 DON'T KNOW-8

POST-NOTE QA11 H35:

IF QA11_H35 = 1, SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;

IF QA11 H35 = 2, SET AREMPPAR = 1 AND AREMPOTH = 0

IF ARIHS ≠ 1 A QA11_H36;	NG NOTE QA11_H36: AND QA11_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), THEN CONTINUE WITH PROGRAMMING NOTE QA11_H37_INTRO
QA11_H36	Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
	您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃?
Al20	YES
POST-NOTE OF	QA11_H36: = 1, THEN SET ARIHS = 1
<u> </u>	•
IF [QA11_A16 QA11_G11 = 1 IF QA11_A16 ELSE IF QA11	NG NOTE QA11_H37_INTRO: = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND I (SPOUSE/PARTNER LIVING IN HH), THEN CONTINUE WITH QA11_H37_INTRO; = 1, THEN DISPLAY "spouse"; I_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY "partner"; PROGRAMMING NOTE QA11_H57
QA11_H37_IN	TRO
	These next questions are about the type of health insurance your {spouse/partner} may have.
	以下問題是關于您的{spouse}的健康保險類型的。
Al37intro	
IF SPOUSE 65 ELSE IF SPOU "You said tha	NG NOTE QA11_H37: 5 OR OLDER AND ARMCARE ≠ 1, THEN CONTINUE WITH QA11_H37 WITHOUT DISPLAY; JSE 65 OR OLDER AND ARMCARE = 1, THEN CONTINUE WITH QA11_H37 AND DISPLAY t you are covered by Medicare." AND "also"; PROGRAMMING NOTE QA11_H40
QA11_H37	{You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?
	{} 能享受Medicare保賠嗎?
Al37	YES

POST	T-NC	TF	QA11	H37:
100	-110	, , _	4 711	1131.

IF QA11_H37 = 1, THEN SET SPMCARE = 1 AND SPINSURE = 1

DON'T KNOW-8

IF QA11_H37: ELSE IF QA11 that your Med IF QA11_A16: ELSE IF QA11	NG NOTE QA11_H38: = 1 AND ARMHMO ≠ 1, THEN CONTINUE WITH QA11_H38 WITHOUT DISPLAY; _H37 = 1 AND ARMHMO = 1, THEN CONTINUE WITH QA11_H38 AND DISPLAY "You said icare coverage is provided through an HMO." AND "also"; = 1 (MARRIED) THEN DISPLAY "spouse's"; _D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"; PROGRAMMING NOTE QA11_H39
QA11_H38	{You said that your Medicare coverage is provided through an HMO.} Is your {spouse's/partner's} Medicare {also} provided through an HMO?
	你的{spouse}的Medicare是通過HMO提供的嗎?
AH61	YES
POST-NOTE O	QA11_H38: = 1, THEN SET SPMHMO = 1 AND SPINSURE = 1
II WATI_IIIO	- 1, THEN GET GI MITMIG - 1 AND GI INGGRE - 1
IF SPHMO = 1 ELSE IF QA11 ELSE IF QA11 that you have IF QA11_A16 : ELSE IF QA11	NG NOTE QA11_H39: , THEN GO TO PROGRAMMING NOTE QA11_H40; _H37 = 1 AND ARSUPP ≠ 1, THEN CONTINUE WITH QA11_H39 WITHOUT DISPLAY; _H37 = 1 AND ARSUPP = 1, THEN CONTINUE WITH QA11_H39 AND DISPLAY "You said a Medicare Supplement plan." AND "also"; = 1 (MARRIED), THEN DISPLAY "spouse"; _D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner"; PROGRAMMING NOTE QA11_H40
QA11_H39	{You said that you have a Medicare Supplement plan.} Does your {spouse/partner} {also} have a Medicare supplemental policy?
	您說您可以享受Medicare保賠。{} 是否也能享受Medicare保賠?
Al37A	

YES	1
NO	2
REFUSED	7
DON'T KNOW	

POST-NOTE QA11_H39: IF QA11_H39 = 1, THEN SET SPSUPP = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H40: IF ARMCAL = 1, THEN CONTINUE WITH QA11_H40 WITHOUT DISPLAY; IF ARMCARE = 1, THEN DISPLAY "also"; ELSE GO TO PROGRAMMING NOTE QA11_H41			
QA11_H40	You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) {also} covered by Medi-Cal?		
	您說您 {} 可以享受Medi-Cal (加州醫療保健計劃)。 {} 是否也能享受Medi-Cal保賠?		
Al38	YES		
POST-NOTE (IF QA11_H40	QA11_H40: = 1, THEN SET SPMCAL = 1 AND SPINSURE = 1		
PROGRAMMING NOTE QA11_H41: IF ARHFAM = 1 AND SPOUSE/PARTNER AGE ≤ 18, THEN CONTINUE WITH QA11_H41; IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also"; ELSE GO TO PROGRAMMING NOTE QA11 H42			
QA11_H41	You said you {also} have Healthy Families. Is (SPOUSE/PARTNER) {also} covered by Healthy Families?		
	您說您 {} 可以享受Healthy Families(健康家庭計劃)。{} 是否也能享受Healthy Families計劃保賠?		
Al39	YES		
POST-NOTE QA11_H41:			

IF QA11_H41 = 1, THEN SET SPHFAM = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H42: IF AREMPOWN = 1, THEN CONTINUE WITH QA11_H42; IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also"; ELSE GO TO PROGRAMMING NOTE QA11 H43			
2202 00 10 1	TROCKAMIMINO NOTE GATI_IIIO		
QA11_H42	You said you have insurance from (SPOUSE/PARTNER) {also} cover	<u>your</u> current or former emploed ed by the insurance from <u>yo</u>	oyer or union. Is <u>ur</u> employer?
	您說您 {} 享受您目前或以前僱主或 賠?	工會提供的保險。{} 是否也的	
A140	YES NO		[GO TO PN QA11_H44]
	OTHER REFUSED DON'T KNOW	7	
POST-NOTE OF	QA11_H42: = 1, THEN SET SPEMPSP = 1 AND	SPINSURE = 1 AND ARSA	AMESP=1;
IF [QA11_G31 USUALLY WO	NG NOTE QA11_H43: = 1 OR 2 (SPOUSE/PARTNER EM DRKS), THEN CONTINUE WITH QA = 1 AND QA11_A16 = 1, THEN DIS Inion.":	11_H43;	•
ELSE IF AREM insurance from IF SPINSURE	MPSP = 1 AND QA11_D16 = 1 OR 0 m your partner's employer or unio = 1, THEN DISPLAY "also"; PROGRAMMING NOTE QA11_H44	n.";	LAY "You said you have
QA11_H43	{You said you have insurance from insurance from your partner's employerage through {his/her} own em	oyer or union.) Does (SPOI	
	{} {} 是否能夠透過 {} 自己的僱主獲得	导保賠?	
Al40A	YES	1	

YES	
NO	
REFUSED	
DON'T KNOW	-8

POST-NOTE QA11_H43: IF QA11_H43 = 1, THEN SET SPEMPOWN = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H44: IF ARDIRECT = 1, THEN CONTINUE WITH QA11_H44; IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, THEN DISPLAY "also"; ELSE GO TO PROGRAMMING NOTE QA11 H45		
QA11_H44	You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) also covered by this plan?	
	您說您 {} 有一項直接從保險公司購買的計劃。{} 是否也能享受該項計劃的保賠?	
Al41	YES	
PROGRAMM IF ARMILIT = IF ARMCARE DISPLAY "als	= 1, THEN SET SPDIRECT = 1 AND SPINSURE = 1 AND ARSAMESP=1; ING NOTE QA11_H45: 1, THEN CONTINUE WITH QA11_H45; E = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, THEN	
QA11_H45	You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?	
	您說您是透過 {} CHAMPUS/CHAMPUS-VA、TRICARE、VA或其他某種軍隊健康護理計劃享受健康保險。{} 是否也能享受該項計劃的保賠?	
Al42	YES	

POST-NOTE QA11_H45:

IF QA11_H45 = 1, THEN SET SPMILIT = 1 AND SPINSURE = 1 AND ARSAMESP=1;

DON'T KNOW-8

IF AROTHGO IF QA11_H31 IF QA11_H31 IF QA11_H31 IF QA11_H31 IF QA11_H31 IF ARMCARE 1, THEN DISF	ING NOTE QA11_H46: V = 1, THEN CONTINUE WITH QA11_H46; = 1, THEN DISPLAY "AIM"; = 2, THEN DISPLAY "MRMIP"; = 3, THEN DISPLAY "Family PACT"; = 4, THEN DISPLAY "PCIP"; = 91, THEN DISPLAY "some government health plan": E = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT : PLAY "also"; PROGRAMMING NOTE QA11_H47	
QA11_H46	You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some	
	government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?	
	你說你{還}透過{一些政府醫療保險計劃}享受醫療保險。你的{配偶}是 否也在這項計劃的承保範圍內?	
Al42A	YES	
POST-NOTE IF QA11_H46	QA11_H46: = 1, THEN SET SPOTHGOV = 1 AND SPINSURE = 1	
PROGRAMMING NOTE QA11_H47: IF SPINSURE ≠ 1, THEN DISPLAY "any"; ELSE DISPLAY "through any other source"		
QA11_H47	Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?	
	{} 是否有任何健康保險?	
Al46	YES	

QA11_H48 What type of health insurance does {he/she} have?

{}享受哪一種類型的健康保險?

AI47

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE:「還有任何其他類型的健康保險嗎?」]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "「{}
是透過目前或消的僱實工會、學校、專業流會、行業更體、其他機構還是自該的連輯。情報等意具理的?」"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION1 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....2 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)3 MEDICARE4 MEDI-CAL5 HEALTHY FAMILIES6 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8 HEALTHY KIDS9 OTHER GOVERNMENT HEALTH PLAN 91 OTHER NON-GOVERNMENT HEALTH PLAN..... 92 DON'T KNOW-8

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POST-NOTE QA11_H48:

IF QA11_H48 = 1, THEN SET SPEMPOTH = 1 AND SPINSURE = 1;

IF QA11_H48 = 2, THEN SET SPOTHER = 1 AND SPINSURE = 1;

IF QA11_H48 = 3, THEN SET SPDIRECT = 1 AND SPINSURE = 1;

IF QA11_H48 = 4, THEN SET SPMCARE = 1 AND SPINSURE = 1;

IF QA11_H48 = 5, THEN SET SPMCAL = 1 AND SPINSURE = 1;

IF QA11_H48 = 6, THEN SET SPHFAM = 1 AND SPINSURE = 1;

IF QA11_H48 = 7, THEN SET SPMILIT = 1 AND SPINSURE = 1;

IF QA11_H48 = 8, THEN SET SPHS = 1;

IF QA11_H48 = 9, THEN SET SPKID = 1 AND SPINSURE = 1;

IF QA11_H48 = 91, THEN SET SPOTHGOV = 1 AND SPINSURE = 1;

IF QA11_H48 = 92, -7, OR -8, THEN SET SPOTHER = 1 AND SPINSURE = 1
```

PROGRAMMING NOTE QA11_H49:

IF SPINSURE ≠ 1, THEN CONTINUE WITH QA11_H49;

ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN GO TO PROGRAMMING NOTE QA11_H51;

ELSE GO TO PROGRAMMING NOTE QA11_H53

QA11_H49 You said that (SPOUSE/PARTNER) has <u>no</u> health insurance from any source. Is this correct?

您說 {} 沒有來自任何來源的健康保險,對不對?

YES	[GO TO PN QA11_H53]
REFUSED7	[GO TO PN QA11_H53]
DON'T KNOW8	[GO TO PN QA11_H53]

QA11_H50 What type of health insurance does {he/she} have?

{}享受哪一種類型的健康保險?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "「還享受任何其他類型的健康保險嗎?」"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE:"「{} 是透過目前或以前的僱主/工會、學校、專業協會、行業團體、其他機構還是直接從健康計劃獲得這項計劃的?」"]

```
EMPLOYER/UNION.....1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION.
TRADE GROUP OR OTHER ORGANIZATION.....2
PURCHASED DIRECTLY FROM HEALTH PLAN
MEDICARE......4
MEDI-CAL......5
HEALTHY FAMILIES......6
CHAMPUS/CHAMP-VA, TRICARE, VA OR
SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC ......8
HEALTHY KIDS......9
OTHER GOVERNMENT HEALTH PLAN ......91
OTHER NON-GOVERNMENT HEALTH PLAN ........... 92
REFUSED.....-7
DON'T KNOW.....-8
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POST-NOTE QA11_H50:

IF QA11_H50 = 1, THEN SET SPEMPOTH = 1 AND SPINSURE = 1;

IF QA11_H50 = 2, THEN SET SPOTHER = 1 AND SPINSURE = 1;

IF QA11_H50 = 3, THEN SET SPDIRECT = 1 AND SPINSURE = 1;

IF QA11_H50 = 4, THEN SET SPMCARE = 1 AND SPINSURE = 1;

IF QA11_H50 = 5, THEN SET SPMCAL = 1 AND SPINSURE = 1;

IF QA11_H50 = 6, THEN SET SPHFAM = 1 AND SPINSURE = 1;

IF QA11_H50 = 7, THEN SET SPMILIT = 1 AND SPINSURE = 1;

IF QA11_H50 = 8, THEN SET SPIHS = 1;

IF QA11_H50 = 9, THEN SET SPKID = 1 AND SPINSURE = 1;

IF QA11_H50 = 91, THEN SET SPOTHGOV = 1 AND SPINSURE = 1;

IF QA11_H50 = 92, -7, OR -8, THEN SET SPOTHER = 1 AND SPINSURE = 1;
```

PROGRAMMING NOTE QA11 H51: IF (QA11_H48 = 1, 2, OR 3) OR (QA11_H50 = 1, 2, OR 3), THEN CONTINUE WITH QA11_H51; IF QA11_A16 = 1 (MARRIED), THEN DISPLAY "spouse's"; ELSE IF QA11 D16 = 1 OR QA11 D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"; **ELSE GO TO PROGRAMMING NOTE QA11 H53** QA11 H51 Was this plan obtained in your {spouse's/partner's} name or in the name of someone else? 這項計劃是以你的{配偶的}名義還是以其他人的名義獲得的? **AH62** [IF NEEDED, SAY: "Even someone who does not live in this household."] [IF NEEDED, SAY: "「甚至包括不住在你家中的人。」"] IN SPOUSE'S/PARTNER'S NAME1 [GO TO PN QA11_H53] REFUSED-7 [GO TO PN QA11 H53] DON'T KNOW-8 [GO TO PN QA11_H53] **POST-NOTE QA11 H51:** IF QA11 H51 = 1 (SPOUSE'S/PARTNER'S NAME), THEN SET SPEMPOWN = 1 AND SPEMPOTH = 0; **QA11 H52** Is the plan in your name, parent's name, or someone else's name? 該項計劃是以您本人、您的父母還是以其他人的名義獲得? **AH63** IN ADULT RESPONDENT'S NAME......1 IN ADULT RESPONDENT'S PARENT'S NAME2 IN SOMEONE ELSE'S NAME3 REFUSED-7 DON'T KNOW-8

POST-NOTE QA11_H52:

IF QA11_H52 = 1, THEN SET SPEMPAR = 1 AND SPEMPOTH = 0 AND ARSAMESP=1; IF QA11_H52 = 2, THEN SET SPARPAR = 1 AND SPEMPOTH = 0

PROGRAMMING NOTE QA11_H53:

IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), THEN GO TO QA11_H57; ELSE IF [QA11_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA11_G32 = 1 (USUALLY WORKS)] AND QA11_G33 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), THEN CONTINUE WITH QA11_H53; IF QA11_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's" ELSE GO TO PROGRAMMING NOTE QA11 H57

QA11_H53	Does your {spouse's/partner's} employer offer health insurance	to any of its employees?
	您的配偶的僱主是否向其僱員提供健康保險?	
Al43	YES	[GO TO PN QA11_H57 [GO TO PN QA11_H57 [GO TO PN QA11_H57
QA11_H54	Is {he/she} eligible to be in this plan?	
	{}是否有資格參加該項計劃?	
Al44	YES	[GO TO QA11_H56] [GO TO PN QA11_H57 [GO TO PN QA11_H57
QA11_H55	What is the ONE main reason why {he/she} isn't in this plan?	
	{} 未參加該項計劃的一個主要原因是什麼?	
A145	COVERED BY ANOTHER PLAN	[GO TO PN QA11_H57 [GO TO PN QA11_H57

QA11_H56	What is the one main reason why {he/she} is not eligible for this plan?
	{}沒有資格參加該項計劃的一個主要原因是什麼?
IF ARMHMO ELSE IF ARH ELSE IF ARIN IF QA11_A16 DISPLAY "No	HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
QA11_H57	{Next, I have some questions about your own main health plan.}
	接下來,我要 提出一些有關您的配偶的主要保健計劃的問題。
	Is your {Medi-Cal} health plan an HMO?
	您參加的 {} 計畫是HMO (健康維護機構)嗎?
Al22C	[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]
[IF R ASKS WHAT AN HMO IS, SAY: 「在HMO計劃中,您通常必須接受HMO醫生的醫療護理,除非經HMO轉介或遇到急診,否則醫療費用不予保賠。」]

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "「你的主要醫療保險計劃。」"]

YES	1
NO	2
REFUSED	
DON'T KNOW	0

PROGRAMMING NOTE QA11 H58:

IF (ARMCAL = 1 AND QA11_H56 = 1) OR (AROTHGOV = 1 AND QA11_H31 = 1), THEN LIST HMO MEDICAL BY COUNTY;

ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA11_H57 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTY;

ELSE IF QA11_H57 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA11_H31 = 2)], THEN LIST HMO COMMERCIAL BY COUNTY;

ELSE IF QA11_H57 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA11_H31 = 2)], THEN LIST NON-HMO BY COUNTY

QA11_H58 What is the name of your main health plan?

您的主要健康保險計劃的名稱是什麼?

Al22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "「您是否有印有保險計畫名稱的保險卡或其他材料?」"]

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCÈ FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1 ST HEALTH PLAN	12
CARE ADVANTAGE	
CARE MORE	14
CEN CAL HEALTH	
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN	18
CHINESE COMMUNITY HEALTH PLAN SENIOR	
PROGRAM	19
CIGNA	
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN	
CONTRA COSTA HEALTH PLAN	
DEPARTMENT OF HEALTH SERVICES	
EASY CHOICE HEALTH PLAN	27
GEM CARE	28
GOLDEN/GOLDEN STATE MEDICARE HEALTH P	
GREAT-WEST	
HEALTH NET	31
HEALTH PLAN OF SAN JOAQUIN	32
HEALTH PLAN OF SAN MATEO	
HUMANA GOLD PLUS	
EHP (INLAND EMPIRE HEALTH PLAN)	
EHP MEDICARE DUAL CHOICE	36

INTER VALLEY HEALTH PLAN	
KAISERKERN COUNTY HEALTH PLAN	38
KERN COUNTY HEALTH PLAN	39
L.A. CARE HEALTH PLAN	
MD CARE	41
MOLINA HEALTH PLAN	42
MOLINA MEDICARE OPTIONS	
ON LOKON LOK SENIOR HEALTH SERVICES	44
ONE CARE	
PACIFICARE	47
PARTNERSHIP HEALTH PLAN OF CALIFORNIA	
SALUD CON HEALTH NET	49
SAN FRANCISCO HEALTH PLAN	
SANTA CLARA FAMILY HEALTH PLAN	
SCAN HEALTH PLAN	
SECURE HORIZONS	
SENIOR ADVANTAGE	
SENIORITY PLUS	
SERVICE TO SENIORS	
SHARP HEALTH PLAN	57
TOTAL FIT	58
VALLEY HEALTH PLAN	
VENTURA COUNTY HEALTH CARE PLAN	
WESTERN HEALTH ADVANTAGE	
WESTERN HEALTH ADVANTAGE CARE+	62
CHAMPUS/CHAMP-VA	63
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	
VA HEALTH CARE SERVICES	
MEDI-CAL	
MEDICARE	
MEDICARE ADVANTAGE	
OTHER	91
OTHER (SPECIFY:)	92
REFUSED	7
DON'T KNOW	8

POST NOTE QA11_H58:

IF QA11_H58 = 62, 63, OR 64 THEN SET ARMILIT=1

PROGRAMMING NOTE QA11_H59:

IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND [QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX PARTNER)], THEN DISPLAY "Next, I have some questions about your own main health plan."

QA11 H59

{Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

接下來,我要提出一些有關您自己的保健計劃的問題。您是否享受處方藥保險?即是否有保健計劃支付任何部份處方藥費用?

您享受處方藥物保賠嗎?也就是說,是否有某項計劃可支付處方藥物的部份費用?

AI25

YES	
NO	2
REFUSED	7
DON'T KNOW	

IF AREMPOW	IING NOTE QA11_H60: WN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AR WITH QA11_H60; O QA11_H65	EMPOTH = 1, THEN
QA11_H60	Does your health plan have a deductible that is more than \$1,000?	
	您的保健計劃是否要求支付超過1,000美元的自付額?	
AH71	[IF NEEDED, SAY: "A deductible is the amount you have to pay befor to pay for your medical care."]	re your plan begins
	[IF NEEDED, SAY: "自付額是您的保健計劃開始為您的醫療 護理付款之前您必須支付的數額。"]	
		QA11_H62] QA11_H62]
	IING NOTE QA11_H61: NN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEI O QA11_H62	N CONTINUE WITH
QA11_H61	Does your health plan have a deductible that is more than \$2,000?	
	你的醫療保險計劃是否有超過2,000美元的免賠額?	
AH96	[IF NEEDED, SAY: "A deductible is the amount you have to pay before to pay for your medical care."]	re your plan begins
	[IF NEEDED, SAY: 「免賠額是指你的醫療保險計劃開始為你的醫療護理付款之前你必須支付的數額。」]	
	YES	PN QA11_H63]

YES	[GO TO PN QA11_H63]
YES, ONLY WHEN I GO OUT OF NETWORK3	
REFUSED7 DON'T KNOW8	

QA11_H62	Does your health plan have a deductible for all covered persons that is more than \$2,000?	
	您的保健計劃是否要求為所有受保人支付超過2,000美元的自付額?	
AH72		
	[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "自付額是您的保健計劃開始為您的醫療 護理付款之前您必須支付的數額。"]	5
	YES	
IF AREMPOW QA11_H63;	IG NOTE QA11_H63: N = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH PROGRAMMING NOTE QA11_H64	
QA11_H63	Does your health plan have a deductible for all covered persons that is more than \$4,000?	
	你的醫療保險計劃對於所有受保人是否有超過4,000美元的免賠額?	
AH97	[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: 「免賠額是指你的醫療保險計劃開始為你的醫療護理付款之前你必須支付的數額。」]	5
	YES	

PROGRAMMING NOTE QA11_H64: IF (QA11_H60 = 1 OR 3) OR (QA11_H61 = 1 OR 3) OR (QA11_H62 = 1 OR 3), THEN CONTINUE WITH QA11_H64; ELSE GO TO QA11_H65		
QA11_H64	Do you have a special account or fund you can use to pay for medical expenses?	
	您是否有一個可用於支付醫療費用的特別帳戶或基金?	
AH73	[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."] [IF NEEDED, SAY: "帳戶有時指保健儲蓄帳戶(HSA)、保健 償付帳戶(HRA)或其他類似帳戶。其他帳戶名稱包括個人護理 帳戶、個人醫療基金或選擇基金。此類帳戶與僱主提供的靈活開支帳戶不同。"]	
	YES	
QA11_H65	Thinking about your current health insurance, did you have this same insurance for <u>all</u> 12 of the past 12 months?	
	請想一想您目前的醫療保險,您在過去 12 個月中,是不是每個月使用的都是 同一個保險?	
Al31	YES	

QA11_H66 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

在過去十二個月中,當您沒有享受當前的健康保險保賠時,您是否有任何其他健康保險?

Al32

YES1	
NO2	[GO TO QA11_H69]
REFUSED7	[GO TO QA11_H68]
DON'T KNOW8	[GO TO QA11_H68]

[GO TO PN QA11_H78]

[GO TO PN QA11_H78]

QA11_H67	Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, or some other plan?	
	你的其他醫療保險是Medi-Cal、Healthy Families、通過雇主獲得的 計劃、你從保險公司直接購買的計劃還是其他計劃?	
MODIFIED Al33	CODE ALL THAT APPLY	
	[CODE ALL THAT APPLY]	
	[PROBE: "Any others?"] [PROBE: "「還有任何其他計劃嗎? 」"]	
	MEDI-CAL 1 HEALTHY FAMILIES 2 THROUGH CURRENT OR 3 FORMER EMPLOYER/UNION 3 HEALTHY KIDS 4 PURCHASED DIRECTLY 5 OTHER HEALTH PLAN 91 REFUSED -7 DON'T KNOW -8	
QA11_H68	During the past 12 months, was there any time when you had no health insurance at all?	
	在過去 12 個月中,您有沒有任何時間完全沒有醫療保險?	
Al34	YES	
QA11_H69	For how many months of the past 12 months did you have no health insurance at all?	
	在過去 12 個月中,你有多少個月完全沒有醫療保險?	
Al35	[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]	
	NUMBER OF MONTHS [HR: 0-11] [IF 0 GO TO PN QA11_H78]	

REFUSED.....-7

DON'T KNOW-8

QA11_H70	What is the ONE MAIN reason why you did not have any health	n insurance during those months?
	在這些月份中,您沒有任何健康保險的一個主要原因是什麼?	
Al36		
	CAN'T AFFORD/TOO EXPENSIVE1	
	NOT ELIGIBLE DUE TO WORKING STATUS/	
	CHANGED EMPLOYER/LOST JOB2	
	NOT ELIGIBLE DUE TO HEALTH OR	
	OTHER PROBLEMS3	
	NOT ELIGIBLE DUE TO CITIZENSHIP/	
	IMMIGRATION STATUS4	
	FAMILY SITUATION CHANGED5	
	DON'T BELIEVE IN INSURANCE6	
	SWITCHED INSURANCE COMPANIES,	
	DELAY BETWEEN7 CAN GET HEALTH CARE FOR FREE/PAY	
	FOR OWN CARE8	
	OTHER (SPECIFY:)	
	REFUSED7	
	DON'T KNOW8	
	DOINT INVOVALUATION OF THE PROPERTY OF THE PRO	
QA11_H71	During the time that you were uninsured, did you try to find hea	alth insurance on your own?
	在您沒有保險的期間,您是否曾經嘗試自己尋找醫療保險?	
AH74		
	YES1	[GO TO PN QA11_H78]
	NO2	[GO TO PN QA11_H78]
	REFUSED7	[GO TO PN QA11_H78]
	DON'T KNOW8	[GO TO PN QA11_H78]

QA11_H72	What is the ONE MAIN reason why you do not have any health insurance?
	您沒有任何健康保險的一個主要原因是什麼?
Al24	[IF R SAYS NO NEED, PROBE WHY]
	CAN'T AFFORD/TOO EXPENSIVE
QA11_H73	During the time that you have been uninsured, have you tried to find health insurance on your own?
	在你沒有保險的那段時間內,你是否曾經嘗試自己尋找醫療保險?
AH75	YES
QA11_H74	Were you covered by health insurance at any time during the past 12 months?
	您在過去 12 個月中的任何時間內有沒有享受過醫療保險?
AI27	YES

QA11_H75	How long has it been since you last had health insurance?		
	您上一次有醫療保險到現在已經有多長時間?		
Al28	MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO		
QA11_H76	For how many months out of the last 12 months did you have health insurance?		
	在過去 12 個月內,你有多少個月有醫療保險?		
Al29	[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]		
	MONTHS [HR: 0-12] [IF 0, THEN GO TO PN QA11_H78]		
	REFUSED7 DON'T KNOW8		
QA11_H77	During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, or some other plan?		
	在你有醫療保險的那段時間內,你的保險是Medi-Cal、Healthy Families、通過雇主獲得的計劃、你直接從保險公司購買的計劃還是其他計劃?		
Al30	[CODE ALL THAT APPLY]		
	[PROBE: "Any others?"] [PROBE: "「還有任何其他計劃嗎?」"]		
	MEDI-CAL 1 HEALTHY FAMILIES 2 THROUGH CURRENT OR FORMER 3 EMPLOYER OR UNION 3 HEALTHY KIDS 4 PURCHASED DIRECTLY 5 OTHER HEALTH PLAN 91		

REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA11 H78: IF ARINSURE ≠ 1 OR QA11_H66 = 2 OR ARDIRECT = 1 OR QA11_H77 = 5 OR QA11_H67 = 5 THEN **CONTINUE WITH QA11 H78; ELSE GO TO PROGRAMMING NOTE QA11_H83** In the past 12 months, did you try to purchase a health insurance plan directly from an **QA11_H78** insurance company or HMO? 在過去12個月中,你是否曾經嘗試直接從保險公司或HMO購買醫療保險計劃? AH103 YES1 NO......2 [GO TO PN QA11 H83] REFUSED-7 [GO TO PN QA11 H83] DON'T KNOW-8 [GO TO PN QA11_H83] **QA11_H79** How difficult was it to find a plan with the coverage you needed? Was it... 找到一項你需要的保賠範圍的計劃有多困難?你認為是..... **AH98** Very difficult,.....1 非常困難、......1 Somewhat difficult.2 較為闲難、......2 Not too difficult, or3 不太困難還是......3 Not at all difficult?4 毫無闲難? 4 REFUSED-7 DON'T KNOW-8 **QA11_H80** How difficult was it to find a plan you could afford? Was it... 找到一項你能負擔得起的計劃有多困難?你認為是...... **AH99** Very difficult......1 非常困難、......1 Somewhat difficult.2 Not too difficult, or3

QA11_H81	Did anyone help you find a health plan?	
	是否有人幫助你尋找醫療保險計劃?	
AH100	YES	[GO TO PN QA11_H83] [GO TO PN QA11_H83] [GO TO PN QA11_H83]
QA11_H82	Who helped you?	
	是誰幫助你的?	
AH101	BROKER	
IF QA11_B8 = QA11_B30 = 1 DISEASE) THI	NG NOTE QA11_H83: 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B13 = 1 (HOSPI (HOSPITALIZED FOR DIABETES) OR QA11_B41 = 1 (HOSPI EN GO TO PROGRAMMING NOTE QA11_H84; IUE WITH QA11_H83	
QA11_H83	During the past 12 months, were you a patient in a hospital ove	rnight or longer?
	在過去十二個月中,您的配偶是否曾經住院一天或更長時間?	
AH14	YES	[GO TO PN QA11_H86] [GO TO PN QA11_H86] [GO TO PN QA11_H86]
IF QA11_B8 = QA11_B30 = 1	NG NOTE QA11_H84: 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B13 = 1 (HOSPI (HOSPITALIZED FOR DIABETES) OR QA11_B41 = 1 (HOSPI EN DISPLAY "During the past 12 months, when you were ho	TALIZED FOR HEART
QA11_H84	{During the past 12 months, when you were hospitalized for any nights were you in the hospital?	y reason,} Altogether how many
	你總共住院幾天?	
AH102	NUMBER OF NIGHTS (HR: 1-365)	
	REFUSED	

IF ARINSURE MONTHS), TH	NG NOTE QA11_H85: ≠ 1 OR QA11_H69 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 EN CONTINUE WITH QA11_H85; PROGRAMMING NOTE QA11_H86
QA11_H85	Was any of that hospital care paid for by Medi-Cal?
	那次醫院護理的任何費用是由Medi-Cal支付的嗎?
AH76	YES
IF [ARINSURE MONTHS)] AN PARENT OR L WITH QA11_H	NG NOTE QA11_H86: ≠ 1 OR QA11_H69 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 D QA11_A5 = 2 (FEMALE) AND [QA11_E1 = 1 (PREGNANT) OR QA11_G18 = 1 (R IS EGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)], THEN CONTINUE 86; PROGRAMMING NOTE QA11_I1
QA11_H86	During the last 12 months, did you get prenatal care that you didn't have to pay for?
	在過去十二個月中,您是否曾經接受免費產前護理?
AH77	YES
QA11_H87	Was it paid for by Medi-Cal?
	這是由Medi-Cal付費的嗎?
AH78	

Section I - Child and Adolescent Health Insurance

PROGRAMMING NOTE QA11_I1: IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA11_I37 TO ASK ABOUT SELECTED ADOLESCENT:		
	≠ 1, THEN GO TO PROGRAMMING NOTE QA11_I2; UE WITH QA11_I1	
QA11_I1	These next questions are about health insurance (CHILD) may have.	
	以下是關於{}可能有的健康保險的問題。	
	Does (CHILD) have the same insurance as you?	
	{} 的保險是否與您的保險相同?	
CF10A	YES	
POST-NOTE Q	A11_I1: AND ARMCARE = 1, THEN SET CHMCARE = 1 AND CHINSURE = 1 AND ARSAMECH=1;	
IF QA11_I1 = 1	AND ARMCAL = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1 AND ARSAMECH=1;	
IF QA11_I1 = 1	AND ARHFAM = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1 AND ARSAMECH=1; AND ARHKID = 1, THEN SET CHHKID = 1 AND CHINSURE = 1 AND ARSAMECH=1;	
IF QA11_I1 = 1	AND AREMPOWN = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1; AND AREMPSP = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;	
IF QA11_I1 = 1	AND AREMPPAR = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1; AND AREMPOTH = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;	
	AND ARDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND ARSAMECH=1; AND ARMILIT = 1 THEN SET CHMILIT = 1 AND CHINSURE = 1 AND ARSAMECH=1:	

IF QA11_I1 = 1 AND AROTHGOV = 1, THEN SET CHOTHGOV = 1 AND CHINSURE = 1 AND ARSAMECH=1; IF QA11_I1 = 1 AND AROTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND ARSAMECH=1;

IF QA11_I1 = 1 AND ARIHS = 1, THEN SET CHIHS = 1

PROGRAMMING NOTE QA11_I2: IF SPINSURE ≠ 1, THEN GO TO QA11_I3; ELSE IF QA11_I1 = 2 AND ARSAMESP = 1, THEN GO TO QA11_I3; ELSE CONTINUE WITH QA11_I2			
QA11_I2	Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/PARTNER NAME}?		
	{} 的保險是否與您的{} 的保險相同?		
MA1	YES		
IF QA11_I2 = 1	A11_I2: AND SPMCARE = 1, THEN SET CHMCARE = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPMCAL = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPHFAM = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPHKID = 1, THEN SET CHHKID = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPEMPOWN = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPEMPSP = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPEMPPAR = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPEMPOTH = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPOTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPOTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPOTHGOV = 1, THEN SET CHOTHGOV = 1 AND CHINSURE = 1 AND SPSAMECH=1; AND SPIHS = 1, THEN SET CHIHS = 1		
QA11_I3	Is {he/she} currently covered by Medi-CAL?		
	{}目前是否享受Medi-CAL(加州醫療保健計劃)的保賠?		
CF1	[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."] [IF NEEDED, SAY: "「Medi-CAL是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計劃。」"] YES		
POST-NOTE Q	A11_I3:		
IF QA11_I3 = 1	, THEN SET CHMCAL = 1 AND CHINSURE = 1		

QA11_I4	Is (CHILD) covered by the Healthy Families Program?	
	{孩子的名字/年齡/性別} 有沒有享受健康家庭計劃 (Healthy Families)?	
CF2	[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."] [IF NEEDED SAY: "「健康家庭計劃是一項州立計劃,為年齡在19 歲以下的孩子 支付醫療保險費用。」"] YES	
	DON'T KNOW8	
POST-NOTE C IF QA11_I4 = 1	A11_I4: , THEN SET CHHFAM = 1 AND CHINSURE = 1	
QA11_I5	Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?	
	{孩子的名字/年齡/性別} 是否通過您或其他人的工作或工會享受醫療保險或管理式保健組織 (HMO) 計劃?	
CF3	YES	
POST-NOTE C	NA11_I5: , THEN SET CHEMP = 1 AND CHINSURE = 1	
QA11_I6	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.	
	{}是否享受您直接從保險公司或HMO購買的健康保險計劃的保賠?請不要包括僅支付某些疾病(例如癌症或中風)的計劃或當您住院時僅向您支付「額外現金」的計劃。	
CF4	YES	

POST-NOTE QA11_I6: IF QA11_I6 = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 QA11_I7 Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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您是否支付任何{CHILD NAME/AGE/SEX}的保健計劃的任何或全部保費 或費用?請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

AI54

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

[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時支付的部份健康護理費用,而由其他人支付您的主要健康護理保賠費用。"

"A deductible is the amount you pay for medical care before your health plan starts paying."

"自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"

"Premium is the monthly charge for the cost of your health insurance plan."]

"保費是您的健康保險計劃的每月收費。"]

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

QA11_I8 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

是否有任何其他人,例如雇主、工會或專業機構,支付 {CHILD NAME/AGE/SEX}的保健計劃的全部或部份保費或費用?

AI50

/ES1	
NO2	[GO TO PN QA11 110]
REFUSED7	
OON'T KNOW	GO TO PN QA11 I10

QA11_I9	Who else pays all or some portion of the cost for (CHILD)'s health plan?
	還有誰支付{CHILD NAME/AGE/SEX}的醫療保險計劃的全部或部份費用?
Al51	
	CURRENT EMPLOYER1 FORMER EMPLOYER2
	UNION3 SPOUSE'S/PARTNER'S CURRENT EMPLOYER4
	SPOUSE'S/PARTNER'S FORMER EMPLOYER5
	PROFESSIONAL/FRATERNAL ORGANIZATION6 MEDICAID/MEDI-CAL ASSISTANCE7
	HEALTHY FAMILIES8
	HEALTHY KIDS9
	OTHER
	DON'T KNOW8
IF QA11_I9 =	= 8, THEN SET CHHFAM = 1; = 7, THEN SET CHMCAL = 1; = 9, THEN SET CHHKID = 1
IF CHINSUR	MING NOTE QA11_I10: E = 1, THEN GO TO PROGRAMMING NOTE QA11_I18; INUE WITH QA11_I10
QA11_I10	Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
	{他/她} 是否享受 CHAMPUS/CHAMP VA、 Tricare 或其他軍隊醫療護理計劃?
CF6	YES1 IGO TO PN QA11 I181
	YES
	REFUSED
POST-NOTE	
IF QA11_I10	= 1, THEN SET CHMILIT = 1 AND CHINSURE = 1

PR	OGR	AMN	ИING	NOTE	E QA11	_l111:

IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), THEN CONTINUE WITH QA11 I11 AND DISPLAY "Healthy Kids";

QA11_I11 Is {he/she} covered by the Healthy Kids program?

{CHILD NAME/AGE/SEX}是否享受Healthy Kids計劃保賠?

AI70

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."] [IF NEEDED, SAY: "Healthy Kids是一項為您郡內的兒 童提供的計劃。"]

YES1	[GO TO PN QA11 I18]
NO2	• - •
REFUSED7	
DON'T KNOW -8	

PROGRAMMING NOTE QA11 I11:

IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), THEN CONTINUE WITH QA11_ I11 AND DISPLAY "Healthy Kids";

QA11_I12 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", PCIP, or something else?

{他/她} 是否享受其他政府醫療計劃,如AIM、「Mister MIP」或其他計劃?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and PCIP is the pre-existing condition insurance plan."]

[IF NEEDED, SAY: "「AIM 表示母嬰營養計劃、「Mister MIP」或 MRMIP 的意思是主要風險醫療保險計劃。"]

AIM	1	[GO TO PN QA11 118]
"MISTER MIP"/MRMIP		
PCIP	3	[GO TO PN QA11_I18]
NO OTHER PLAN	4	
SOMETHING ELSE (SPECIFY:) 91	[GO TO PN QA11_I18]
REFUSED	7	
DON'T KNOW	8	

POST-NOTE QA11 I12:

IF QA11_I12 = 1, 2, 3, OR 91, THEN SET CHOTHGOV = 1 AND CHINSURE = 1

QA11_I13 Does {he/she} have any health insurance coverage through a plan that I missed?

{他/她} 有沒有通過我漏掉的計劃享受任何醫療保險?

CF8

YES1	
NO2	[GO TO PN QA11 I18]
REFUSED7	
DON'T KNOW8	[GO TO PN QA11_I18]

QA11_I14 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

{他/她} 的醫療保險屬於哪一類型? 是來自加州醫療輔助計劃、健康家庭計劃、雇主或工會、還是來自其他來源?

CF9

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "「還有其他來源嗎?」"]

THROUGH CURRENT OR FORMER	
EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL	
ASSOCIATION, TRADE GROUP OR OTHER	
ORGANIZATION	2
PURCHASED DIRECTLY FROM A HEALTH	
PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR	
SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH	
PROGRAM, URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	
DON'T KNOW	8

POST-NOTE QA11_I14:	
IF QA11_I14 = 1, THEN SET CHEMP = 1 AND CHINSURE = 1	
IF QA11_I14 = 2, THEN SET CHEMP = 1 AND CHINSURE = 1	
IF QA11_I14 = 3, THEN SET CHDIRECT = 1 AND CHINSURE = 1	
IF QA11_I14 = 4, THEN SET CHMCARE = 1 AND CHINSURE = 1	
IF QA11_I14 = 5, THEN SET CHMCAL = 1 AND CHINSURE = 1	
IF QA11_I14 = 6, THEN SET CHHFAM = 1 AND CHINSURE = 1	
IF QA11_I14 = 7, THEN SET CHMILIT = 1 AND CHINSURE = 1	
IF QA11_I14 = 8, THEN SET CHIHS = 1	
IF QA11_I14 = 9, THEN SET CHHKID = 1 AND CHINSURE = 1	
IF QA11_I14 = 91, THEN SET CHOTHGOV = 1 AND CHINSURE = 1	
IF QA11_I14 = 92, THEN SET CHOTHER = 1 AND CHINSURE = 1	
IF QA11_I14 = -7 OR -8, THEN SET CHINSURE = 1	

PROGRAMMING NOTE QA11 I15:

IF QA11_I14 = 4 (CHILD HAS MEDICARE), THEN CONTINUE WITH QA11_I15;

ELSE GO TO PROGRAMMING NOTE QA11_I16

QA11_I15 Just to verify, you said that (CHILD) gets health insurance through Medicare?

我只是要確定一下,你說過 {孩子的名字/年齡/性別} 有從 聯邦醫療照顧(Medicare) 獲得醫療保險?

CF9VER

YES	1
NO	2
REFUSED	7
DON'T KNOW	

PROGRAMMING NOTE QA11_I16:

IF CHINSURE ≠ 1, THEN CONTINUE WITH QA11_I16;

ELSE GO TO PROGRAMMING NOTE QA11 118;

QA11_I16 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

{孩子名字/年齡/性別} 沒有加入加州醫療輔助計劃(Medi-CAL)的一個主要原因是什麼?

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	
DIDN'T KNOW IT EXISTED	
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	- 8

QA11_I17	What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?
	{CHILD NAME /AGE/SEX}沒有註冊參加Healthy Families計劃的 一個 主要原因是什麼?

CI	- 2Δ	
- UI	47	

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY:)	91
REFUSED	
DON'T KNOW	8

PROGRAMMING NOTE QA11_I18:

IF QA11_I1 = 1 AND ARMCARE = 1, THEN SET QA11_I18 = QA11_H8 AND QA11_I19 = QA11_H9 AND GO TO QA11_I20;

ELSE IF QA11_I1 = 1, THEN SET QA11_I18 = QA11_H57 AND QA11_I19 = QA11_H58 AND QA11_I20 = QA11_H59 AND GO TO PN QA11_I21;

ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA11_I18;

ELSE GO TO PROGRAMMING NOTE QA11 121

QA11_I18 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

{CHILD NAME /AGE/SEX}參加的保健計劃是HMO(即健康維護機構計劃)嗎?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."] [IF NEEDED, SAY: "HMO代表「健康維護機構」。在HMO計劃中,{he or she}必 須使用網路內的醫生及醫院的服務。除非是急診,如果{he or she}在網路外醫生或醫 院處接受服務,計劃通常不支付服務費。"]

YES	1
NO	2
REFUSED	
DON'T KNOW	-8

PROGRAMMING NOTE QA11 I19:

IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), THEN CONTINUE WITH QA11_I19;

IF CHMCARE = 1 AND QA11 I18 = 1, THEN LIST HMO MEDICARE BY COUNTY;

ELSE IF [CHMCAL = 1 OR (CHOTHGOV = 1 AND QA11_I12 = 1)] AND QA11_I18 = 1, THEN LIST HMO MEDI-CAL BY COUNTY;

ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA11_I18 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTY:

ELSE IF [CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA11_I12 = 2) OR CHOTHER = 1] AND QA11_I18 = 1, THEN LIST HMO COMMERCIAL BY COUNTY;

ELSE IF (CHEMP = 1 OR CHDIRECT =1 OR CHOTHER = 1) AND QA11_I18 = 2, THEN LIST NON-HMO BY COUNTY

QA11_I19 What is the name of (CHILD)'s main health plan?

{CHILD NAME/AGE/SEX}参加的{Medi-Cal}保健計劃的名稱 是什麼?

MA2

[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, PROBE: {CHILD}是否有保險卡或註明計劃名稱的其他文件?"]

AARP MEDICARE COMPLETE	
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	
BLUE SHIELD OF CALIFORNIA	
CAL OPTIMACARE 1 ST HEALTH PLAN	11
CARE 1 ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	
CENTRAL HEALTH PLAN OF CALIFORNIA	
CHINESE COMMUNITY HEALTH PLAN	
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM	19
CIGNA	
CITIZENS CHOICE HEALTHPLAN	
COMMUNICARE ADVANTAGE	
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN	
CONTRA COSTA HEALTH PLAN	25
DEPARTMENT OF HEALTH SERVICES	26
EASY CHOICE HEALTH PLAN	
GEM CARE	
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN	
GREAT-WEST	
HEALTH NET	
HEALTH PLAN OF SAN JOAQUIN	
HEALTH PLAN OF SAN MATEO	
HUMANA GOLD PLUS	34
IEHP (INLAND EMPIRE HEALTH PLAN)	35
IEHP MEDICARE DUAL CHOICE	
INTER VALLEY HEALTH PLAN	37

QA11_I20

CF14

	KAISER	38
	KERN COUNTY HEALTH PLAN	39
	L.A. CARE HEALTH PLAN	
	MD CARE	
	MOLINA HEALTH PLAN	
	MOLINA MEDICARE OPTIONS	12
	ON LOK	
	ON LOK SENIOR HEALTH SERVICES	4 4
	ONE CARE	
	PACIFICARE	
	PARTNERSHIP HEALTH PLAN OF CALIFORNIA	
	SALUD CON HEALTH NET	
	SAN FRANCISCO HEALTH PLAN	
	SANTA CLARA FAMILY HEALTH PLAN	
	SCAN HEALTH PLAN	
	SECURE HORIZONS	
	SENIOR ADVANTAGE	
	SENIORITY PLUS	
	SERVICE TO SENIORS	
	SHARP HEALTH PLAN	57
	TOTAL FIT	58
	VALLEY HEALTH PLAN	
	VENTURA COUNTY HEALTH CARE PLAN	60
	WESTERN HEALTH ADVANTAGE	
	WESTERN HEALTH ADVANTAGE CARE+	
	CHAMPUS/CHAMP-VA	
	TRICARE/TRICARE FOR LIFE/TRICARE PRIME	
	VA HEALTH CARE SERVICES	
	MEDI-CAL	
	MEDICARE	
	MEDICARE ADVANTAGE	
	OTHER	
	OTHER (SPECIFY:)	อา
	REFUSED	3Z 7
	DON'T KNOW	
	DUN I KINUW	ŏ
I- (OL!!!	D) account for an accoming to a decree 0	
is (CHIL	.D) covered for prescription drugs?	
計劃是	否支付 {孩子的名字/年齡/性別} 的處方藥品?	
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW8	

IF (ARINSURE CONTINUE WI	NG NOTE QA11_I21: ≠1 OR QA11_I1≠1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN TH QA11_I21; PROGRAMMING NOTE QA11_I26	
QA11_I21	Does (CHILD)'s health plan have a deductible that is more than \$1,000?	
	{CHILD NAME/AGE/SEX}的健康保險計劃是否有超過1,000美元的免賠額?	
AI79	[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您 的醫療護理付款之前,您必須支付的數額。"]	
	YES	
	NG NOTE FOR QA11_I22: THEN CONTINUE WITH QA11_I22; QA11_I23	
QA11_l22	Does (CHILD)'s health plan have a deductible that is more than \$2,000?	
	{CHILD NAME/AGE/SEX}的醫療保險計劃是否有超過2,000美元的免賠額?	
AI85	[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "「免賠額是指你的醫療保險計劃開始為你的醫療護 理付款之前你必須支付的數額。」"]	
	YES	

QA11_I23	Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?
	{CHILD NAME/AGE/SEX}的健康保險計劃對於所有受保人是否有超過2,000的免賠額?
Al80	[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前,您必須支付的數額。"]
	YES
IF CHEMP = 1,	NG NOTE FOR QA11_I24: , THEN CONTINUE WITH QA11_I24; PROGRAMMING NOTE QA11_I25
QA11_I24	Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$4,000?
	{CHILD NAME/AGE/SEX}的醫療保險計劃對於所有受保人是否有超過 4,000美元的免賠額?
Al86	[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "「免賠額是指你的醫療保險計劃開始為你的醫療護 理付款之前你必須支付的數額。」"]
	YES

PROGRAMMING NOTE QA11 125:

IF (QA11_I21 = 1 OR 3) OR (QA11_I22 = 1 OR 3) OR (QA11_I23 = 1 OR 3), THEN CONTINUE WITH QA11_I25;

ELSE GO TO PROGRAMMING NOTE QA11_I26

QA11_I25 Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

您是否有可以用於支付{CHILD NAME/AGE/SEX}的醫療費用的 特殊帳戶或資金?

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal Care Accounts, Personal Medical Funds, or Choice Funds, and are different from employer provided Flexible Spending Accounts."] [IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金,這些帳戶與雇主提供的靈活開支帳戶不同。"]

YES	
NO	
REFUSED	
DON'T KNOW	8-

PROGRAMMING NOTE QA11_I26: IF CHINSURE = 1, THEN GO TO QA11_I31;

ELSE CONTINUE WITH QA11 126

QA11_I26 What is the one main reason (CHILD) does not have any health insurance?

{孩子的名字/年齡/性別}沒有醫療保險的一個主要原因是什麼?

CF18

CAN'T AFFORD/TOO EXPENSIVE	1
NOT ELIGIBLE DUE TO WORKING STATUS/	
CHANGED EMPLOYER/LOST JOB	2
NOT ELIGIBLE DUE TO HEALTH OR	
OTHER PROBLEMS	3
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS	4
FAMILY SITUATION CHANGED	
DON'T BELIEVE IN INSURANCE	6
SWITCHED INSURANCE COMPANIES,	
DELAY BETWEEN	7
CAN GET HEALTH CARE FOR FREE/PAY	
FOR OWN CARE	8
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	8

QA11_I27	Was (CHILD) covered by health insurance at any time during the past 12 months?		
	{孩子的名字/年齡/性別}是否在過去 12 個月中的	的任何時間均享受	醫療保險?
CF20	YES NOREFUSEDDON'T KNOW	2 7	[GO TO QA11_I29]
QA11_I28	How long has it been since (CHILD) last had h	ealth insurance?	
	{孩子的名字/年齡/性別} 上一次有醫療保險到現	在已經有多長時間	 1?
CF21	MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO MORE THAN 3 YEARS AGO NEVER HAD HEALTH INSURANCE O REFUSED DON'T KNOW		[GO TO PN QA11_I37 [GO TO PN QA11_I37 [GO TO PN QA11_I37 [GO TO PN QA11_I37 [GO TO PN QA11_I37
QA11_I29	For how many of the last 12 months did {he/sh	ie} have health in	surance?
	在過去 12 個月中,有多少個月份 {他/她} 有醫科	寮保險?	
CF22	[IF LESS THAN ONE MONTH BUT MORE TH	IAN 0 DAYS, EN	TER 1]
	MONTHS [HR: 0-12]	[IF 0, THEN G	O TO PN QA11_I37]
	REFUSEDDON'T KNOW		

QA11_I30 During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

在 {孩子的名字/年齡/性別} 有醫療保險的月份中,{他/她} 的保險是加州醫療 輔助計劃、健康家庭計劃、雇主為您提供的保險,還是其他計劃?

CF23

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "「還有其他計劃嗎?」"]

MEDI-CAL1	
HEALTHY FAMILIES2	[GO TO PN QA11_I37]
THROUGH CURRENT OR FORMER EMPLOYER/	
UNION3	[GO TO PN QA11_I37]
HEALTHY KIDS4	[GO TO PN QA11_I37]
OTHER HEALTH PLAN91	[GO TO PN QA11_I37]
REFUSED7	[GO TO PN QA11_I37]
DON'T KNOW8	[GO TO PN QA11_I37]

QA11_I31 Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

請想一想 {孩子的名字/年齡/性別} 目前的醫療保險, {他/她} 在過去 12 個月中, 是不是都是享受的同一種保險?

CF24

YES1	[GO TO PN QA11 I37]
NO2	
HAD SAME INSURANCE SINCE BIRTH	
(FOR CHILDREN LESS THAN ONE YEAR OLD)3	
REFUSED7	
DON'T KNOW8	

QA11_I32 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

當 {他/她} 沒有享受目前的醫療保險時, {他/她} 有沒有其他任 何醫療保險?

CF25

YES1	
NO2	[GO TO QA11 I34]
REFUSED7	[GO TO QA11_I34]
DON'T KNOW8	[GO TO QA11 I34]

QA11_I33	Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?	
	其他醫療保險是加州醫療輔助計劃、健康家庭計劃、雇主為您提供的保險,還是 其他計劃?	
CF26	[CODE ALL THAT APPLY]	
	[PROBE: "Any others?"] [PROBE: " 「還有其他計劃嗎? 」"]	
	MEDI-CAL 1 HEALTHY FAMILIES 2 HEALTHY KIDS 3 THROUGH CURRENT OR FORMER 4 EMPLOYER/UNION 4 OTHER HEALTH PLAN 91 REFUSED -7 DON'T KNOW -8	
QA11_I34	During the past 12 months, was there any time when {he/she} had no health insurance at all?	
	在過去 12 個月中,{他/她} 有沒有任何時間完全沒有醫療保險?	
CF27	YES	
QA11_I35	For how many of the past 12 months did {he/she} have no health insurance?	
	在過去 12 個月中,{他/她} 有多少個月完全沒有醫療保險?	
CF28	[IF < 1 MONTH, ENTER "1"]	
	MONTHS [RANGE: 1-12]	
	REFUSED7 DON'T KNOW8	

QA11_I36 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

在{孩子的名字/年齡/性別} 沒有保險的日子裡, {他/她} 沒有醫療保險的一個主要原 因是什麼?

CF29

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

CAN'T AFFORD/TOO EXPENSIVE	1
NOT ELIGIBLE DUE TO WORKING STATUS/	
CHANGED EMPLOYER/LOST JOB	2
NOT ELIGIBLE DUE TO HEALTH OR	
OTHER PROBLEMS	3
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS	4
FAMILY SITUATION CHANGED	5
DON'T BELIEVE IN INSURANCE	6
SWITCHED INSURANCE COMPANIES,	
DELAY BETWEEN	7
CAN GET HEALTH CARE FOR FREE/PAY	
FOR OWN CARE	8
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	-8

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PROGRAMMING NOTE QA11_I37:

IF NO TEEN SELECTED, THEN GO TO PROGRAMMING NOTE QA11_I86;

IF ARINSURE = 1, THEN CONTINUE WITH QA11_I37;

IF ARINSURE = 0, THEN GO TO PROGRAMMING NOTE QA11_I38;

ELSE CONTINUE WITH QA11_I37
```

QA11_I37 These next questions are about health insurance (TEEN) may have.

以下是有關{}可能享有的健康保險的問題。

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

{}的保險是否與您的保險相同?

IA10A

YES	1 [GO TO QA11 I67	1
NO	2 ·	•
REFUSED		
DON'T KNOW	8	

```
POST-NOTE QA11_I37:

IF QA11_I37 = 1 AND ARMCARE = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND ARMCAL = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND ARHFAM = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND ARHKID = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND AREMPOWN = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND AREMPPAR = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND AREMPOTH = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND ARDIRECT = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND ARMILIT = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND AROTHGOV = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND AROTHER = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;

IF QA11_I37 = 1 AND ARIHS = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;
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PROGRAMMING NOTE QA11_I38:
IF SPINSURE ≠ 1, THEN GO TO QA11_I39;
ELSE IF QA11_I37 = 2 AND ARSAMESP = 1 THEN GO TO PROGRAMMING NOTE QA11_I39;
ELSE CONTINUE WITH QA11_I38
```

QA11 I38 Does (TEEN) have the same insurance as {your spouse/your partner/SPOUSE/PARTNER}?

{}的保險是否與您的{}的保險相同?

MA5

```
POST-NOTE QA11_I38:

IF QA11_I38 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF QA11_I38 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
```

PROGRAMMING NOTE QA11_I39:

ELSE IF (QA11_I QA11_I40;	1, THEN GO TO QA11_I40; I37 = 2 AND ARSAMECH = 1) OR (QA11_I38 = 2 AND SPSAMECH = 1), THEN GO TO E WITH QA11_I39;	
QA11_I39	Does (TEEN) have the same insurance as (CHILD)?	
{	}的保險是否與{}的保險相同?	
MA6	YES	
POST-NOTE QA11_I39: IF QA11_I39 = 1 AND CHMCARE = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1; IF QA11_I39 = 1 AND CHMCAL = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1; IF QA11_I39 = 1 AND CHHFAM = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1; IF QA11_I39 = 1 AND CHHKID = 1, THEN SET TEHKID = 1 AND TEINSURE = 1; IF QA11_I39 = 1 AND CHEMP = 1, THEN SET TEEMP = 1 AND TEINSURE = 1; IF QA11_I39 = 1 AND CHDIRECT = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1; IF QA11_I39 = 1 AND CHOTHGOV = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1; IF QA11_I39 = 1 AND CHIHS = 1, THEN SET TEIHS = 1		
QA11_I40 is	s {he/she} currently covered by Medi-CAL?	
{:	}是否享受Medi-CAL(加州醫療保健計劃)的保賠?	
- p [1	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: "「Medi-CAL是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計畫。」"] YES	
POST-NOTE QA	11_I40: THEN SET TEMOAL - 4 AND TEINSURE - 4	

QA11_I41	Is (TEEN) covered by the Healthy Families Program?
	{孩子的名字/年齡/性別} 有沒有享受健康家庭計劃 (Healthy Families)?
IA2	[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."] [IF NEEDED,SAY: "*健康家庭計劃是一項州立計劃,為年齡在19 歲以下的孩子支付醫療保險費用。"]
	YES1
	NO2
	REFUSED
POST-NOTE (IF QA11_I41 =	QA11_I41: : 1, THEN SET TEHFAM = 1 AND TEINSURE = 1
QA11_I42	Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
	{孩子的名字/年齡/性別} 有沒有享受通過你或其他人的工作或工會提供的醫療保險計劃或管理式保健組織計劃 (HMO)?
IA3	YES
POST-NOTE (IF QA11_I42 =	QA11_I42: : 1, THEN SET TEEMP = 1 AND TEINSURE = 1
QA11_I43	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.
	{}是否享受您直接從保險公司或 HMO 購買的健康保險計劃的保賠?請不要包括僅支付某些疾病(例如癌症或中風)的計劃或當您住院時僅向您支付「額外現金」的計劃。
IA4	YES

DOCT NOTE OA44 140-
POST-NOTE QA11 I43:
IF QA11 I43 = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1
II GATI_ITO = 1, THEN OUT TEDINEOT = 1 AND TEMOORE = 1

QA11_I44 Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否支付任何{CHILD NAME/AGE/SEX}的保健計劃的任何或全部保費 或費用?請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

AI55

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

[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時 支付的部份健康護理費用,由其他人支付您的主要健康護理保賠費用。"

A deductible is the amount you pay for medical care before your health plan starts paying.

"自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"

Premium is the monthly charge for the cost of your health insurance plan."] "保費是您的健康保險計劃的每月收費。"]

YES	1
NO	2
REFUSED	7
DON'T KNOW	

QA11_I45 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

是否有任何其他人,例如雇主、工會或專業機構,支付 {CHILD NAME/AGE/SEX}的保健計劃的全部或部份保費或費用?

Al52

YES1	
NO2	
refused	
DON'T KNOW -8	

QA11_I46	Who else pays all or some portion of the cost for (TEEN)'s health plan?		
	還有誰支付{ADOLESCENT/AGE/SEX}的醫療保險計劃的全部或部份費用?		
AI53	CURRENT EMPLOYER		
POST-NOTE QA11_I46: IF QA11_I46 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0; IF QA11_I46 = 7, SET TEMCAL = 1; IF QA11_I46 = 8, SET TEHFAM = 1; IF QA11_I46 = 9, SET TEHKID = 1 AND SET TEINSURE = 1			
PROGRAMMING NOTE QA11_I47: IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA11_I54; ELSE CONTINUE WITH QA11_I47			
QA11_I47	Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?		
	{}是否享受CHAMPUS/CHAMP VA、Tricare、VA或某些其他軍隊健康護理計劃的保賠?		
IA6	YES		

POST-NOTE QA11_I47: IF QA11_I47 = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1

[GO TO PN QA11_I54]

PROGRAMMING NOTE QA11_I48: IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), THEN CONTINUE WITH QA11_I50 AND DISPLAY "Healthy Kids";		
QA11_I48	Is {he/she} covered by the Healthy Kids program?	
	{CHILD NAME/AGE/SEX}是否享受Healthy Kids計劃保賠?	
AI71	[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."] [IF NEEDED, SAY: "Healthy Kids是一項為您郡內的 兒童提供的計劃。"]	
	YES	
POST-NOTE OF	QA11_I48: 1, THEN SET TEHKID = 1 AND TEINSURE = 1	
QA11_I49	Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, PCIP or something else?	
	{}是否享受某些其他政府健康計劃的保賠,例如AIM、Mister MIP或其他計劃?	
IA7	[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men; and PCIP is the pre-existing condition insurance plan."] [IF NEEDED, SAY: "「AIM指「母嬰服務計畫」; Mister MIP或MRMIP指「重大風險醫療保險計劃」。"]	
	AIM	

POST-NOTE QA11_I49:

IF QA11_I49 = 1, 2, 3, 4, OR 91, THEN SET TEOTHGOV = 1 AND TEINSURE = 1

SOMETHING ELSE (SPECIFY: _____) 91

REFUSED-7
DON'T KNOW-8

QA11_I50 Does {he/she} have any health insurance coverage through a plan that I missed?

{他/她}有沒有享受任何我漏掉的其他醫療保險計劃?

IA8

YES1	
NO2	[GO TO PN QA11 I54]
REFUSED7	[GO TO PN QA11_I54]
DON'T KNOW8	[GO TO PN QA11_I54]

QA11_I51 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

{}享受哪種類型的健康保險?該健康保險是透過Medi-CAL(加州醫療保健計劃)、Healthy Families(健康家庭計劃)、僱主或工會獲得的、還是從某些其他來源獲得的?

IA9

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "您是 通過目前或以前的雇主/工 會、學校、專業協會、同業團體、其他機構 還是直接向保健計劃獲得這項計劃的?"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他計畫嗎?」]

THROUGH CURRENT OR FORMER

THROUGH CORREIN OR FORMER		
EMPLOYER/UNION	1	
THROUGH SCHOOL, PROFESSIONAL		
ASSOCIATION, TRADE GROUP OR OTHER		
ORGANIZATION	2	
PURCHASED DIRECTLY FROM A HEALTH		
PLAN (BY R OR ANYONE ELSE)	3	
MEDICARE	4	(VERIFY)
MEDI-CAL	5	,
HEALTHY FAMILIES	6	
CHAMPUS/CHAMP-VA, TRICARE, VA,		
OR SOME OTHER MILITARY HEALTH CARE	7	
INDIAN HEALTH SERVICE, TRIBAL HEALTH		
PROGRAM, URBAN INDIAN CLINIC	8	
HEALTHY KIDS	9	
OTHER GOVERNMENT HEALTH PLAN	91	
OTHER NON-GOVERNMENT HEALTH PLAN 9	92	
REFUSED	-7	
DON'T KNOW	-8	

```
POST-NOTE QA11_I51:

IF QA11_I51_1 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;

IF QA11_I51_2 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;

IF QA11_I51_3 = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;

IF QA11_I51_4 = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;

IF QA11_I51_5 = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;

IF QA11_I51_6 = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1;

IF QA11_I51_7 = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;

IF QA11_I51_8 = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;

IF QA11_I51_9 = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1;

IF QA11_I51_92 = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;

IF QA11_I51_92 = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;

IF QA11_I51 = -7 OR -8, THEN SET TEINSURE = 1
```

PROGRAMMING NOTE QA11_I52: IF TEINSURE ≠ 1, THEN CONTINUE WITH QA11_I52; ELSE GO TO QA11_I54;

QA11_I52 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

{孩子的名字/年齡/性別}沒有加入加州醫療輔助計劃(Medi-CAL)的一個主要原因是什麼?

IA1A

PAPERWORK TOO DIFFICULT	
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	
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	8 -

QA11_I53 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

{CHILD NAME/AGE/SEX}沒有註冊參加Healthy Families計劃的#一個\主要原因是什麼?

IA2A

PAPERWORK TOO DIFFICULT	
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	
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA11 154:

IF QA11_I37 = 1 AND ARMCARE = 1, THEN SET QA11_I54 = QA11_H8 AND QA11_I55 = QA11_H9 AND GO TO QA11_I56:

ELSE IF QA11_I37 = 1, THEN SET QA11_I54 = QA11_H57 AND QA11_I55 = QA11_H58 AND QA11_I56 = QA11_H59 AND GO TO PN QA11_I57;

ELSE IF QA11_I39 = 1, THEN SET QA11_I54 = QA11_I18 AND QA11_I55 = QA11_I19 AND QA11_I56 = QA11_I20 AND GO TO PN QA11_I57;

ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA11 154;

ELSE GO TO PROGRAMMING NOTE QA11 157

QA11_I54 Is (TEEN)'s {Medi-Cal} health plan an HMO?

{CHILD NAME /AGE/SEX}參加的主要保健計劃是HMO (健康維護機構計劃)嗎?

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]
[IF NEEDED, SAY: "HMO代表「健康維護機構」。在HMO計劃中,{he or she}必 須使用網路內的醫生及醫院的服務。除非是急診,如果{he or she}在網路外醫生或醫 院處接受服務,計劃通常不支付服務費。"]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{his or her}#主要\保健計劃。"]

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

YES	1
NO	
REFUSED	
DON'T KNOW	-8

PROGRAMMING NOTE QA11 155:

IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), THEN CONTINUE WITH QA11_I55;

IF TEMCARE = 1 AND QA11 I54 = 1, THEN LIST HMO MEDICARE BY COUNTY;

ELSE IF [TEMCAL = 1 OR (TEOTHGOV = 1 AND QA11_I49 = 1)] AND QA11_I54 = 1, THEN LIST HMO MEDI-CAL BY COUNTY;

ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA11_I54 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTY;

ELSE IF [TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA11_I49 = 2) OR TEOTHER = 1] AND QA11_I54 = 1, THEN LIST HMO COMMERCIAL BY COUNTY;

ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA11_I54 = 2 THEN LIST NON-HMO BY COUNTY

QA11_I55 What is the name of (TEEN)'s main health plan?

{}參加的主要健康計劃的名稱是什麼?

MA7

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "「{}是否有保險卡或印有計劃名稱的其他文件?」"]

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	.10
CAL OPTIMA	.11
CARE 1 ST HEALTH PLAN	.12
CARE ADVANTAGE	
CARE MORE	.14
CEN CAL HEALTH	
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	
CENTRAL HEALTH PLAN OF CALIFORNIA	
CHINESE COMMUNITY HEALTH PLAN	.18
CHINESE COMMUNITY HEALTH PLAN SENIOR	
PROGRAM	.19
CIGNA	.20
CITIZENS CHOICE HEALTHPLAN	
COMMUNICARE ADVANTAGE	.22
COMMUNITY HEALTH GROUP	
COMMUNITY HEALTH PLAN	
CONTRA COSTA HEALTH PLAN	
EASY CHOICE HEALTH PLAN	
GEM CARE	.27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN	
GREAT-WEST	.29
HEALTH NET	
HEALTH NETHEALTH PLAN OF SAN JOAQUIN	.31
HEALTH NETHEALTH PLAN OF SAN JOAQUINHEALTH PLAN OF SAN MATEOHEALTH PLAN OF SAN MATEO	.31 .32
HEALTH NETHEALTH PLAN OF SAN JOAQUINHEALTH PLAN OF SAN MATEOHEALTH PLAN OF SAN MATEOHUMANA GOLD PLUSHUMANA GOLD PLUSHUMANA GOLD PLUS	.31 .32 .33
HEALTH NETHEALTH PLAN OF SAN JOAQUINHEALTH PLAN OF SAN MATEOHUMANA GOLD PLUSHUMANA GOLD EMPIRE HEALTH PLAN)HUMANA GOLD EMPIRE HEALTH PLAN)	.31 .32 .33
HEALTH NETHEALTH PLAN OF SAN JOAQUINHEALTH PLAN OF SAN MATEOHEALTH PLAN OF SAN MATEOHUMANA GOLD PLUSHUMANA GOLD PLUSHUMANA GOLD PLUS	.31 .32 .33 .34

Version 10.3

QA11_I56

IA14

	KAISER	3
	KERN COUNTY HEALTH PLAN	38
	L.A. CARE HEALTH PLAN	
	MD CARE	
	MOLINA HEALTH PLAN	1\
	MOLINA MEDICARE OPTIONS	
	ON LOK	
	ON LOK SENIOR HEALTH SERVICES	4
	ONE CARE	
	PACIFICARE	40
	PARTNERSHIP HEALTH PLAN OF CALIFORNIA	
	SALUD CON HEALTH NET	
	SAN FRANCISCO HEALTH PLAN	
	SANTA CLARA FAMILY HEALTH PLAN	5
	SCAN HEALTH PLAN	5
	SECURE HORIZONS	
	SENIOR ADVANTAGE	
	SENIORITY PLUS	
	SERVICE TO SENIORS	
	SHARP HEALTH PLAN	
	TOTAL FIT	5
	VALLEY HEALTH PLAN	5
	VENTURA COUNTY HEALTH CARE PLAN	
	WESTERN HEALTH ADVANTAGE	
	WESTERN HEALTH ADVANTAGE CARE+	
	CHAMPUS/CHAMP-VA	62
	TRICARE/TRICARE FOR LIFE/TRICARE PRIME	6
	VA HEALTH CARE SERVICES	6
	MEDI-CAL	
	MEDICARE	
	MEDICARE ADVANTAGE	
	OTHER	
	OTHER (SPECIFY:) REFUSED	94
	DON'T KNOW	
ls (Tl	EEN) covered for prescription drugs?	
{孩子	的名字/年齡/性別}的計劃是否支付處方藥品?	
[15/]		
	YES	
	NO	
	REFUSED	،

IF (ARINSURE CONTINUE WI	NG NOTE QA11_I57: ≠ 1 OR QA11_I37 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN TH QA11_I57; PROGRAMMING NOTE QA11_I62
QA11_I57	Does (TEEN)'s health plan have a deductible that is more than \$1,000?
	{CHILD NAME/AGE/SEX}的健康保險計劃是否有超過1,000美元的免賠額?
AI82	[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您 的醫療護理付款之前,您必須支付的數額。"]
	YES
	NG NOTE QA11_I58: THEN CONTINUE WITH QA11_I58; QA11_I59
QA11_I58	Does (TEEN)'s health plan have a deductible that is more than \$2,000?
	{CHILD NAME/AGE/SEX}的醫療保險計劃是否有超過2,000美元的免 賠額?
AI87	[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "「免賠額是指你的醫療保險計劃開始為你的醫療護 理付款之前你必須支付的數額。」"]
	YES
	123, 31121 111121 33 331 31 112111 31111 11113

REFUSED-7
DON'T KNOW-8

QA11_I59	Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?
	{CHILD NAME/AGE/SEX}的健康保險計劃對於所有受保人是否有超過2,000的免賠額?
Al83	[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您 的醫療護理付款之前,您必須支付的數額。"]
	YES
IF TEEMP = 1,	NG NOTE QA11_I60: THEN CONTINUE WITH QA11_I60; PROGRAMMING NOTE QA11_I61
QA11_I60	Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$4,000?
	{CHILD NAME/AGE/SEX}的醫療保險計劃對於所有受保人是否有超過 4,000美元的免賠額?
Al88	[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "「免賠額是指你的醫療保險計劃開始為你的醫療護 理付款之前你必須支付的數額。」"]
	YES

PROGRAMMING NOTE QA11 I61:

IF (QA11_I57 = 1 OR 3) OR (QA11_I58 = 1 OR 3) OR (QA11_I59 = 1 OR 3), THEN CONTINUE WITH QA11 I61;

ELSE GO TO PROGRAMMING NOTE QA11_I62

QA11_I61 Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

您是否有可以用於支付{CHILD NAME/AGE/SEX}的醫療費用的特殊帳戶或資金?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."] [IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金,這些帳戶與雇主提供的靈活開支帳戶不同。"]

YES	
NO	2
REFUSED	7
DON'T KNOW	

PROGRAMMING NOTE QA11_I62: IF TEINSURE = 1, THEN GO TO QA11_I67; ELSE CONTINUE WITH QA11_I62

QA11 I62 What is the one main reason (TEEN) does not have any health insurance?

{}沒有任何健康保險的一個主要原因是什麼?

IA18

CAN'T AFFORD/TOO EXPENSIVE	1
NOT ELIGIBLE DUE TO WORKING STATUS/	2
CHANGED EMPLOYER/LOST JOB	2
NOT ELIGIBLE DUE TO HEALTH OR	
OTHER PROBLEMS	3
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS	4
FAMILY SITUATION CHANGED	5
DON'T BELIEVE IN INSURANCE	6
SWITCHED INSURANCE COMPANIES,	
DELAY BETWEEN	7
CAN GET HEALTH CARE FOR FREE/PAY	
FOR OWN CARE	
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	8

Was (TEEN) covered by health insurance at any time during the past 12 months?	
{孩子的名字/年齡/性別} 在過去 12 個月中的任何時間是否享受醫	蔣 保險?
YES	[GO TO QA11_I65]
How long has it been since (TEEN) last had health insurance?	
{孩子的名字/年齡/性別}從上一次有醫療保險到現在已有多長時間	
MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO	[GO TO PN QA11_I73 [GO TO PN QA11_I73 [GO TO PN QA11_I73 [GO TO PN QA11_I73 [GO TO PN QA11_I73
For how many of the last 12 months did {he/she} have health in	surance?
在過去十二個月中,{}有幾個月享有健康保險?	
[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, EN	ITER "1"]
MONTHS [HR: 0-12] [IF 0, THEN G	O TO PN QA11_I73]
REFUSED7 DON'T KNOW -8	
	YES

QA11_I66 During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

在 {孩子的名字/年齡/性別} 有醫療保險的月份裡,{他/她} 的保險是加州醫療輔助計劃、健康家庭計 劃、雇主為您提供的保險、還是其他計劃?

IA23

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "「還有任何其他人或機構嗎?」"]

MEDI-CAL	1	[GO TO PN QA11_I73]
HEALTHY FAMILIES	2	[GO TO PN QA11_I73]
THROUGH CURRENT OR FORMER		
EMPLOYER/UNION	3	[GO TO PN QA11_I73]
HEALTHY KIDS	4	[GO TO PN QA11_I73]
OTHER HEALTH PLAN	91	[GO TO PN QA11_I73]
REFUSED	7	[GO TO PN QA11_I73]
DON'T KNOW	8-	[GO TO PN QA11_I73]

QA11_I67 Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

請想一想{}目前參加的健康保險,{}是否在過去十二個月中一直參加這個相同的健康保險計劃?

IA24

YES1	[GO TO PN QA11 173]
NO2	
REFUSED7	
DON'T KNOW8	

QA11_I68 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

當 {他/她} 沒有享受目前的醫療保險計劃時,{他/她} 有沒有其他任何醫療保險?

IA25

YES1	
NO2	
REFUSED7	[GO TO QA11_I70]
DON'T KNOW -8	[GO TO QA11 70]

QA11_I69	Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?
	{他/她} 其他的醫療保險是加州醫療輔助計劃、健康家庭計劃、雇主為您提供的保險、還是其他計劃?
IA26	[CODE ALL THAT APPLY]
	[PROBE: "Any others?"] [PROBE: "還有其他計劃嗎?"]
	MEDI-CAL .1 HEALTHY FAMILIES .2 THROUGH CURRENT OR FORMER EMPLOYER/UNION .3 HEALTHY KIDS .4 OTHER HEALTH PLAN .91 REFUSED .7 DON'T KNOW .8
QA11_I70	During the past 12 months, was there any time when {he/she} had no health insurance at all?
	在過去 12 個月中,{他/她} 有沒有任何時間完全沒有醫療保險?
IA27	YES
QA11_I71	For how many of the past 12 months did {he/she} have no health insurance?
	在過去十二個月中,{}有幾個月完全沒有健康保險?
IA28	[IF < 1 MONTH, ENTER "1"]
	MONTHS [HR: 1-12]
	REFUSED

QA11_I72 What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

在{}不享有保險的期間,{}沒有任何健康保險的一個主要原因是什麼?

IA29

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

CAN'T AFFORD/TOO EXPENSIVE	1
NOT ELIGIBLE DUE TO WORKING STATUS/	
CHANGED EMPLOYER/LOST JOB	2
NOT ELIGIBLE DUE TO HEALTH OR	
OTHER PROBLEMS	3
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS	
FAMILY SITUATION CHANGED	_
DON'T BELIEVE IN INSURANCE	6
SWITCHED INSURANCE COMPANIES,	
DELAY BETWEEN	7
CAN GET HEALTH CARE FOR FREE/PAY	
FOR OWN CARE	8
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	- 8

PROGRAMMING NOTE QA11_I73: IF TI3 \neq -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE), THEN GO TO QA11_I77; ELSE CONTINUE WITH QA11_I73

QA11_I73 In what country was (TEEN) born?

您是在哪一個國家出生的?

AI56T

UNITED STATES	1
AMERICAN SAMOA	2
CANADA	3
CHINA	
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	
GUATEMALA	
HUNGARY	
INDIA	
IRAN	
IRELAND	
ITALY	
JAPAN	
KOREA	
MEXICO	
PHILIPPINES	
POLAND	
PORTUGAL	
PUERTO RICO	
RUSSIA	
TAIWAN	
VIETNAM	
VIRGIN ISLANDS	
OTHER (SPECIFY:)	
REFUSED	
DON'T KNOW	8

PROGRAMMING NOTE QA11_I74:

NOTE QA11_	= 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO PROGRAMMING _I77; NUE WITH QA11_I74
QA11_I74	Is (TEEN) a citizen of the United States?
	以下是有關公民及移民身份的兩個問題。您的回答會予以保密,不會向移民局報告。您是美國公 民嗎?
AI58T	YES
QA11_I75	Is (TEEN) a permanent resident with a green card?
	你是持有綠卡的永久居民嗎?
AI59T	[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."] [IF NEEDED, SAY: "人們通常將永久居民卡稱為「綠卡」,但永久居民卡 的顏色可能是粉紅色、藍色或白色。"]
	YES
QA11_I76	About how many years has (TEEN) lived in the United States?
	您在美國大約居住多少年了?
Al60T	[IF < 1 YEAR, ENTER "1 YEAR"] NUMBER OF YEARS
	YEAR FIRST COME AND LIVE IN U.S. REFUSED7
	DON'T KNOW -8

PROGRAMMING NOTE QA11_I77:

IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY "mother";

ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY "father";

QA11_I77 In what country was (TEEN)'s {mother/father} born?

{CHILD}的母親是在哪個國家出生的?

AI56

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

UNITED STATES	
AMERICAN SAMOA	2
CANADA	3
CHINA	4
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	g
GUATEMALA	10
HUNGARY	11
INDIA	12
IRAN	13
IRELAND	14
ITALY	
JAPAN	
KOREA	17
MEXICO	
PHILIPPINES	19
POLAND	20
PORTUGAL	
PUERTO RICO	
RUSSIA	23
TAIWAN	
VIETNAM	
VIRGIN ISLANDS	
OTHER (SPECIFY:)	
REFUSED	7
DON'T KNOW	_8_

IF QA11_I77: NOTE QA11_ ELSE CONTI IF QA11_A5:	ING NOTE QA11_I78: = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO PROGRAMMING _I82; NUE WITH QA11_I78; = 1 (R IS MALE), THEN DISPLAY "mother"; 1_A5 = 2 (R IS FEMALE), THEN DISPLAY "father"
QA11_I78	Does (TEEN)'s {mother/father} now live in the U.S.?
	{CHILD}的母親目前住在美國嗎?
AI57	YES
IF QA11_A5 : ELSE IF QA1	ING NOTE QA11_I79: = 1 (R IS MALE), THEN DISPLAY "mother"; 1_A5 = 2 (R IS FEMALE), THEN DISPLAY "father"; = 3 (MOTHER/FATHER DECEASED), THEN DISPLAY "Was"; AY "Is"
QA11_I79	{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?
	{CHILD}的母親是美國公民嗎?
AI58	[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]
	YES

IF QA11_A5 = ELSE IF QA11	NG NOTE QA11_I80: 1 (R IS MALE), THEN DISPLAY "mother"; _A5 = 2 (R IS FEMALE), THEN DISPLAY "father"; 3 (MOTHER/FATHER DECEASED), THEN DISPLAY "Was"; Y "Is"
QA11_I80	{Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?
	{CHILD}的母親是持有綠卡的永久居民嗎?
AI59	[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."] [IF NEEDED, SAY: "人們通常將永久居民卡稱為「綠卡」,但永久居民卡 的顏色可能是粉紅色、藍色或白色。"]
	YES
IF QA11_A5 =	NG NOTE QA11_I81: 1 (R IS MALE), THEN DISPLAY "mother"; _A5 = 2 (R IS FEMALE), THEN DISPLAY "father"
QA11_I81	About how many years has (TEEN)'s {mother/father} lived in the United States?
	{CHILD}的母親在美國已居住大約多少年?
AI60	[IF < 1 YEAR, ENTER "1"]
	NUMBER OF YEARS
	YEAR FIRST COME AND LIVE IN U.S.
	MOTHER/FATHER DECEASED

PROGRAMMING NOTE QA11_I82:

IF CH8 \neq -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE), THEN GO TO SECTION J; ELSE CONTINUE WITH QA11_I82

QA11_I82 In what country was (CHILD) born?

{}是在哪一個國家出生的?

AI56C

UNITED STATES	
AMERICAN SAMOA	2
CANADA	3
CHINA	
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	
GUAM	
GUATEMALA	
HUNGARY	
INDIA	12
IRAN	
IRELAND	
ITALY	
JAPAN	
KOREA	
MEXICO	
PHILIPPINES	
POLAND	
PORTUGAL	
PUERTO RICO	
RUSSIA	
TAIWAN	
VIETNAM	
VIRGIN ISLANDS	
OTHER (SPECIFY:) 91
REFUSED	
DON'T KNOW	8

PROGRAMMING NOTE QA11_I83:

IF QA11_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO SECTION J; ELSE CONTINUE WITH QA11_I83

QA11_I83 Is (CHILD) a citizen of the United States?

{孩子的名字/年齡/性別}是美國公民嗎?

AI58C

YES	[GO TO QA11_I85]
APPLICATION PENDING	
REFUSED DON'T KNOW	

QA11_I84	Is (CHILD) a permanent resident with a green card?
	{孩子的名字/年齡/性別} 是持有綠卡的永久居民嗎?
Al59C	[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."] [IF NEEDED, SAY: "人們通常將永久居民卡稱為「綠卡」,但永久居民卡 的顏色可能是粉紅色、藍色或白色。"]
	YES
QA11_I85	About how many years has (CHILD) lived in the United States?
	{孩子的名字/年齡/性別} 在美國居住了大約多少年?
Al60C	[IF < 1 YEAR, ENTER "1 YEAR"]
	NUMBER OF YEARS
	YEAR FIRST COME AND LIVE IN U.S.
	REFUSED

Section J - Health Care Utilization and Access

IF CHILD OR care YOU red	IING NOTE QA11_J1: TEEN SELECTED OR SPOUSE IN HH, THEN DISPLAY "Now, I'd like to ask about the healtl ceive"; I QUESTION WITH "During the past 12 months, how many times have you seen a medical
QA11_J1	{Now, I'd like to ask about the health care <u>you</u> receive.} During the past 12 months, how many times have you seen a medical doctor?
	現在,我想提出幾個有關您所接受的健康護理的問題。在過去十二個月中,您曾經幾次去看醫生?
AH5	TIMES [HR: 0-365]
	REFUSED7 DON'T KNOW8
IF QA11_J1 : CONTINUE V	IING NOTE QA11_J2: = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), THEN WITH QA11_J2; D PROGRAMMING NOTE QA11_J3
QA11_J2	About how long has it been since you last saw a doctor about your own health?
	自從您上次就自身的健康狀況去看醫生以來到現在已經有多長時間?
АН6	ONE YEAR AGO OR LESS

REFUSED-7
DON'T KNOW-8

IF QA11_H1 =	NG NOTE QA11_J3: : 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA11_J3; PROGRAMMING NOTE QA11_J4
QA11_J3	Do you have a personal doctor or medical provider who is your main provider?
A 177	您是否有一位作為您的主要服務提供者的個人醫生或醫療服務提 供者?
AJ77	[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."] [IF NEEDED, SAY: "可以是全科醫生、專科醫生、醫生助 理、護士或其他健康服務提供者。"]
	YES
IF QA11_J3 = MONTHS) OR QA11_J4;	NG NOTE QA11_J4: 1 (HAS A PERSONAL DOCTOR) OR [QA11_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 QA11_J1 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH PROGRAMMING NOTE QA11_J6
QA11_J4	During the past 12 months, did you phone or e-mail the doctor's office with a medical question?
	在過去12個月中,您是否曾經打電話或發電子郵件給醫生診所,提出醫療方面的問題?
AJ78	YES
QA11_J5	How often did you get an answer as soon as you needed it? Would you say 您在需要時立即得到答覆的頻率有多高?您認為是
AJ79	Never,

PROGRAMMING NOTE QA11_J6: IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA11_J6; ELSE GO TO PROGRAMMING NOTE QA11_J8

QA11_J6 How often does your doctor or medical provider listen carefully to you? Would you say...

你的醫生或醫療服務提供者仔細聽你敘述的頻率有多高?你認為是......

AJ112

Never,	1
從來沒有、	
Sometimes,	2
有時、	
Usually, or	3
經常還是	
Always?	4
總是?	
REFUSED	7
DON'T KNOW	8

QA11_J7 How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...

你的醫生或醫療服務提供者明確地向你解釋如何護理自身健康的頻率有多高?你認為是......

Never,	1
從來沒有、	1
Sometimes,	2
有時、	2
Usually, or	3
經常還是	
Always?	4
總是?	4
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA11 J8:

IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA11 J8;

ELSE GO TO PROGRAMMING NOTE QA11_J11;

IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";

ELSE DISPLAY "a";

QA11_J8 In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

在過去12個月中,你是否曾經因為生病或受傷嘗試預約在兩天內看醫生或醫療服務提供者?

AJ102

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

[IF NEEDED, SAY: "「請勿包括緊急護理或急診護理就診。我只是詢問有關普通預約就診的情況。」"]

YES1	
NO2	[GO TO QA11_J10]
REFUSED7	[GO TO QA11_J10]
DON'T KNOW8	[GO TO QA11_J10]

QA11_J9 How often were you able to get an appointment within two days? Would you say...

能夠在兩天內為你安排就診的頻率有多高?你認為是......

Never,1	[GO TO PN QA11_J11]
從來沒有、1	[GO TO PN QA11_J11]
Sometimes,2	[GO TO PN QA11_J11]
有時、2	[GO TO PN QA11_J11]
Usually, or3	[GO TO PN QA11_J11]
經常還是3	[GO TO PN QA11_J11]
Always?4	[GO TO PN QA11_J11]
總是?4	[GO TO PN QA11_J11]
REFUSED7	[GO TO PN QA11_J11]
DON'T KNOW8	[GO TO PN QA11_J11]

	NG NOTE QA11_J10: 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your"; Y "a";	
QA11_J10	Could you get an appointment to see {your/a} doctor or medical provider within two days if you needed to?	
	在你需要時是否能在兩天內約見你的醫生或醫療服務提供者?	
AJ104	YES	
IF QA11_H1 = DOCTOR/MED (HAS DIABET	NG NOTE QA11_J11: 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA11_J3 = 1 (HAS A PERSONAL DICAL PROVIDER) AND [(QA11_B3 = 1 OR QA11_B4 = 1 (HAS ASTHMA)) OR QA11_B18 = 1 ES) OR QA11_B37 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH QA11_J11; PROGRAMMING NOTE QA11_J12	
QA11_J11	Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?	
	在您的醫生辦公室或診所內是否有人幫助協調其他醫生對您的護 理或服務,例如測試或治療?	
AJ80	YES	
PROGRAMMING NOTE QA11_J12: IF QA11_J1 > 0 OR QA11_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), THEN CONTINUE WITH QA11_J12; ELSE GO TO PROGRAMMING NOTE QA11_J17		
QA11_J12	The last time you saw a doctor, did you have a hard time understanding the doctor?	
	您上次看醫生時,是否很難聽懂醫生說的話?	
AJ8	YES	

PROGRAMMING NOTE QA11 J13:

IF QA11_J12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA11_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], THEN CONTINUE WITH QA11_J13;

ELSE GO TO PROGRAMMING NOTE QA11_J17

QA11 J13 In what language did the doctor speak to you?

你的醫生用哪一種語言與你交談?

AJ50		
	ENGLISH1	[GO TO QA11_J15]
	SPANISH2	[GO TO PN QA11_J17]
	CANTONESE3	[GO TO PN QA11_J17]
	VIETNAMESE4	[GO TO PN QA11_J17]
	TAGALOG5	[GO TO PN QA11 J17]
	MANDARIN6	[GO TO PN QA11_J17]
	KOREAN7	[GO TO PN QA11_J17]
	ASIAN INDIAN LANGUAGES8	[GO TO PN QA11_J17]
	RUSSIAN9	[GO TO PN QA11 J17]
	OTHER (SPECIFY:)91	GO TO PN QA11 J17
	REFUSED7	
	DON'T KNOW8	[GO TO PN QA11_J17]

QA11_J14 Was this because you and the doctor spoke different languages?

這是不是因為您和醫生講的是不同的語言?

AJ9

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

QA11_J15 Did you need someone to help you understand the doctor?

您是否需要有人幫助您聽懂醫生的話?

YES1	
NO2	[GO TO PN QA11_J17]
REFUSED7	[GO TO PN QA11_J17]
DON'T KNOW8	[GO TO PN QA11_J17]

QA11_J16	Who was this person who helped you understand the docto	
	是誰幫助您聽懂醫生說的話?	

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

MINOR CHILD (UNDER AGE 18)	1
AN ADULT FAMILY MEMBER OR	
FRIEND OF 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 ELSÉ)	6
DID NOT HAVE SOMEONE TO HELP	7
REFUSED	7
DON'T KNOW	-8

PROGRAMMING NOTE QA11_J17:

IF QA11_G7 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA11_J17;

ELSE GO TO PROGRAMMING NOTE QA11_J18

QA11_J17 In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

在加州,你有權在就診時獲得免費口譯服務。你在今天之前是否知道 這項服務?

YES	1
NO	2
REFUSED	
DON'T KNOW	_Ω

AJ19

PROGRAMMING NOTE QA11_J18: IF [ARINSURE = 1 OR QA11_H74 = 1 (HAD INSURANCE AT ANY TIME DURING THE PAST 12 MONTHS)] AND QA11_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA11_J18; ELSE GO TO QA11_J20		
QA11_J18	In the past 12 months, did you change where you usually go for health care?	
	在過去十二個月內,你是否曾經改變通常接受醫療護理的地點?	
AJ106	YES	[GO TO QA11_J20] [GO TO QA11_J20] [GO TO QA11_J20]
QA11_J19	Did you have to change because of your health insurance plan?	
	你是不是因為醫療保險計劃的原因而改變?	
AJ107	[IF NEEDED, SAY: "Did you have to change where you usual of a reason related to your health insurance plan?"] [IF NEEDED, SAY: "「你是否因與你的醫療保險計劃相關的原因地點?」"]	
	YES	
QA11_J20	During the past 12 months, did you delay or not get a medicine	that a doctor prescribed for you?
	在過去 12 個月中,你有沒有延遲或沒有去拿醫生開給你的藥?	
AH16	YES	[GO TO PN QA11_J25] [GO TO PN QA11_J25] [GO TO PN QA11_J25]
QA11_J21	Was cost or lack of insurance a reason why you delayed or did	not get the prescription?
	以下是有關牙科健康的幾個問題。自從您上次看牙醫或前往牙科時間?請包括牙科保健員以及各類專科牙醫。	診所就診以來到現在已經有多長

PROGRAMMING NOTE QA11_J22: IF [QA11_B3 = 1 OR QA11_B4 = 1 (HAS ASTHMA)] AND QA11_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J22; ELSE GO TO PROGRAMMING NOTE QA11_J23	
QA11_J22	Was this prescription for your asthma?
	這是不是治療您的哮喘的處方藥?
AJ81	YES
PROGRAMMING NOTE QA11_J23: IF QA11_B18 = 1 (HAS DIABETES) AND QA11_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J23; ELSE GO TO PROGRAMMING NOTE QA11_J24	
QA11_J23	Was this prescription for your diabetes?
	這是不是治療您的糖尿病的處方藥?
AJ82	YES
PROGRAMMING NOTE QA11_J24: IF QA11_B37 = 1 (HAS HEART DISEASE) AND QA11_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J24; ELSE GO TO QA11_J25	
QA11_J24	Was this prescription for your heart disease?
	這是不是治療您的心臟病的處方藥?
AJ83	YES

QA11_J25	needed—such as seeing a doctor, a specialist, or other health	, ,
	在過去 12 個月中,你有沒有延遲或沒去做任何你覺得有需要的他的醫療專業人員?	醫療照顧-比如看醫生、專家或其
AH22	YES	[GO TO QA11_J30] [GO TO QA11_J30] [GO TO QA11_J30]
QA11_J26	Was cost or lack of insurance a reason why you delayed or did needed?	not get the care you felt you
	缺少醫療費用或沒有保險是不是您延遲或沒有獲得您認為自己需	等的醫療護理的一個原因?
AJ20	YES	
IF [QA11_B3 REASON FOR	NG NOTE QA11_J27: = 1 OR QA11_B4 = 1 (HAS ASTHMA)] AND QA11_J26 = 1 (CO R DELAY), THEN CONTINUE WITH QA11_J27; PROGRAMMING NOTE QA11_J28	ST/LACK OF INSURANCE

QA11_J27 Was this medical care for your asthma?

這是不是為您的哮喘提供的醫療護理?

AJ84

YES	1
NO	2
REFUSED	
DON'T KNOW	

IF QA11_B18 = DELAY), THEN	NG NOTE QA11_J28: = 1 (HAS DIABETES) AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FOR N CONTINUE WITH QA11_J28; PROGRAMMING NOTE QA11_J29
QA11_J28	Was this medical care for your diabetes?
	這是不是為您的糖尿病提供的醫療護理?
AJ85	YES
IF QA11_B37 =	NG NOTE QA11_J29: = 1 (HAS HEART DISEASE) AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FO I CONTINUE WITH QA11_J29; QA11_J30
QA11_J29	Was this medical care for your heart disease?
	這是不是為您的心臟病提供的醫療護理?
AJ86	YES
QA11_J30	Have you ever used the Internet?
	你是否曾經使用過互聯網?
AJ108	[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]
	YES

QA11_J31 In the past 12 months, did you use the Internet to look for health or medical information?

在過去十二個月內,你是否曾經使用互聯網查看健康或醫療資訊?

AJ109

[IF NEEDED, SAY: "Include information about disease symptoms, diet or nutrition, physical activity, healthcare providers, and health insurance plans."]
[IF NEEDED, SAY "「包括有關疾病症狀、飲食或營養、身體活動、健 康護理服務提供者以及醫療保險計劃。」"]

YES	1
NO	
REFUSED	
DON'T KNOW	-8

PROGRAMMING NOTE QA11_K1:

Section K - Employment, Income, Poverty Status, Food Security

WORK) OR QA	= 1 OR 2 (WORKING AT JOB OR BUSINESS OR WITH A JOB OR BUSINESS BUT NOT AT A11_G28 = 1 (R USUALLY WORKS), THEN CONTINUE WITH QA11_K1; PROGRAMMING NOTE QA11_K5
QA11_K1	The next questions are about your employment.
	以下是有關您的職業問題。
	How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?
	您在從事的 所有的 工作或業務中每週 通常 工作多少小時?
АК3	[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]
	HOURS [HR: 0-95]
	REFUSED7 DON'T KNOW
QA11_K2	How long have you worked at your main job?
	您從事主要工作多久了?
AK7	[IF NEEDED, SAY: "That is, for your <u>current</u> employer."] [IF NEEDED, SAY: "「就是為您現在的僱主工作。」"]
	MONTHS [HR: 0-12]

[HR: 0-50]

REFUSED-7
DON'T KNOW-8

____ YEARS

PRO	GR	ΔΜΙ	MING	NOTE	QA11	K3

IF QA11_G30 = 2 (GOVERNMENT EMPLOYEE), THEN CODE QA11_K3 = 8 AND GO TO QA11_K4; ELSE IF QA11_G30 = 3 (SELF-EMPLOYED), THEN CONTINUE WITH QA11_K3 AND DISPLAY "Including yourself, about" AND "you";

ELSE CONTINUE WITH QA11_K3 AND DISPLAY "About" AND "your employer"

QA11_K3 {Including yourself, about/About} how many people are employed by {you/your employer} at all locations?

你的雇主在所有地點總共聘用了大約多少名雇員

AK8

[IF NEEDED, SAY: "Your best guess is fine."] [IF NEEDED, SAY: "「請盡量估計人數。」"]

1 OR 2	1
3-9	2
10-24	3
25-50	4
51-100	5
101-200	
201-999	7
1,000 OR MORE	8
REFUSED	7
DON'T KNOW	8-

PROGRAMMING NOTE QA11 K4:

IF QA11_G26 = 1 OR 2 (WORKING AT JOB OR BUSINESS OR WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA11_G28 = 1 (USUALLY WORKS), THEN CONTINUE WITH QA11_K4; ELSE GO TO PROGRAMMING NOTE QA11_K5

QA11_K4 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?

您上個月在所有工作和生意中,包括小時工資、薪水、小費和佣金,稅前和其他扣除額之前的總收入是多少?請提供您的最佳估計數字。

AK10

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$	AMOUNT	[HR: 0-999995]	
REFUSED			-7
DON'T KNOW.			-8

PROGRAMMING NOTE QA11 K5:

IF QA11_G31 = 1 OR 2 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS OR SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA11_G32 = 1 (SPOUSE/PARTNER USUALLY WORKS), THEN CONTINUE WITH QA11_K5;

IF QA11_G26 \neq 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA11_G28 \neq 1 (R DOES NOT USUALLY WORK) AND QA11_A16 = 1 (MARRIED), THEN DISPLAY "The next question is about your spouse's employment." ELSE IF QA11_G26 \neq 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA11_G28 \neq 1 (R DOES NOT USUALLY WORK), AND QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE), THEN DISPLAY "The next question is about your partner's employment."

IF QA11_A16 = 1 THEN DISPLAY "spouse";

ELSE IF QA11 D16 = 1 OR QA11 D17 = 1 THEN DISPLAY "partner";

ELSE GO TO QA11_K7

QA11_K5 {The next question is about your spouse's employment./ The next question is about your partner's employment.}

接下來是有關你的{spouse}工作的問題。你的{spouse/partner}在 **所有的** 工作或業務中 **通常** 每週 工作多少小時?

你的{spouse/partner}在 所有的 工作或業務中 通常 每週工作多少小時?

How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

你的{spouse/partner}在 **所有的** 工作或業務中 **通常** 每週工作多少小時?

	IF WORKS > 95 HOUR	S. ENTER 95	. IF DOES NOT WORK	. ENTER 0 (ZERO).
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HOURS	[HR: 0-95]	
REFUSED		7
DON'T KNOW		-8

	IG NOTE QA11_K6: 0, THEN CONTINUE WITH QA11_K6; IF QA11_QA11_A16 = 1 (MARRIED), THEN DISPLAY "spouse's"; ELSE IF QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY "partner's"; QA11_K7
QA11_K6	What is your best estimate of all your {spouse's/partner's} earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?
	據您估計,您的配偶上個月從事所有的工作和業務的收入有多少? 這是指在沒有扣除各項稅款和其他扣除額之前的收入,請包括小時工資、薪資、小費和佣金。
AK10A	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]
	\$ AMOUNT [HR: 0-999995]
	REFUSED7 DON'T KNOW8
QA11_K7	What is your best estimate of your <u>household's total annual</u> income from all sources <u>before</u> <u>taxes</u> in 2010?
	你2010年#來自所有來源的\稅前 家庭全年總 收入是多少?
AK22	[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."] [IF NEEDED, SAY: "「請包括工作收入、社會安全金、退休收入、失業補 助金、公共援助等收入。另外還請包括利息、紅利、企業、農場淨收入或租 金以及任何其他資金收入。」"]
	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]
	\$ AMOUNT [HR: 0-999995]
	REFUSED7 [GO TO PN QA11_K9] DON'T KNOW8 [GO TO PN QA11_K9]
QA11_K8	PLEASE VERIFY AMOUNT ENTERED:
	I have entered that your annual household income is (AMOUNT). Is that correct?
	根據我的記錄,您的家庭收入是\${AMOUNT}。這是否正確?
AK22A	YES

PROGAMMING NOTE QA11_K9: IF QA11_K7 = -7 OR -8, THEN CONTINUE WITH QA11_K9; ELSE GO TO PROGRAMMING NOTE QA11_K15

QA11_K9 We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is more than \$20,000 per year or is it less?

我們不需要知道詳細的數字,但您可不可以告訴我,你們家庭所有來源的稅前年收入是否超過還是不足20,000美元?

AK11 QA11_K10	MORE	[GO TO QA11_K11] [GO TO PN QA11_K15] [GO TO PN QA11_K15]
AK12	是····· \$5,000 or less,	[GO TO PN QA11_K15]
QA11_K11	Is it more or less than \$70,000 per year?	
AK13	收入每年是否超過還是不足 70,000美元? MORE	[GO TO QA11_K13] [GO TO PN QA11_K15] [GO TO PN QA11_K15]

QA11_K12	Is it	
AK14	是	
	\$20,001 to \$30,000,	[GO TO PN QA11_K15]
QA11_K13	Is it more or less than \$135,000 per year?	
	收入每年是否超過還是不足135,000美元?	
AK15	MORE	[GO TO PN QA11_K15] [GO TO PN QA11_K15] [GO TO PN QA11_K15]
QA11_K14	Is it	
	是	
AK16	\$70,001 to \$80,000,	

IF R IS ONLY	ING NOTE QA11_K15: MEMBER OF HH, THEN GO TO PROGRAMMING NOTE QA11_K17; NUE WITH QA11_K15
QA11_K15	Including yourself, how many people living in your household are supported by your total household income?
	包括您自己在內,住在您家裡的多少人需要依靠您的家庭總收入生活?
AK17	NUMBER OF PEOPLE [HR: 1-20]
	REFUSED7 DON'T KNOW8
QA11_K16 M IF NO CHILD TOTAL NUMI = QA11_K15,	ING NOTE QA11_K16: UST BE LESS THAN QA11_K15; REN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR BER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) THEN GO TO PROGRAMMING NOTE QA11_K17; NUE WITH QA11_K16
QA11_K16	How many of these {INSERT NUMBER FROM QA11_K15} people are children under the age of 18?
	在這{插入 K17 的答案} 口人中,有多少是 18 歲以下的孩子?
AK18	NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]
	REFUSED

PROGRAMMING NOTE QA11 K17:

OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2010 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA11_K15 AND QA11_K16 RESPECTIVELY.

(THE 50%, 133%, 200% 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2010 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2010" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% VALUE IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% VALUE IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)

IF EITHER QA11_K15 OR QA11_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA11_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 50% FPL;
- 2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
- 3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
- 4) ABOVE 133% FPL BUT AT OR BELOW 200% FPL:
- 5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
- 6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
- 7) ABOVE 400% FPL; OR
- 8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA11_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA11_K23;

ELSE IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, ASK QA11_K17 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT); ELSE IF QA11_K7= -7 OR -8 (REF/DK) AND IF QA11_K9 = -7 OR QA11_K11 = -7 OR QA11_K13 = -7, GO TO PROGRAMMING NOTE QA11_K23

ELSE GO TO PROGRAMMING NOTE QA11 K18

QA11 K17 I need to ask just one more question about income.

我需要再問最後一個有關收入的具體問題,然後我們就差不多結束了。

Was your total annual household income before taxes less than or more than \${POVRT50}?

你家庭在扣稅前的年收入總數是少過還是超過 \${XX,XXX}?

EQUAL TO OR LESS1	[GO TO PN QA11_K23]
MORE2	[GO TO PN QA11_K23]
REFUSED7	[GO TO PN QA11_K23]
DON'T KNOW8	IGO TO PN QA11 K231

PROGRAMMING NOTE QA11 K18:

IF THE HOUS, THEN CONTINUE WITH QA11_K18 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT):

ELSE GO TO PROGRAMMING NOTE QA11 K19

EHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14

QA11_K18 I need to ask just one or two more questions about income.

我需要再問最後一個有關收入的具體問題,然後我們就差不多結束了。

Was your total annual household income before taxes less than or more than \${POVRT100}?

你家庭在扣稅前的年收入總數是少過還是超過 \${XX,XXX}?

AK18A

EQUAL TO OR LESS1	[GO TO PN QA11_K23]
MORE2	
REFUSED7	[GO TO PN QA11 K23]
DON'T KNOW8	

PROGRAMMING NOTE QA11 K19:

IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11 K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K17 USING POVRT133 (133% POVERTY **CUTOFF DISPLAY AMOUNT);**

IF QA11_K18 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income."; ELSE DISPLAY "Was it";

ELSE GO TO PROGRAMMING NOTE QA11_K20

{I need to ask just one more question about income. Was your total annual household income **QA11 K19** before taxes/Was it} less than or more than \${POVRT133}?

是低於還是超過 {XX,XXX} 美元?

EQUAL TO OR LESS1	IGO TO PN QA11 K231
MORE2	
REFUSED7	
DON'T KNOW -8	

PROGRAMMING NOTE QA11 K20:

IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA11_K21

QA11_K20 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT200}?

是低於還是超過 {XX,XXX} 美元?

AK18B

EQUAL TO OR LESS1	[GO TO PN QA11_K23]
MORE2	
REFUSED7 DON'T KNOW8	

PROGRAMMING NOTE QA11 K21:

IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA11 K23

QA11_K21 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT300}?

是低於還是超過 {XX,XXX} 美元?

AK18C

EQUAL TO OR LESS1	[GO TO PN QA11_K23]
MORE2	[GO TO PN QA11_K23]
REFUSED7	[GO TO PN QA11_K23]
DON'T KNOW8	[GO TO PN QA11_K23]

PROGRAMMING NOTE QA11 K22:

IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K22 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA11 K23

QA11_K22 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT400}?

是低於還是超過 {XX,XXX} 美元?

EQUAL TO OR LESS	
MORE	2
REFUSED	
DON'T KNOW	

PROGRAMMING NOTE QA11 K23:

IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), THEN CONTINUE WITH QA11_K23;

ELSE GO TO QA11_L1

QA11_K23 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

以下是有關你們家在過去十二個月中所吃的食物以及是否有錢購買所需的食物的問題。

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. The first statement is: "The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

我馬上會讀出兩句話,這是一般人針對家庭的食物狀況所說的。請就每一句話告訴我,這是否經 常符合、有時符合還是從不符合您和您的家庭在過去十二個月的情況。

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

第一句話是:「{}購買的食物總是不夠,{}沒有錢買更多的食物。」這是經常符合、有時符合還是從不符合您和您的家庭在過去十二個月的情況?

AM1

OFTEN TRUE	1
SOMETIMES TRUE	
NEVER TRUE	3
REFUSED	7
DON'T KNOW	

QA11 K24 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?

第二個句子是: 「{我/我們} 無法負擔營養均衡的飲食。」 這句話對您和您的家人在過去 12 個月的情況,是通常正確、有時正確、還是完全不正確?

AM2

OFTEN TRUE	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	7
DON'T KNOW	8

QA11_K25	Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
	請告訴我,在過去 12 個月中,您或家中的其他成年人有沒有因為沒有足夠的錢購買食物 而減少食物量或減少用餐次數?
AM3	YES
QA11_K26	How often did this happen almost every month, some months but not every month, or only in 1 or 2 months?
	這種情況多久會出現一次-幾乎每個月、有的月份過但不是每個月、或只是在1或2個月裡
АМЗА	ALMOST EVERY MONTH
QA11_K27	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
	在過去 12 個月中,您有沒有因為沒有足夠的錢購買食物而吃不飽?
AM4	YES
QA11_K28	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
	在過去 12 個月中,您有沒有因為買不起足夠的食物而挨餓?
AM5	YES

Section L - Public Program Participation

IF HOUSEHO	IING NOTE FOR BEGINNING OF SECTION L: OLD INCOME IS ≤ 300% FPL (POVERTY = 1, 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL DETERMINED (POVERTY = 5), THEN CONTINUE WITH SECTION L; OQA11_M1
QA11_L1	Are you now receiving TANF or CalWORKs?
	您目前是否在領取AFDC、TANF或CalWORKS?
AL2	[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families and
	CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."] [IF NEEDED, SAY: "AFDC是向需要贍養子女的家庭提供資助的計劃; TANF指貧困家庭臨時協助計劃; CalWORKS指加州工作機會與對兒童承擔責任的計劃"]
	YES
	ING NOTE QA11_L2: TEEN IN HOUSEHOLD, THEN CONTINUE WITH QA11_L2; QA11_L3;
QA11_L2	Is (TEEN) now receiving TANF or CalWORKs?
	{}目前是否在領取AFDC、TANF或CalWORKS?
IAP1	
	[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."] [IF NEEDED, SAY: "AFDC是向需要贍養子女的家庭提供資助的計劃; TANF指貧困家庭臨時協助計劃; CalWORKS指加州工作機會與對兒童承擔責任的計劃"]
	YES

DON'T KNOW-8

QA11_L3

Are you receiving Food Stamp benefits, also known as CalFresh?

	你是否在領糧食券福利?糧食券也稱為CalFresh。
AL5	[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."] [IF NEEDED, SAY: 「你可能透過EBT卡獲得福利。EBT代表電子福利轉換卡。又稱作「黃金州優惠卡」。]
	YES
	NG NOTE QA11_L4: EEN IN HOUSEHOLD, THEN CONTINUE WITH QA11_L4; QA11_L5
QA11_L4	Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
	{ADOLESCENT/AGE/SEX} 是否在領糧食券福利?糧食券福利也稱 為CalFresh。
IAP2	[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."] [IF NEEDED, SAY: 「你通過EBT卡接受福利。 EBT代表電子福利轉帳卡,也稱為「黃金州優惠卡」。」]
	YES
QA11_L5	Are you receiving SSI?
	您是否在領取 SSI ?
AL6	[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".] [IF NEEDED, SAY: "「SSI指安全補助收入。」:"] YES
	DON'T KNOW8

PROGRAMMING NOTE QA11_L6:

IF QA11_A5 = 2 (FEMALE) AND [QA11_E3 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)], THEN CONTINUE WITH QA11_L6; ELSE GO TO PROGRAMMING NOTE QA11_L7

QA11_L6 Are you on WIC?

您是否參加了WIC?

AL7

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

[IF NEEDED, SAY: "WIC指為婦女、嬰兒和兒童提供的補助食品計劃。"]

/ES	1
NO	
REFUSED	7
OON'T KNOW	-8

PROGRAMMING NOTE QA11 L7:

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA11 K15.

IF QA11_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA11 K15 = 1, THEN DISPLAY \$3000;

IF QA11 K15 = 2, THEN DISPLAY \$3000;

IF QA11 K15 = 3, THEN DISPLAY \$3150;

IF QA11 K15 = 4. THEN DISPLAY \$3300:

IF QA11 K15 = 5, THEN DISPLAY \$3450;

IF QA11_K15 = 6, THEN DISPLAY \$3600;

IF QA11 K15 = 7, THEN DISPLAY \$3750;

IF QA11_K15 = 8, THEN DISPLAY \$3900;

IF QA11_K15 = 9, THEN DISPLAY \$4050;

IF QA11 K15 ≥ 10, THEN DISPLAY \$4200;

IF QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE), THEN DISPLAY "your family's";

ELSE DISPLAY "your"

QA11_L7 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

不把您擁有的任何房子或汽車計算在內,您認為您的資產,也就是說您所有的現金、儲蓄、投資及家俱的總值,有沒有超過{5,000美元}?

AL9

YES	1
NO	
REFUSED	7
DON'T KNOW	-8

PROGRAMMING NOTE QA11 L8:

IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF [QA11_A16 = 2 (LIVING WITH PARTNER) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner"; ELSE DISPLAY "you"

QA11_L8 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?

您 {或您的配偶} 上個月有沒有從政府或退伍軍人計劃領取瞻養費、子女扶養費或資金?

AL15

YES1	
NO2	[GO TO PN QA11 L10]
REFUSED7	[GO TO PN QA11_L10]
DON'T KNOW8	GO TO PN QA11 L10

PR	OGR	ΔMM	ING	NOTE	ΩΔ11	19.
1 11	OUIN		1110	11016	4 711	LJ.

IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF [QA11_A16 = 2 (LIVING WITH PARTNER) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";

ELSE CONTINUE WITHOUT DISPLAYS

QA11_L9 What was the {combined} total amount that you {and your spouse/and your partner} received from all these sources <u>last month</u>?

您 {和您的妻子/丈夫} 上個月從所有這些來源獲得的(總)收入是多少?

AL16

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$	AMOUNT	[000001-999995]
REFUSED		7
DON'T KNOW		-8

PROGRAMMING NOTE QA11 L10:

IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";

ELSE IF [QA11_A16 = 2 (LIVING WITH PARTNER) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"

ELSE DISPLAY "you"

QA11_L10 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?

您 {或您的配偶或你們兩人} 上個月有沒有支付任何瞻養費或子女扶養費?

AL17

YES, RESPONDENT PAID	1	
YES, SPOUSE/PARTNER PAID	2	
YES, BOTH PAID	3	
NO	4	[GO TO PN QA11_L12]
REFUSED	7	[GO TO PN QA11_L12]
DON'T KNOW	8	IGO TO PN QA11 L121

IF QA11_A16 = "you or your s ELSE IF [QA11	
QA11_L11	What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?
	{您/您的配偶/您的伴侶/你們兩人} 上個冗i費總 數是多少?
AL18	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]
	AMOUNT [000001-999995]
	REFUSED7 DON'T KNOW8
IF [AGE > 50 C = 1 (SPOUSE/F your spouse"; ELSE IF AGE 2 QA11_L12 ANI ELSE IF AGE 2	NG NOTE QA11_L12: OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA11_A16 = 1 (MARRIED) AND QA11_G11 PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA11_L12 AND DISPLAY "you or 10 65 AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 11 D DISPLAY "you or your partner"; 12 65, THEN CONTINUE WITH QA11_L12 AND DISPLAY "you"; 13 PROGRAMMING NOTE QA11_L14
QA11_L12	Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments <u>last month</u> ?
	{您或您的配偶} 上個月有沒有領取任何社會安全救濟金或退休金?
AL18A	YES
QA11_L13	What was the total amount received <u>last month</u> from Social Security and Pensions?
	您上個月領取的社會安全金和養老金總額是多少?
AL18B	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

AMOUNT

REFUSED -7
DON'T KNOW -8

[000001-999995]

PROGRAMMING NOTE QA11_L14: IF ARINSURE ≠ 1 (UNINSURED), THEN CONTINUE WITH QA11_L14; ELSE GO TO QA11_M1

QA11_L14 What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

您沒有參加 Medi-Cal計劃的 一個 主要原因是什麼?

AL19

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY:)	91
REFUSED	7
DON'T KNOW	-8

Section M – Housing and Social Cohesion

QA11_M1	These next questions are about your housing and neighborhood.
	以下是有關您的住宅及所在社區的問題。
	Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
	您是住在獨立屋、雙連屋、三單元或多單元建築物還是活動房屋中?
AK23	[IF NEEDED, SAY: "A duplex is a building with 2 units."] [IF NEEDED, SAY: "「雙連屋指有兩個單元的建築物。」"]
	HOUSE
QA11_M2	Do you own or rent your home?
	您是自己擁有住宅還是租用住宅?
AK25	OWN .1 RENT .2 OTHER ARRANGEMENT .3 REFUSED -7 DON'T KNOW -8
	NG NOTE QA11_M3: .ND QA11_M2 = 1 (OWNS HOME), THEN CONTINUE WITH QA11_M3 QA11_M4
QA11_M3	Are you currently paying off a mortgage or loan on this home?
	你目前是否在付清這座住宅的按揭或貸款?
AM37	[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]
	YES

QA11_M4	About how long have you lived at your current address?
	以下是有關您的住宅和社區的問題。您在目前的住址大約已經居住多久了?
AM14	
	MONTHS [HR: 1 - AAGEx12MONTHS]
	YEARS [HR: 1 - AAGE]
	REFUSED7 DON'T KNOW8
IF QA11_M4 ≥	IG NOTE QA11_M5: 5 YEARS, THEN GO TO PROGRAMMING NOTE QA11_M7; UE WITH QA11_M5
QA11_M5	About how long have you lived in your current neighborhood?
	你在目前所在的鄰里社區大約已經居住多長時間?
AM15	
	MONTHS [HR: 1 - AAGEx12MONTHS]
	YEARS [HR: 1 - AAGE]
	REFUSED7 DON'T KNOW8
QA11_M6	The last time you moved, what was your main reason for moving?
	你最後一次搬家的主要原因是什麼?
AM38	CHANGE IN MARITAL/RELATIONSHIP STATUS1 TO ESTABLISH OWN HOUSEHOLD

REFUSED -7 DON'T KNOW -8 **PROGRAMMING NOTE QA11 M7:** IF QA11 M7 THROUGH QA11 M10 NOT ANSWERED IN CHILD INTERVIEW, THEN CONTINUE WITH QA11 M7: ELSE GO TO QA11_M11 **QA11 M7** Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements: 以下是有關您所在社區的問題。請告訴我您對以下陳述是極為贊成、贊成、不贊成還是極不贊 成。 People in my neighborhood are willing to help each other. 我所在社區的人願意互相幫助。 AM19 [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] [IF NEEDED, SAY: "「您是極為贊成、贊成、不贊成還是極不贊成?」"] [DO NOT PROBE A "DON'T KNOW" RESPONSE.] STRONGLY AGREE......1 AGREE......2 DISAGREE......3 STRONGLY DISAGREE......4 REFUSED-7 DON'T KNOW-8 **QA11_M8** People in this neighborhood can be trusted. 可以信任本社區的人。 AM21 [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] [IF NEEDED, SAY: "「您是極為贊成、贊成、不贊成還是極不贊 成?」"] ["DO NOT PROBE A "DON'T KNOW" RESPONSE.] STRONGLY AGREE.....1

 AGREE
 2

 DISAGREE
 3

 STRONGLY DISAGREE
 4

 REFUSED
 -7

 DON'T KNOW
 -8

You can count on adults in this neighborhood to watch out that children are safe and don't get in

QA11_M9

	tiouble.
	您可以依靠本社區的成年人注意孩子們的安全,避免孩子惹麻煩。
AM35	[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] [IF NEEDED, SAY: "您是極為贊成、贊成、不贊成還是極不贊成?"]
	["DO NOT PROBE A "DON'T KNOW" RESPONSE.]
	STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 REFUSED -7 DON'T KNOW -8
QA11_M10	Do you feel safe in your neighborhood
	您在居住區附近是感到安全?
AK28	All of the time, 1 所有的時間, 1 Most of the time, 2 大多數時間, 2 Some of the time, or 3 某些時間,還是 3 None of the time 4 沒有任何時間 4 REFUSED 7 DON'T KNOW 8
QA11_M11	In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
	在過去十二個月內,您是否曾經做任何不領取報酬的義工或社區服務工 作?
AM36	YES

QA11_M12	In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?
	在過去十二個月內,你是否曾經在任何處理社區問題的地方委員會、協會或組織做義工?
AM39	YES
QA11_M13	In the past 12 months, have you gotten together informally with others to deal with community problems?
	在過去十二個月內,你是否曾經以非正式的方式與其他人一起處理社 區的問題?
AM40	[IF NEEDED SAY: "For example, with a neighborhood watch group."] [IF NEEDED SAY: "「例如,與鄰里守望小組。」"]
	YES

Section S – Suicide Ideation and Attempts

QA11_S1	don't have to answer it.	any question upsets you, you
	下一節是有關自我傷害的想法。再說一遍,如果提出的任何問題	吏您感到 不安,您不需要回答。
	Have you ever seriously thought about committing suicide?	
	您是否曾經認真地考慮過自殺的問題?	
AF86	YES	[GO TO PN QA11_N1] [GO TO PN QA11_N1] [GO TO PN QA11_N1]
QA11_S2	Have you seriously thought about committing suicide at any time	e in the past 12 months?
	您在過去十二個月內的任何時間是否認真地考慮過自殺的問題?	
AF87	YES	[GO TO QA11_S4] [GO TO QA11_S4] [GO TO QA11_S4]
QA11_S3	Have you seriously thought about committing suicide at any time	e in the past 2 months?
AF91	您在過去兩個月的任何時間是否曾經認真地考慮過自殺的問題? YES	
QA11_S4	Have you ever attempted suicide?	
	您是否曾經嘗試過自殺?	
AF88	YES	

PROGRAMMING NOTE QA11 S5:

IF QA11_S2 = 1 (SERIOUSLY THOUGHT ABOUT SUICIDE IN PAST 12 MONTHS) AND QA11_S4 = 1 (EVER ATTEMPTED SUICIDE), THEN CONTINUE WITH QA11_S5;

ELSE GO TO SUICIDE RESOURCE

QA11_S5 Have you attempted suicide at any time in the past 12 months?

您在過去十二個月內的任何時間是否曾經嘗試過自殺?

AF89

YES	
NO	2
REFUSED	7
DON'T KNOW	

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

如果您希望與人討論有關自殺的想法或企圖,您可以撥打我們的免費電話號碼 1-800-273-TALK (8255),每天二十四小時有人提供幫助您的資訊。

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

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

POST-NOTE FOR SUICIDE RESOURCE:

IF QA11_S2 = (2, -7, -8) AND QA11_S4 = (2, -7, -8), THEN GO TO PROGRAMMING NOTE QA11_N1 (NEXT SECTION):

ELSE CONTINUE WITH QA11_S6

QA11_S6 Would you like to discuss your thoughts with this person?

您是否願意與這個人討論您的想法?

AF90

YES1	[GO TO SUICIDE PROTOCOL]
NO2	-
REFUSED7	
DON'T KNOW8	

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA11_N1: IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA11_N1; ELSE GO TO QA11_N7

QA11_N1 Just a few final questions and then we are done.

最後再有幾個問題,我們就完成了。

To be sure we are covering the entire state, what county do you live in?

為了確保我們把全州都包括在研究範圍內,您住在哪個縣?

AH42

ALAMEDA	
ALPINE	
AMADOR	3
BUTTE	
CALAVERAS	5
COLUSA	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO	
FRESNO	10
GLENN	11
HUMBOLDT	
IMPERIAL	13
NYO	
KERN	
KINGS	16
LAKE	
LASSEN	18
LOS ANGELES	
MADERA	
MARIN	
MARIPOSA	22
MENDOCINO	23
MERCED	24
MODOC	
MONO	
MONTEREY	27
NAPA	
NEVADA	
ORANGE	
PLACER	-
PLUMAS	-
RIVERSIDE	
SACRAMENTO	
SAN BENITO	35
SAN BERNARDINO	36
SAN DIEGO	
SAN FRANCISCO	
SAN JOAQUIN	39

SAN LUIS OBISPO	. 40
SAN MATEO	. 41
SANTA BARBARA	. 42
SANTA CLARA	. 43
SANTA CRUZ	. 44
SHASTA	. 45
SIERRA	
SISKIYOU	
SOLANO	
SONOMA	. 49
STANISLAUS	
SUTTER	. 51
TEHAMA	
TRINITY	
TULARE	. 54
TUOLUMNE	. 55
VENTURA	
YOLO	. 57
YUBA	. 58
REFUSED	7
DON'T KNOW	8

PROGRAMMING NOTE QA11_N2: IF ADVANCE LETTER SENT, ASK QA11_N2; IF R'S ADDRESS IS A P.O. BOX, GO TO QA11_N3; ELSE GO TO QA11_N3

QA11_N2

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R's ADDRESS AND STREET}?

您的電話號碼是透過電腦以隨機方式被選擇參加本項研究的。我們已 經根據您的電話號碼查到您的住址,並給您寄出了一封信,解釋本項研究的目的。為了幫助我們更好地瞭解您的生活環境以及您的生活環境對您的健康的影響,我們希望確認您的住址。我們會對您的住址保密,並在問卷調查全部完成後銷毀。

AO1		
	YES1	[GO TO QA11_N6]
	NO2	
	REFUSED7	
	DON'T KNOW8	
QA11_N3	What is your zip code?	
	您的郵遞區號是?	
AM7		
	ZIP CODE	
	REFUSED7	
	DON'T KNOW8	

QA11_N4	please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.	
	為了幫助我們更好地瞭解您的生活環境以及您的生活環境對您的健康 的影響,請告訴我您的住址。我們會對您的住址保密,並在問卷調查 全部完成後銷毀。	
AO2	HOUSE ADDRESS NUMBER	
	NAME OF STREET (VERIFY SPELLING) [GO TO QA11_N6]	
	STREET TYPE	
	APT. NO	
	REFUSED7 DON'T KNOW8	
QA11_N5	Can you tell me just the name of the street you live on?	
	您是否能夠只告訴我您居住的街道名稱?	
AM8	NAME OF STREET	
	REFUSED7 [GO TO PN QA11_N7] DON'T KNOW8 [GO TO PN QA11_N7]	
QA11_N6	And what is the name of the street down the corner from you that crosses your street?	
	在您所住的街道轉角處與您所住的街道交叉的街道名稱是什麼?	
AM9	NAME OF CROSS-STREET	
	REFUSED7 DON'T KNOW8	
PROGRAMMING NOTE QA11_N7: IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA11_N11; ELSE CONTINUE WITH QA11 N7		
QA11_N7	I won't ask you for the number, but do you have a working cell phone?	
	我不會問你的手機號碼。你是否有一個可以使用的手機?	
AM33	[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]	
	YES	

IF LANDLINE S	IG NOTE QA11_N8: SAMPLE, GO TO PROGRAMMING NOTE QA11_N10; UE WITH QA11_N8	
QA11_N8	Is there a regular or landline telephone in your household?	
	您的家中是否有一部普通的或有線固定電話?	
AN6	YES	
QA11_N9	Is that telephone for personal use or business use only?	
	這部電話是僅限用於個人用途還是業務用途?	
AN7	PERSONAL USE ONLY 1 BUSINESS USE ONLY 2 BOTH PERSONAL USE AND BUSINESS USE 3 REFUSED -7 DON'T KNOW -8	
PROGRAMMING NOTE QA11_N10: IF QA11_N7 = 1 OR 3 (HAS CELL PHONE OR SHARES CELL PHONE) OR QA11_N9 = 1 OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA11_N10; ELSE GO TO PROGRAMMING NOTE QA11_N11		
QA11_N10	Of all the telephone calls that you receive, are	
	在您接聽的所有電話中,是	
AM34	All or almost all calls received on a cell phone,1 全部或幾乎全部電話在手機上接聽,1	

Some on cell phones & some on regular

 phones, or
 2

 部份電話在手機上接聽,部份電話在普通電話上接聽,
 2

 Very few or none on cell phones
 3

 很少或幾乎沒有電話在手機上接聽?
 3

 REFUSED
 -7

 DON'T KNOW
 -8

PROGRAMMING NOTE QA11_N11:	
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;	
ELSE CONTINUE WITH QA11_N11	

QA11_N11 Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

最後,我想問一下您是否願意今後參加本項研究的一次後續調查?

AM10

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

PROGRAMMING NOTE SUICIDE RESOURCE 2:

IF QA11_S6 = (2, -7, -8) AND [QA11_S3 = 1 OR (QA11_S3 = 2, -7, -8 AND QA11_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;

ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is 1-800-273-TALK (8255).

我前面已經說過,如果您希望與人談論有關自殺的想法或企圖的問題,有人可以每天二十四小時向您提供資訊, 為您提供幫助。該免費電話號碼是 1-800-273-TALK (8255)。

Or you can visit their website at www.suicidepreventionlifeline.org

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

QA11_N12 Would you like to speak with someone now?

您現在希望與人交談嗎?

AN8

YES1	[GO TO SUICIDE PROTOCOL]
NO2	
REFUSED7	
DON'T KNOW8	

PROGRAMMING NOTE CLOSE1: IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, GO TO CLOSE2; ELSE CONTINUE WITH CLOSE1

CLOSE1 Let me check to see if there is anyone else. [GO TO HHSELECT]

讓我查一下看我們還需不需要和其他人說話。

CLOSE2

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

謝謝!你幫助我們進行了一項在全州範圍開展的非常重要的問卷調查。如果你有任何疑問,請與主研究員Brown博士接洽。你要他的電話號碼, [IF YES, SAY: 你可以撥打免費電話號碼1-866-275-2447,與Brown博士聯絡。]