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

Adult Respondents Age 18 and Older

Collaborating Agencies:
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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?

( )년 ( )월 ( )일 나이를 말씀해 주시겠습니까? ( )세

AA1MON

MONTH _____   [RANGE: 1-12]

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

AA1DAY

DAY _____   [RANGE: 1-31]

AA1YR

YEAR _____   [RANGE: 1898-1994]

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

PROGRAMMING NOTE QA11_A2:
IF QA11_A1 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A2;
ELSE GO TO QA11_A5

QA11_A2   What month and year were you born?

귀하는 몇 년 몇 월에 출생하셨습니까?

AA1AMON

MONTH _____   [RANGE: 1-12]

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

AA1AYR

YEAR _____   [RANGE: 1898-1994]

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

PROGRAMMING NOTE QA11_A3:
IF QA11_A2 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A3;
ELSE GO TO QA11_A5

QA11_A3   What is your age, please?

나이를(연세를) 말씀해 주시겠습니까? 만으로 (   )세

AA2

              _____YEARS OF AGE   [RANGE: 0-120]   **[GO TO QA11_A5]**

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

PROGRAMMING NOTE QA11_A4:
IF QA11_A3 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A4;
ELSE GO TO 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?

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

AA2A

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

POST NOTE QA11_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA11_A1, QA11_A2, OR QA11_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA11_A1, QA11_A2, OR QA11_A3 = -7 OR -8 (REF/DK), THEN USE QA11_A4;
ELSE USE ENUM.AGE

QA11_A5   Are you male or female?

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

AA3

                 MALE 1
                 FEMALE..2
                 REFUSED .... -7

QA11_A6   Are you Latino or Hispanic?

라티노나 히스패닉계이십니까?

AA4

                 YES 1
                 NO..2   **[GO TO PN QA11_A8]**
                 REFUSED .... -7   **[GO TO PN QA11_A8]**
                 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.

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

AA5

                 [IF NECESSARY, GIVE MORE EXAMPLES]

                 [CODE ALL THAT APPLY]

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

> **PROGRAMMING NOTE 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?

또한 귀하가 다음의 인종 중 어느 것 하나 **이상** 에 속하는지를 말씀해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 주민, 아메리컨 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계미국인 또는 백인 중에서 어느 인종에 속합니까?

AA5A

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

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

[CODE ALL THAT APPLY]

WHITE...1	**[GO TO PN QA11_A16]**
BLACK OR AFRICAN AMERICAN 2	**[GO TO PN QA11_A16]**
ASIAN 3	**[GO TO PN QA11_A12]**
AMERICAN INDIAN OR ALASKA NATIVE 4	**[GO TO PN QA11_A9]**
OTHER PACIFIC ISLANDER 5	**[GO TO PN QA11_A13]**
NATIVE HAWAIIAN 6	**[GO TO PN QA11_A16]**
OTHER (SPECIFY: _____) 91	
REFUSED .... -7	
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.

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

AA5B

[CODE ALL THAT APPLY]

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

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

선생님께서는 연방정부와 주정부에서 인정하는 부족으로 등록된 분이십니까?

AA5C

YES	1	
NO	2	**[GO TO PN QA11_A12]**
REFUSED	-7	**[GO TO PN QA11_A12]**
DON'T KNOW	-8	**[GO TO PN QA11_A12]**

10

QA11_A11   Which tribe are you enrolled in?

귀하는 어느 부족으로 등록했습니까?

AA5D

APACHE
MESCALERO APACHE, NM 1
APACHE (NOT SPECIFIED).............................2
OTHER APACHE [Ask for spelling]
(SPECIFY:_____)...............................3
BLACKFEET
BLACKFOOT/BLACKFEET...............................4
CHEROKEE
WESTERN CHEROKEE 5
CHEROKEE (NOT SPECIFIED) 6
OTHER CHEROKEE [Ask for spelling]
(SPECIFY:_____)...............................7
CHOCTAW
CHOCTAW OKLAHOMA...................................8
CHOCTAW (NOT SPECIFIED) 9
OTHER CHOCTAW [Ask for spelling]
(SPECIFY:_____)............................. 10
NAVAJO
NAVAJO (NOT SPECIFIED) 11
POMO
HOPLAND BAND, HOPLAND RANCHERIA .. 12
SHERWOOD VALLEY RANCHERIA 13
POMO (NOT SPECIFIED).............................. 14
OTHER POMO [Ask for spelling]
(SPECIFY:_____).............................. 15
PUEBLO
HOPI.. 16
YSLETA DEL SUR PUEBLO OF TEXAS........ 17
PUEBLO (NOT SPECIFIED)........................... 18
OTHER PUEBLO [Ask for spelling]
(SPECIFY:_____).............................. 19
SIOUX
OGLALA/PINE RIDGE SIOUX 20
SIOUX (NOT SPECIFIED) 21
OTHER SIOUX [Ask for spelling]
(SPECIFY:_____)................................ 22
YAQUI
PASCUA YAQUI TRIBE OF ARIZONA........... 23
YAQUI (NOT SPECIFIED) 24
OTHER YAQUI [Ask for spelling]
(SPECIFY: _____)................................ 25
OTHER
OTHER [Ask for spelling] (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW.. -8

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.

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

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 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.

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

AA5E1

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 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;
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}.

귀하에게 해당되는 민족 또는 인종에 표시해 주십시오. {INSERT MULTIPLE RESPONSES FROM QA11_A7, QA11_A8, QA11_A12 AND QA11_A13}.

Do you identify with any one race in particular?

귀하는 한 특정한 민족 또는 인종에 속한다고 말씀하실 수 있습니까?

AA5G

YES	1	
NO	2	[GO TO QA11_A16]
REFUSED	-7	[GO TO QA11_A16]
DON'T KNOW	-8	[GO TO QA11_A16]

> **PROGRAMMING NOTE QA11_A15:**
> **IF QA11_A6 = 1 (YES, LATINO) AND QA11_A7 ≠ -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 <u>most</u> identify with?

선생님께서 { }(이)라고 말씀하셨습니다. 이 중에서, 선생님을 가장 잘 나타낸다고 생각되는 것은 무엇입니까?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN	4
GUATEMALAN	5
COSTA RICAN	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN	11
SPANISH-AMERICAN (FROM SPAIN)	12
LATINO, OTHER SPECIFY	13
LATINO	14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	18
ASIAN	19
BLACK OR AFRICAN AMERICAN	20
WHITE	21
RACE, OTHER SPECIFY	22
BANGLADESHI	30
BURMESE	31
CAMBODIAN	32
CHINESE	33
FILIPINO	34
HMONG	35
INDIAN (INDIA)	36
INDONESIAN	37
JAPANESE	38
KOREAN	39
LAOTIAN	40
MALAYSIAN	41
PAKISTANI	42
SRI LANKAN	43
TAIWANESE	44
THAI	45
VIETNAMESE	46
ASIAN, OTHER SPECIFY	49
SAMOAN/AMERICAN SAMOAN	50
GUAMANIAN	51
TONGAN	52
FIJIAN	53
PACIFIC ISLANDER, OTHER SPECIFY	55
BOTH/ALL/MULTIRACIAL	90
NONE OF THESE	95
REFUSED	-7
DON'T KNOW	-8

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

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

AH43

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

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

Section B – Health Conditions

QA11_B1   These next questions are about your health.
Would you say that in general your health is excellent, very good, good, fair, or poor?

다음은 선생님의 건강에 대해 몇 가지 질문을 드리겠습니다. 전반적으로 건강이 굉장히 좋으십니까? 상당히 좋으십니까, 좋으십니까, 괜찮으십니까? 아니면 안 좋으십니까?

AB1

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

QA11_B2   Has a doctor <u>ever</u> told you that you have asthma?

선생님께서 천식이 있다고 의사가 말한 적이 있습니까?

AB17

```
YES ........................................................................1
NO...........................................................................2   [GO TO PN QA11_B18]
REFUSED .............................................................-7   [GO TO PN QA11_B18]
DON'T KNOW ........................................................-8   [GO TO PN QA11_B18]
```

QA11_B3   Do you still have asthma?

아직도 천식이 있으십니까?

AB40

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

QA11_B4   During the <u>past 12 months</u>, have you had an episode of asthma or an asthma attack?

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

AB41

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

PROGRAMMING NOTE QA11_B5:
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 past 12 months, how often have you had asthma symptoms such as coughing,
wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

지난 12개월 동안, 기침, 휘휘거리는 쉰 목소리, 숨가쁨, 흉부 압박감 및 가래 등의 천식 증상이
얼마나 자주 있었습니까? 다음 중에서 선택해 주십시오

AB19

Not at all,..1
아무 증상도 없었습니까,..1
Less than every month,...2
매 달 한 번도 안됐습니까,...2
Every month,...3
매달,...3
Every week, or 4
매주, 아니면 4
Every day? 5
매일 있었습니까? 5
REFUSED ....-7
DON'T KNOW ....-8

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

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

AH13A

YES 1
NO...2   **[GO TO QA11_B8]**
REFUSED ....-7   **[GO TO QA11_B8]**
DON'T KNOW ....-8   **[GO TO QA11_B8]**

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

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

AB106

**[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?

지난 **12개월** 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있으십니까?

AH15A

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

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?

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

AB18

[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]
[IF NEEDED, SAY: "경구약과 흡입제를 둘 다 포함해서 말씀해 주십시오.즉각적인 효과를 위해 사용하는 흡입제와는 다릅니다."]

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

PROGRAMMING NOTE QA11_B10:
IF QA11_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA11_B4 = 1 (YES, EPISODE IN LAST 12 MOS), THEN GO TO PROGRAMMING NOTE QA11_B14;
ELSE CONTINUE 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…

지난 12개월\ 동안, 기침, 씨근거림, 가쁜 숨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까?

AB66

```
Not at all, ...................................................................1
전혀 발생하지 않았음................................................1
Less than every month,.............................................2
몇 달에 한 번 발생 ...................................................2
Every month, ...........................................................3
매달 발생 ..................................................................3
Every week, or .........................................................4
매주 발생 ..................................................................4
Every day? ................................................................5
매일 발생 ..................................................................5
REFUSED .................................................................-7
DON'T KNOW .............................................................-8
```

QA11_B11   During the <u>past 12 months</u>, have you had to visit a hospital emergency room because of <u>your</u> asthma?

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

AB67

      YES 1
      NO 2   **[GO TO QA11_B13]**
      REFUSED .... -7   **[GO TO QA11_B13]**
      DON'T KNOW .... -8   **[GO TO QA11_B13]**

QA11_B12   Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

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

AB107

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

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

QA11_B13   During the <u>past 12 months</u>, were you admitted to the hospital overnight or longer for your asthma?

지난 **12개월** 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있으십니까?

AB80

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

PROGRAMMING NOTE QA11_B14:
IF AAGE > 69, THEN GO TO QA11_B15;
ELSE CONTINUE WITH QA11_B14

QA11_B14   During the past 12 months, how many days of work did you miss due to asthma?

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

AB42

[IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

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

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?

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

AB43

```
YES .............................................................1
NO................................................................2      [GO TO QA11_B17]
REFUSED ................................................... -7      [GO TO QA11_B17]
DON'T KNOW ............................................. -8      [GO TO QA11_B17]
```

QA11_B16   Do you have a written or printed copy of this plan?

이 계획서에 기재했거나 인쇄한 사본을 가지고 있습니까?

AB98

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "이것은 전자사본 또는 하드카피일 수도 있습니다."]

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

QA11_B17   How confident are you that you can control and manage your asthma? Would you say you are…

천식을 관리하는 데 얼마나 자신이 있습니까?

AB108

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

PROGRAMMING NOTE 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?

당뇨병이나 혈당이 있다는 말을 의사에게서 들은 적이 있습니까?

AB22

YES 1
NO...2
BORDERLINE OR PRE-DIABETES........................3   **[GO TO PN QA11_B34]**
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA11_B19:
IF QA11_A5 = 2 (FEMALE), THEN DISPLAY "Other than during pregnancy, has";
ELSE DISPLAY "Has"

QA11_B19   {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have pre-diabetes or borderline diabetes?

의사가 귀하에게 당뇨병의 전 단계 또는 경계선에 있다고 알려준 **적** 이 있습니까?

AB99

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

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?

선생님께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇살 때입니까?

AB23

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

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

QA11_B21   Were you told that you had Type 1 or Type 2 diabetes?

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

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]
[IF NEEDED, SAY: "제 일종(타입 원) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은 성인들에게서 나타납니다. 제 이종(타입 투) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다."]

```
TYPE 1 ................................................................1
TYPE 2 ................................................................2
ANOTHER TYPE ...................................................3
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
```

QA11_B22   Are you now taking insulin?

현재 인슐린을 투여하고 계십니까?

AB24

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

QA11_B23   Do you now take diabetic pills to lower your blood sugar?

현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

AB25

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

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

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?

귀하 본인이나, 귀하의 가족 또는 친구들은 하루, 한 주 또는 한 달에 대략 몇 번이나 귀하의 혈당을 검사해 줍니까 ?

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

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

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

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

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

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

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"?

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

AB27

[IF R NEVER HEARD OF IT, ENTER 995]

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

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

QA11_B26   About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

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

AB28

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

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

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.

。귀하께서 가장 근래에 눈동자를 확장시키는 눈 검사를 받으신 것은 언제였습니까? 이것은 눈을 짧은 시간 동안 밝은 불빛에 민감하게 반응하도록 만드는 검사입니다.

AB63

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

QA11_B28   During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?

지난 **12개월** 동안, 당뇨병 증세로 응급실에 간 적이 있습니까?

AB109

    YES 1
    NO..2   **[GO TO QA11_B30]**
    REFUSED .... -7   **[GO TO QA11_B30]**
    DON'T KNOW .... -8   **[GO TO QA11_B30]**

QA11_B29   Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?

당뇨병 증세로 주치의나 전문의를 볼 수 없었기 때문에응급실에 간 적이 있습니까?

AB110

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

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

QA11_B30   During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

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

AB111

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

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?

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

AB112

YES 1		
NO...2	**[GO TO QA11_B33]**	
REFUSED .... -7	**[GO TO QA11_B33]**	
DON'T KNOW .... -8	**[GO TO QA11_B33]**	

QA11_B32   Do you have a written or printed copy of this plan?

이 계획서에 기재했거나 인쇄한 사본을 가지고 있습니까?

AB113

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "이것은 전자사본 또는 책자일 수도 있습니다."]

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

QA11_B33   How confident are you that you can control and manage your diabetes? Would you say you are…

당뇨병을 관리하는 데 얼마나 자신이 있습니까?

AB114

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

PROGRAMMING NOTE QA11_B34:
IF QA11_A5 = 2 (FEMALE), THEN CONTINUE WITH QA11_B34;
ELSE GO TO QA11_B35

QA11_B34   Has a doctor ever told you that you had diabetes <u>only</u> during pregnancy?

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

AB81

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

YES 1
NO 2
BORDERLINE GESTATIONAL DIABETES 3
REFUSED .... -7
DON'T KNOW .... -8

QA11_B35   Has a doctor <u>ever</u> told you that you have high blood pressure?

의사가 귀하에게 혈압이 높다고 말한 **적** 이 있습니까?

AB29

YES 1
NO 2   **[GO TO QA11_B37]**
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION 3   **[GO TO QA11_B37]**
REFUSED .... -7   **[GO TO QA11_B37]**
DON'T KNOW .... -8   **[GO TO QA11_B37]**

QA11_B36   Are you now taking any medications to control your high blood pressure?

현재 혈압 조절 약을 복용하고 계십니까?

AB30

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

QA11_B37   Has a doctor ever told you that you have any kind of heart disease?

선생님께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

AB34

YES 1
NO 2   **[GO TO QA11_B45]**
REFUSED .... -7   **[GO TO QA11_B45]**
DON'T KNOW .... -8   **[GO TO QA11_B45]**

QA11_B38   Has a doctor <u>ever</u> told you that you have heart failure or congestive heart failure?

심부전이나 울혈성 심부전이 있다는 진단을 의사로부터 받으신 적이 있습니까?

AB52

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

QA11_B39   During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?

지난 12개월 동안, 심장병 때문에 응급실에 간 적이 있습니까?

AB115

YES 1
NO 2   **[GO TO QA11_B41]**
REFUSED .... -7   **[GO TO QA11_B41]**
DON'T KNOW .... -8   **[GO TO QA11_B41]**

QA11_B40   Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?

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

AB116

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

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

QA11_B41   During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?

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

AB117

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

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?

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

AB118

```
                    YES ...........................................................1
                    NO...........................................................2      [GO TO QA11_B44]
                    REFUSED ............................................... -7       [GO TO QA11_B44]
                    DON'T KNOW ......................................... -8       [GO TO QA11_B44]
```

QA11_B43   Do you have a written or printed copy of this plan?

이 계획서에 기재했거나 인쇄한 사본을 가지고 있습니까?

AB119

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "이것은 전자사본 또는 하드카피일 수도 있습니다."]

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

QA11_B44   How confident are you that you can control and manage your heart disease? Would you say you are…

심장병을 관리하는 데 얼마나 자신이 있습니까?

AB120

```
                    Very confident, ..........................................1
                    Somewhat confident, ................................2
                    Not too confident, or..................................3
                    Not at all confident? .................................4
                    REFUSED ............................................... -7
                    DON'T KNOW ......................................... -8
```

QA11_B45   Has a doctor <u>ever</u> told you that you had a stroke?

중풍이 있다는 진단을 의사로부터 받으신 적이 있습니까?

AC6

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

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]?

의사가 어떤 종류의 **관절염** , 통풍, 루프스 또는 섬유 근육통에 걸렸다고 말씀 드린 **적** 이 있으십니까?

AB64

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

QA11_B47   In the past 30 days, did you have any pain, aching, or stiffness in or around a joint?

귀하는 지난 30일 동안 관절 또는 그 주위가 아프거나, 쑤시거나, 뻣뻣했던 적이 있습니까?

AB127

[IF NEEDED, SAY: "Do not include the back or neck."]
[IF NEEDED, SAY: "허리나 목은 포함시키지 마십시오."]

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

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…

집 안에 들여 놓고 키우는 고양이가 있습니까?

AB16

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

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

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

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]
[IF NEEDED, SAY: "독감 예방주사는 보통 가을에 접종하며 독감 시즌에 독감에 걸리지 않도록 신체를 보호합니다."]

YES 1
NO...2   **[GO TO QA11_B52]**
REFUSED .... -7   **[GO TO QA11_B52]**
DON'T KNOW .... -8   **[GO TO QA11_B52]**

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

독감 예방주사를 맞았거나 코에 독감 백신을 뿌렸습니까?

AB100

FLU SHOT 1
NASAL/FLUMIST 2
BOTH 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA11_B51:
IF QA11_B50 = 1, THEN DISPLAY "flu shot";
ELSE IF QA11_B50 = 2, THEN DISPLAY "nasal flu vaccine";
ELSE DISPLAY "vaccine"

QA11_B51   At what kind of place did you get your last {flu shot/nasal flu vaccine/vaccine}?

지난 번 독감 예방 주사를 맞았던 곳이 어디였습니까?

AB57

A DOCTOR'S OFFICE, KAISER, OR HMO 1
A COMMUNITY HEALTH CENTER,
HEALTH DEPT., HEALTH DEPT. CLINIC,
OR OTHER TYPE OF CLINIC................................2
A STORE (FOR EXAMPLE, MARKET,
DRUGSTORE, OR PHARMACY) 3
WORKPLACE 4
A SENIOR, RECREATON,
OR COMMUNITY CENTER....................................5
A HOSPITAL OR EMERGENCY ROOM.................6
PLACE OF WORSHIP 7
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW/ NOT SURE .... -8

```
PROGRAMMING NOTE QA11_B52:
IF AAGE < 65 YEARS, GO TO QA11_C1;
ELSE CONTINUE WITH QA11_B52;
```

QA11_B52   During the past 12 months, have you fallen <u>to the ground</u> more than once?

지난 12개월 동안, 바닥에 쓰러졌던 적이 한 번 이상 있었습니까?

| AC7 |

YES 1
NO...2	**[GO TO QA11_C1]**
REFUSED .... -7	**[GO TO QA11_C1]**
DON'T KNOW .... -8	**[GO TO QA11_C1]**

QA11_B53   Did you get any medical care because of those falls?

그러한 낙상을 당한 후에 치료를 받으셨습니까?

| AB91 |

YES 1
NO...2	**[GO TO QA11_B56]**
REFUSED .... -7	**[GO TO QA11_B56]**
DON'T KNOW .... -8	**[GO TO QA11_B56]**

QA11_B54   Did you go to the emergency room because of any of those falls?

이러한 낙상 때문에 응급실에 간 적이 있었습니까?

| AB140 |

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

QA11_B55   Were you hospitalized because of any of those falls?

이러한 낙상 때문에 입원한 적이 있었습니까?

| AB141 |

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

QA11_B56   Did a health care professional talk with you about how to avoid falling?

의료 전문가가 낙상을 피하는 방법에 대해 설명해 주었습니까?

AB92

[IF NEEDED, SAY: "A health care professional is a doctor, nurse, or other health care provider.]
[IF NEEDED, SAY: "의료 전문가란 의사, 간호사 또는 다른 의료 제공자들을 말합니다."]

YES 1
NO..2   **[GO TO QA11_B58]**
REFUSED .... -7   **[GO TO QA11_B58]**
DON'T KNOW .... -8   **[GO TO QA11_B58]**

QA11_B57   Did the health care professional make any specific recommendations?

의료 전문가가 어떤 것을 특별히 추천한 적이 있었습니까?

AB142

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

QA11_B58   Because of those falls, did a health care professional review your medications?

그러한 낙상 때문에, 의료 전문가가 귀하가 복용하는 약들을 검토했습니까?

AB93

YES 1
NO..2   **[GO TO QA11_B60]**
REFUSED .... -7   **[GO TO QA11_B60]**
DON'T KNOW .... -8   **[GO TO QA11_B60]**

QA11_B59   Did the health care professional recommend any changes to your medications?

의료 전문가가 귀하가 사용 중인 약을 바꾸라고 추천한 적이 있었습니까?

AB143

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

QA11_B60   Because of those falls, did you start a physical therapy or exercise program?

그러한 낙상 때문에, 물리요법이나 운동 프로그램을 시작하셨습니까?

AB94

[IF NEEDED, SAY: "Include temporary changes during your recovery."]
[IF NEEDED, SAY: "회복 기간 동안의 일시적인 변경 사항도 포함됩니다."]

YES 1
NO..2   **[GO TO QA11_B62]**
REFUSED .... -7   **[GO TO QA11_B62]**
DON'T KNOW .... -8   **[GO TO QA11_B62]**

QA11_B61   Did you do this because a health care professional recommended it?

그렇게 한 것은 의료 전문가가 추천했기 때문입니까?

AB144

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

QA11_B62   Because of those falls, did you make changes to your home, such as adding grab bars or removing rugs?

그러한 낙상 때문에, 안전 손잡이 (grab bar) 를 설치하거나 양탄자 같은 깔개 (rug) 를 치우는 것과 같이 집안의 구조를 변경하셨습니까?

AB95

[IF NEEDED, SAY: "Include temporary changes during your recovery."]
[IF NEEDED, SAY: "회복 기간 동안의 일시적인 변경 사항도 포함됩니다."]

YES 1
NO..2   **[GO TO QA11_B64]**
REFUSED .... -7   **[GO TO QA11_B64]**
DON'T KNOW .... -8   **[GO TO QA11_B64]**

QA11_B63   Did you do this because a health care professional recommended it?

그렇게 한 것은 의료 전문가가 추천했기 때문입니까?

AB145

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

QA11_B64   Did you start using a cane or walker?

지팡이나 보행 보조기(walker)를 사용하기 시작하셨습니까?

AB96

[IF NEEDED, SAY: "Because of those falls"]
[IF NEEDED, SAY: "그러한 낙상 때문에"]

[IF NEEDED, SAY: "Include temporary changes during your recovery."]
[IF NEEDED, SAY: "회복 기간 동안의 일시적인 변경사항도 포함됩니다."]

```
YES ........................................................................1
NO ..........................................................................2    [GO TO QA11_B66]
REFUSED ............................................................. -7    [GO TO QA11_B66]
DON'T KNOW ...................................................... -8    [GO TO QA11_B66]
```

QA11_B65   Did you do this because a health care professional recommended it?

그렇게 한 것은 의료 전문가가 추천했기 때문입니까?

AB146

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

QA11_B66   Did you change your daily routines?

일상생활을 바꾸셨습니까?

AB97

[IF NEEDED, SAY: "Because of those falls"]
[IF NEEDED, SAY: "그러한 낙상 때문에"]

[IF NEEDED, SAY: "Include temporary changes during your recovery."]
[IF NEEDED, SAY: "회복 기간 동안의 일시적인 변경 사항도 포함됩니다."]

```
YES ........................................................................1
NO ..........................................................................2    [GO TO QA11_C1]
REFUSED ............................................................. -7    [GO TO QA11_C1]
DON'T KNOW ...................................................... -8    [GO TO QA11_C1]
```

QA11_B67   Did you do this because a health care professional recommended it?

그렇게 한 것은 의료 전문가가 추천했기 때문입니까?

AB147

```
YES ........................................................................1
NO ..........................................................................2
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.

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

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

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

AD37W

```
                    YES ........................................................1
                    NO...........................................................2      [GO TO QA11_C4]
                    UNABLE TO WALK ................................3      [GO TO QA11_C7]
                    REFUSED .............................................. -7      [GO TO QA11_C4]
                    DON'T KNOW ........................................ -8      [GO TO QA11_C4]
```

QA11_C2   In the past 7 days, how many times did you do that?

며칠 동안이나 그렇게 걸었습니까?

AD38W

[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place."]
[IF NEEDED, SAY: "목적지에 도달하기 위해10분 이상 걸었던 적."]

```
          _____ TIMES PER WEEK                         [IF 0, GO TO QA11_C4]

                    REFUSED .............................................. -7      [GO TO QA11_C4]
                    DON'T KNOW ........................................ -8      [GO TO QA11_C4]
```

PROGRAMMING NOTE QA11_C3:
IF QA11_C2 = 1, THEN DISPLAY "How long did that walk take";
IF QA11_C2 > 1, THEN DISPLAY "On average, how long did those walks take"

QA11_C3   {How long did that walk take/On average, how long did those walks take}?

그런 날에는 보통 얼마나 오래 걸었습니까?

AD39W

```
          _____ MINUTES PER DAY

          _____ HOURS PER DAY

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

PROGRAMMING NOTE QA11_C4:
IF QA11_C1 = 1 (WALK FOR TRANSPORTATION), THEN DISPLAY "Please do not include walking for transportation."

QA11_C4   Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}

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

AD40W

YES 1
NO..2   **[GO TO QA11_C7]**
REFUSED .... -7   **[GO TO QA11_C7]**
DON'T KNOW .... -8   **[GO TO QA11_C7]**

QA11_C5   In the past 7 days, how many times did you do that?

며칠 동안이나 그렇게 걸었습니까?

AD41W

[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog."]
[IF NEEDED, SAY: "즐거움, 기분전환, 운동, 또는 개를 산책시키기 위해 10분 이상 걸은 경우."]

_____ TIMES PER WEEK   **[IF 0, GO TO QA11_C7]**

REFUSED .... -7   **[GO TO QA11_C7]**
DON'T KNOW .... -8   **[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 walks take}?

그런 날에는 보통 얼마나 오래 걸었습니까?

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.

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

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

지난 한 달 동안, 몇 번이나 과일을 드셨습니까? 주스는 포함시키지 마십시오.

AE2

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

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "이것은 하루, 한 주 또는 한 달 중 어느 것입니까?"]

_____TIMES

PER DAY 1	[HR: 0-20; SR: 0-9]
PER WEEK 2	[HR: 0-20; SR: 0-29]
PER MONTH...3	[HR: 0-210; SR: 0-149]
REFUSED .... -7	
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?

지난 한 달 동안, 프렌치 프라이, 홈 프라이 또는 해시브라운을 포함하는 모든 종류의 튀긴 감자를 몇 번이나 드셨습니까?

AE3

[IF RESPONDENT ASKS, SAY: "Do not include potato chips."]
[IF NEEDED, SAY: "감자 칩은 포함시키지 마십시오."]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?"]
[IF R GIVES YOU A NUMBER WITHOUT A TIME FRAME, ASK: "이것은 하루, 한 주 또는 한 달 중 어느 것입니까?"]

_____TIMES

PER DAY 1	[HR: 0-20; SR: 0-5]
PER WEEK 2	[HR: 0-35; SR: 0-11]
PER MONTH...3	[HR: 0-90; SR: 0-30]
REFUSED .... -7	
DON'T KNOW .... -8	

> **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.}

[지난 한 달 동안,] 녹색잎 야채 샐러드, 깍지콩 또는 감자와 같은 #다른\ 야채를 몇 번이나 먹었습니까? 튀긴 감자는 포함시키지 마십시오.

| AE7 |

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."]
[IF STRONGLY NEEDED, SAY: "토마토, 당근, 양파 또는 브로콜리 같은."]

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."]
[ONLY IF R ASKS ABOUT RICE, SAY: "쌀은 야채가 아닙니다."]

_____TIMES

PER DAY 1   [HR: 0-10; SR: 0-4]
PER WEEK 2   [HR: 0-70; SR: 0-28]
PER MONTH...3   [HR: 0-300; SR: 0-120]
REFUSED .... -7
DON'T KNOW .... -8

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

[지난 한 달 동안,] 당이 함유된 탄산음료를 얼마나 자주 마셨습니까? 다이어트 음료는 포함시키지 마십시오. [매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

| AC11 |

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

_____TIMES

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

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

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

AC31

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

_____ # OF TIMES IN PAST 7 DAYS

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

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

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

AC42

Never,..1
전혀 없었음, ...1
Sometimes, ...2
가끔, ...2
Usually, or 3
보통, ...3
Always? 4
항상? 4
DOESN'T EAT F & V 5
DOESN'T SHOP FOR F&V 6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....7
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE 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…

가격이 저렴한 경우가 얼마나 자주 있었습니까?

AC44

[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]
[IF NEEDED, SAY: "귀하의 거주 지역에서 구입할 수 있는 신선한 과일과 야채의 가격이 저렴한 경우가 얼마나 자주 있었습니까? 전혀 없었음, 가끔, 보통, 항상 중에서 선택해주십시오."]

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

PROGRAMMING NOTE 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…

직장과 가까운 곳에서 신선한 과일과 야채를 구입할 수 있는 경우가 얼마나 자주 있었습니까?

AC43

Never...1
전혀 없었음, ...1
Sometimes 2
가끔, ...2
Usually, or 3
보통, ...3
Always? 4
항상? 4
DOESN'T WORK 5
WORKS AT HOME 6
OTHER NOT APPLICABLE (DOESN'T WORK IN
ONE PLACE, CAN'T LEAVE WORK, ETC.) 7
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA11_C15:
IF QA11_C14 = 2, 3, OR 4 THEN CONTINUE WITH QA11_C15;
ELSE GO TO QA11_C16

QA11_C15   How often are they affordable? Would you say …

가격이 저렴한 경우가 얼마나 자주 있었습니까?

AC45

[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]
[IF NEEDED, SAY: "직장과 가까운 곳에서 구입할 수 있는 신선한 과일과 야채의 가격이 저렴한 경우가 얼마나 자주 있었습니까? 전혀 없었음, 가끔, 보통, 항상 중에서 선택해주십시오?"]

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

QA11_C16   Now, I am going to ask about various health behaviors.
Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다. 지금껏 살아 오시면서, 다 합해 담배를 적어도 100개피 정도 피우셨습니까?

AE15

```
YES ............................................................................1
NO ..............................................................................2     [GO TO QA11_C20]
REFUSED ................................................................. -7
DON'T KNOW ........................................................... -8
```

QA11_C17   Do you now smoke cigarettes every day, some days, or not at all?

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

AE15A

```
EVERY DAY ...............................................................1
SOME DAYS ..............................................................2     [GO TO QA11_C19]
NOT AT ALL ...............................................................3     [GO TO QA11_C20]
REFUSED ................................................................. -7     [GO TO QA11_C20]
DON'T KNOW ........................................................... -8     [GO TO QA11_C20]
```

QA11_C18   On average, how many cigarettes do you now smoke a day?

현재 하루에 평균 몇 대의 담배를 피웁니까?

AD32

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

_____ NUMBER OF CIGARETTES   [HR: 0-120]   **[GO TO QA11_C20]**

REFUSED .... -7   **[GO TO QA11_C20]**
DON'T KNOW .... -8   **[GO TO QA11_C20]**

QA11_C19   In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

지난 30일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?

AE16

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

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

_____ NUMBER OF CIGARETTES   [HR: 0-120]

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

QA11_C20   Is smoking ever allowed inside your home?

귀하의 집 안에서 흡연이 허용된 적이 단 한번이라도 있습니까?

AC17

YES 1
NO 2   **[GO TO QA11_C22]**
REFUSED .... -7   **[GO TO QA11_C22]**
DON'T KNOW .... -8   **[GO TO QA11_C22]**

QA11_C21   On average, about how many days per week is there smoking inside your home?

평균적으로, 일주일에 며칠이나 누군가가 집 **안** 에서 담배를 피웁니까?

AD34

[IF RARELY OR LESS THAN 1 DAY PER WEEK, ENTER 0]

_____DAYS PER WEEK   [HR: 0-7]

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

QA11_C22   Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?

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

AC32

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

YES 1
NO..2   **[GO TO QA11_D1]**
REFUSED .... -7   **[GO TO QA11_D1]**
DON'T KNOW .... -8   **[GO TO QA11_D1]**

PROGRAMMING NOTE QA11_C23:
IF QA11_A5 = 1 (MALE), THEN CONTINUE WITH QA11_C23;
ELSE GO TO QA11_C24

QA11_C23   In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?

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

AC34

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
[IF NEEDED, SAY: "1잔이란 12온스 캔 또는 글래스의 맥주, 5온스 글래스의 와인, 혼합주(칵테일) 1잔 또는 독한 주류 1잔을 말합니다. 대략 몇 번이나 됩니까?"]

_____TIMES   [HR: 0-365; SR: 0-99]   **[GO TO QA11_D1]**

REFUSED .... -7   **[GO TO QA11_D1]**
DON'T KNOW .... -8   **[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?

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

AC35

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
[IF NEEDED, SAY: "1잔이란 12온스 캔 또는 글래스의 맥주, 5온스 글래스의 와인, 혼합주(칵테일) 1잔 또는 독한 주류 1잔을 말합니다."]

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

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

Section D – General Health, Disability, and Sexual Health

QA11_D1   These next questions are about your height and weight.
                  How tall are you without shoes?

                  다음 질문들은 키와 체중에 관한 겁니다. 신발을 신지 않았을 때 키가 얼마나 됩니까?

AE17

[IF NEEDED, SAY: "About how tall?"]
[IF NEEDED, SAY: "키가 얼마 정도 됩니까?']

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

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

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

PROGRAMMING NOTE QA11_D2:
IF QA11_A5 = 2 (FEMALE) AND AAGE < 50, THEN DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA11_D2   {When not pregnant, how/How} much do you weigh without shoes?

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

AE18

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

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

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

PROGRAMMING NOTE QA11_D3:
IF AAGE = 18, THEN GO TO QA11_D4;
ELSE CONTINUE WITH QA11_D3

QA11_D3   How much did you weigh at age 18?

18세였을 때 몸무게가 얼마였습니까?

AE19

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

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

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

QA11_D4   Are you blind or deaf, or do you have a severe vision or hearing problem?

귀하는 맹인 또는 농인이십니까? 또는 심한 시력 장애나 청력 장애가 있으십니까?

AD50

YES 1
NO 2   **[GO TO QA11_D6]**
REFUSED .... -7   **[GO TO QA11_D6]**
DON'T KNOW .... -8   **[GO TO QA11_D6]**

QA11_D5   Are you legally blind?

선생님께서는 법적으로 장님입니까?

AL8

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

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?

귀하는 걷기, 계단 오르기, 손 뻗기, 들기 또는 운반하기와 같은 한 가지 이상의 기본적인 신체 활동을 실질적으로 제한하는 건강 상태를 가지고 있습니까?

AD57

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

QA11_D7   Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

지난 6개월 동안이나 그 이전에 신체적, 정신적, 또는 정서적 상태 때문에 다음과 같은 어려움이 있었습니까?

Any difficulty learning, remembering, or concentrating?

배우기, 기억하기 또는 집중하기에 어려움이 있었습니까?

AD51

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

QA11_D8   Any difficulty dressing, bathing, or getting around inside the home?

옷 입기, 목욕하기 또는 집안에서 움직이는 데 어려움이 있었습니까?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more"]
[IF NEEDED, SAY: "6개월 이상 지속되는 신체적, 정신적 또는 정서적 상태 때문에."]

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

QA11_D9   Any difficulty going outside the home alone to shop or visit a doctor's office?

쇼핑을 하거나 병원에 가기 위해 집 밖으로 혼자 외출하는데 어려움이 있었습니까?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more"]
[IF NEEDED, SAY: "6개월 이상 지속되는 신체적, 정신적 또는 정서적 상태 때문에."]

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

PROGRAMMING NOTE QA11_D10:
IF AAGE > 64 GO TO PROGRAMMING NOTE QA11_D12;
ELSE CONTINUE WITH QA11_D10

QA11_D10   Any difficulty working at a job or business?

직장이나 사업체에서 일하는 데 어려움이 있었습니까?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]
[IF NEEDED, SAY: "6개월 이상 지속되는 신체적, 정신적 또는 정서적 상태 때문에."]

YES 1
NO...2   **[GO TO PN QA11_D12]**
REFUSED .... -7   **[GO TO PN QA11_D12]**
DON'T KNOW .... -8   **[GO TO PN QA11_D12]**

QA11_D11   Do you have a physical or mental condition that has kept you from working for at least a year?

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

AL8A

[IF NEEDED, SAY: "Current condition."]
[IF NEEDED, SAY: "현재의 상태를 말합니다."]

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

PROGRAMMING NOTE QA11_D12:
IF AAGE > 70 OR QA11_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA11_E1;
ELSE CONTINUE WITH QA11_D12

QA11_D12   We are asking a few questions about people's sexual experiences. All answers will be kept private.

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

In the <u>past 12 months</u>, how many sexual partners have you had?

지난 12개월 동안, 성관계를 가진 상대방이 몇 명이나 됩니까?

AD43

_____ NUMBER OF SEXUAL PARTNERS   **[GO TO PN QA11_D14]**

REFUSED .... -7   **[GO TO PN QA11_D14]**
DON'T KNOW .... -8

QA11_D13   Can you give me your best guess?

최선으로 추정해 말씀해 주시겠습니까?

AD44

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

_____ NUMBER OF PARTNERS

1 PARTNER 1
2-3 PARTNERS 2
4-5 PARTNERS 3
6-10 PARTNERS 4
MORE THAN 10 PARTNERS.................................5
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA11_D14:
IF QA11_D12 = 0 OR QA11_D13 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), THEN GO TO PROGRAMMING NOTE QA11_D15;
ELSE CONTINUE WITH QA11_D14;
IF QA11_D12 = 1 OR QA11_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), THEN DISPLAY "Is that partner male or female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

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}?

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

AD45

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

PROGRAMMING NOTE 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?

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

AD46

[IF NEEDED, SAY: "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, {Gay/Gay and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes."]
[IF NEEDED, SAY: "이성연애자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이며, 게이나 레즈비언은 자신과 동성의 사람들과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며, 양성연애자는 남성, 여성 둘 다와 성관계를 갖거나 그들에게 매력을 느끼는 사람입니다."]

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

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 ≠ 1], THEN CONTINUE WITH QA11_D16; ELSE GO TO QA11_E1

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

귀하는 동성인 사람과 법적으로 결혼하셨습니까?

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 .... -7
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?

귀하는 동성인 사람의 법적으로 등록한 동거자로 캘리포니아 주로부터 인정을 받았습니까?

AD61

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

Section E – Women's Health

PROGRAMMING NOTE SECTION E:
IF QA11_A5 = 1 (MALE), THEN GO TO NEXT SECTION;
ELSE CONTINUE WITH SECTION E

PROGRAMMING NOTE QA11_E1:
IF AGE > 45, THEN GO TO PROGRAMMING NOTE QA11_E2;
ELSE CONTINUE WITH QA11_E1

QA11_E1　　　These next questions are about women's health.

다음의 질문들은 여성의 건강에 대한 것입니다.

To your knowledge, are you <u>now</u> pregnant?

귀하께서 알고 계시기로는, **현재** 임신 중이십니까?

AD13

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

PROGRAMMING NOTE QA11_E2:
IF AAGE < 30 OR QA11_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, THEN GO TO
PROGRAMMING NOTE QA11_E21;
ELSE CONTINUE WITH QA11_E2 (INCLUDE WOMEN WITH AGE UNKNOWN);
IF AGE > 45, 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?

지난 12개월 동안, 의사가 유방에 멍울이 있는지를 검사했습니까?

AF37

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

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

QA11_E3   Have you <u>ever</u> had a mammogram?

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

AD14

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

YES...1
NO 2   **[READ DEFINITION]**
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_E4:
IF AGE IS BETWEEN 40 AND 49, THEN CONTINUE WITH QA11_E4;
ELSE GO TO PROGRAMMING NOTE QA11_E5

QA11_E4   Has a doctor ever told you that women your age only need a mammogram every other year?

의사가 귀하와 같은 연령의 여성들은 매모그램(유방 X-선 촬영)검사를 2년마다 한 번만 받으면 된다고 말한 적이 있습니까?

AE92

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

PROGRAMMING NOTE QA11_E5:
IF AGE IS BETWEEN 35 AND 49, THEN CONTINUE WITH QA11_E5;
ELSE GO TO PROGRAMMING NOTE QA11_E6

QA11_E5   Has a doctor ever talked with you about when women should start having mammograms?

의사가 여성들이 매모그램(유방 X-선 촬영) 검사를 받기 시작해야 하는 시기에 대해 말한 적이 있습니까?

AE93

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

PROGRAMMING NOTE QA11_E6:
IF AGE > 69, THEN CONTINUE WITH QA11_E6;
ELSE GO TO PROGRAMMING NOTE QA11_E7

QA11_E6   Has a doctor ever talked with you about stopping your mammograms?

의사가 매모그램(유방 X-선 촬영) 검사를 받는 것을 중단하는 것에 대해 말한 적이
있습니까?

AE94

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

PROGRAMMING NOTE QA11_E7:
IF QA11_E3 = 2 (NEVER HAD A MAMMOGRAM), THEN GO TO PROGRAMMING NOTE QA11_E19;
ELSE IF QA11_E3 = -7 OR -8, THEN GO TO PROGRAMMING NOTE QA11_E21;
ELSE CONTINUE WITH QA11_E7

QA11_E7   How many mammograms have you had in the last 6 years? Your best estimate is fine.

지난 6년 동안 유방 X선 검사(매모그램)를 몇 번이나 받으셨습니까? 소신껏 추정을 하셔도
좋습니다.

AD16

_____ MAMMOGRAMS   [HR: 0-99]

NONE 0   **[GO TO PN QA11_E19]**
REFUSED..-7
DON'T KNOW...-8

QA11_E8   How long ago did you have your most recent mammogram?

가장 최근에 유방 엑스레이(x-ray) 촬영검사를 하신 지가 얼마나 됐습니까?

AD17

A YEAR AGO OR LESS...1
MORE THAN 1 UP TO 2 YEARS AGO...................2
MORE THAN 2 UP TO 3 YEARS AGO...................3
MORE THAN 3 UP TO 5 YEARS AGO...................4
MORE THAN 5 YEARS AGO................................5
REFUSED..-7   **[GO TO PN QA11_E21]**
DON'T KNOW...-8   **[GO TO PN QA11_E21]**

QA11_E9   Was your most recent mammogram recommended by a doctor?

가장 최근에 하신 유방 X선 촬영(mammogram)을 의사가 권유했습니까?

AE50

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

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…

유방 X선 검사를 받은 주요한 이유를 말씀해 주십시오.

AD18

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

[IF R SAYS, "Doctor told me to get it," PROBE FOR A MORE SPECIFIC REASON]
[IF R SAYS, "의사가 이 검사를 받으라고 했습니다," PROBE FOR A MORE SPECIFIC REASON]

                    Part of a routine exam, ...1
                    정기 검진의 일부로,...1
                    Because of a specific breast problem, ...2
                    유방에 문제가 있어서, ...2
                    A follow-up to a previously identified
                    breast problem, or...3
                    이전에 발견된 유방 문제에 대한 후속 조치로,..........3
                    Due to family history? 4
                    가족 병력 때문에?...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?

귀하는 가장 최근에 받은 유방 X-선 검사(매모그램)에 대해비용을 얼마나 지불했습니까? 비용을 전혀 지불하지 않았음, 비용을 일부만 지불, 비용을 전액 지불 중에서 선택해 주십시오.

AE91

```
NONE OF THE COST .............................................1
SOME OF THE COST ............................................2
ALL OF THE COST ...............................................3
REFUSED............................................................-7
DON'T KNOW......................................................-8
```

QA11_E12   Have you ever had a mammogram where the results were not normal?

유방 X선 검사를 받은 후에 결과가 정상이 **아니라고** 나타난 적이 있었습니까?

AD19

```
YES..................................................................1
NO ...................................................................2      [GO TO PN QA11_E19]
REFUSED............................................................-7     [GO TO PN QA11_E19]
DON'T KNOW......................................................-8     [GO TO PN QA11_E19]
```

QA11_E13   Have you ever had an operation to remove a lump from your breast?

유방에서 혹을 제거하는 수술을 받아 본 적이 있습니까?

AD20

```
YES..................................................................1
NO ...................................................................2      [GO TO QA11_E17]
REFUSED............................................................-7     [GO TO QA11_E17]
DON'T KNOW......................................................-8     [GO TO QA11_E17]
```

QA11_E14   Did the lump turn out to be cancer?

그 혹이 암으로 판명되었습니까?

AD21

```
YES..................................................................1      [GO TO QA11_E16]
NO ...................................................................2
REFUSED............................................................-7
DON'T KNOW......................................................-8
```

QA11_E15   How many operations have you had to remove a lump that wasn't cancer?

암이 **아니라고** 판명된 혹을 제거하기 위해 몇 번이나 수술을 했습니까?

AD22

_____ NUMBER OF OPERATIONS   **[GO TO QA11_E17]**

REFUSED...-7   **[GO TO QA11_E17]**
DON'T KNOW..-8   **[GO TO QA11_E17]**

QA11_E16   Tell me how you first found out about your breast cancer. Was it by…

유방암에 걸린 것을 어떻게 처음 알게 되셨는지 말씀해 주십시오. 다음 중 어떤 거지요?

AB60

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

QA11_E17   Did you have any other tests and/or surgery when your mammogram was not normal?

유방 X선 검사 결과가 정상이 **아니었을** 때 다른 검사 및/또는 수술을 받았습니까?

AD23

YES...1
NO 2   **[GO TO PN QA11_E19]**
REFUSED..-7   **[GO TO PN QA11_E19]**
DON'T KNOW..-8   **[GO TO PN QA11_E19]**

QA11_E18   What additional tests and/or surgery did you have?

어떤 검사 및/또는 수술을 추가로 받았습니까?

AD24

[CODE ALL THAT APPLY]

[IF NEEDED, SAY: "Any others?"]
[IF NEEDED, SAY: "다른 보험도 있습니까?"]

NO TESTS/NO SURGERY 1
MASTECTOMY (SURGERY TO
REMOVE BREAST) 2
LUMPECTOMY (SURGERY TO
REMOVE LUMP)..3
NEEDLE BIOPSY..4
ULTRASOUND TEST..5
ANOTHER MAMMOGRAM 6
CLINICAL BREAST EXAM......................................7
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_E19:
IF QA11_E3 = 2 OR QA11_E7 = 0 OR QA11_E8 > 2 YEARS, THEN CONTINUE WITH QA11_E19;
ELSE GO TO PROGRAMMING NOTE QA11_E20

QA11_E19   In the past 2 years, has a doctor recommended that you have a mammogram?

지난 2년 동안, 의사가 유방 X선 검사(매모그램)를 받으라고 권한 적이 있습니까?

AD26

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

Section F – Mental Health

QA11_F1   The next questions are about how you have been feeling during the past 30 days.

다음의 질문들은 지난 30일 동안의 귀하의 느낌에 관한 것입니다.

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

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

AJ29

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

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?

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

AJ30

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

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

지난 30일 동안 대략 얼마나 자주 초조함이나 불안함을 느꼈습니까?

AJ31

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: '항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

QA11_F4   How often did you feel so depressed that nothing could cheer you up?

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

AJ32

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

QA11_F5   During the past 30 days, about how often did you feel that everything was an effort?

지난 30일 동안 모든 일상생활을 영위하는 것에 대한 정신적 어려움을 대략 얼마나 자주 느꼈습니까?

AJ33

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

QA11_F6   During the past 30 days, about how often did you feel worthless?

지난 30일 동안 자신이 쓸모없는 사람이라는 것을 대략 얼마나 자주 느꼈습니까?

AJ34

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]

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

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?

지난 12개월 동안, 이러한 느낌이 지난 30일 간보다 더 자주 발생했던 달이 있었습니까?

AF62

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

```
PROGRAMMING NOTE 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.

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

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

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

AF63

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

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?

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

AF64

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

QA11_F10   How often did you feel restless or fidgety?

얼마나 자주 불안감 또는 조바심을 느끼셨습니까?

AF65

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA11_F11   How often did you feel so depressed that nothing could cheer you up?

얼마나 자주 회복할 수 없을 정도의 우울함을 느끼셨습니까?

AF66

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA11_F12   How often did you feel that everything was an effort?

얼마나 자주 모든 것이 힘들다는 느낌을 가졌습니까?

AF67

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA11_F13   How often did you feel worthless?

얼마나 자주 자신이 가치 없다는 느낌을 가졌습니까?

AF68

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

```
ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE 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.
>
> 지난 12개월 동안 정서 상태가 최악이었던 달을 떠올려 주십시오.

```
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?

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

AF69B

```
A LOT ....................................................................1
SOME ...................................................................2
NOT AT ALL ...........................................................3
DOES NOT WORK...................................................4
REFUSED................................................................-7
DON'T KNOW..........................................................-8
```

QA11_F15   Did your emotions interfere a lot, some, or not at all with your household chores?

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

AF70B

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

QA11_F16   Did your emotions interfere a lot, some, or not at all with your social life?

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

AF71B

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

QA11_F17   Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

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

AF72B

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

QA11_F18   Now think about the past 12 months. About how many days out of the past 365 days were you <u>totally unable</u> to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

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

AF73B

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

_____NUMBER OF DAYS

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

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?

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

AF81

YES...1
NO 2   **[GO TO QA11_F21]**
REFUSED..-7   **[GO TO QA11_F21]**
DON'T KNOW...-8   **[GO TO QA11_F21]**

QA11_F20   Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

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

AJ1

YES..1
NO 2
DON'T HAVE INSURANCE.....................................3
REFUSED...-7
DON'T KNOW..-8

QA11_F21   In the past 12 months, have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

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

AF74

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

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?

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

AF75

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

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?

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

AF76

MENTAL-EMOTIONAL HEALTH 1
ALCOHOL-DRUG PROBLEM 2
BOTH MENTAL & ALCOHOL-DRUG......................3
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_F24:
IF QA11_F23 = 1, THEN DISPLAY "mental or emotional health";
ELSE IF QA11_F23 = 2, THEN DISPLAY "use of alcohol or drugs";
ELSE IF QA11_F23 = 3, THEN DISPLAY "mental or emotional health and your use of alcohol or drugs";
ELSE GO TO QA11_F25

QA11_F24   In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

지난 12개월 동안, 정신 또는 정서적인 건강과 관련된 문제로 의료전문가를 몇 번이나 방문하셨습니까? 병원에서 1박한 경우는 제외하십시오.

AF77

_____ NUMBER OF VISITS

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

QA11_F25   Are you still receiving treatment for these problems from one or more of these providers?

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

AF78

YES..1   **[GO TO QA11_F28]**
NO 2
REFUSED...-7   **[GO TO QA11_F28]**
DON'T KNOW...-8   **[GO TO QA11_F28]**

QA11_F26   Did you complete the recommended full course of treatment?

귀하는 권고 받은 전체 치료 과정을 완료하셨습니까?

AF79

YES...1   **[GO TO QA11_F28]**
NO 2
REFUSED..-7   **[GO TO QA11_F28]**
DON'T KNOW...-8   **[GO TO QA11_F28]**

QA11_F27   What is the MAIN REASON you are no longer receiving treatment?

귀하가 치료를 중단한 **주된 이유** 는 무엇입니까?

AF80

GOT BETTER/NO LONGER NEEDED...................1
NOT GETTING BETTER..2
WANTED TO HANDLE PROBLEM ON OWN 3
HAD BAD EXPERIENCES WITH TREATMENT......4
LACK OF TIME/TRANSPORTATION 5
TOO EXPENSIVE...6
INSURANCE DOES NOT COVER 7
OTHER (SPECIFY: _____) 91
REFUSED..-7
DON'T KNOW...-8

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?

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

AJ5

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

PROGRAMING NOTE QA11_F29:
IF QA11_F19 = 1 AND (QA11_F21 ≠ 1 AND QA11_F22 ≠ 1) (PERCEIVED NEED, BUT NO
TREATMENT), THEN CONTINUE WITH QA11_F29;
ELSE GO TO 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.

다음은 사람들이 의료 전문가의 도움이 필요하다고 생각하면서도 그렇게 하지 않는 몇 가지
이유입니다. 각 항목이 의료 전문가의 도움을 받지 않는 이유에 해당되는지를 "예" 또는
"아니오"로 답변해 주십시오.

You were concerned about the cost of treatment.

치료비가 걱정되었다.

AF82

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

QA11_F30   You did not feel comfortable talking with a professional about your personal problems.

개인적인 문제에 대해 의료 전문가와 상의하는 것이 불편했다.

AF83

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

QA11_F31   You were concerned about what would happen if someone found out you had a problem.

나에게 문제가 있다는 것을 다른 사람들이 알게 될까 봐 걱정했다.

AF84

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

QA11_F32   You had a hard time getting an appointment.

의료 전문가와 약속을 정하기가 어려웠다

AF85

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

Section G – Demographic Information, Part II

QA11_G1   Now a few more questions about your background.
             In what country were you born?

             개인적인 질문을 몇 가지 더 하겠는데요, 우선 어느 나라에서 출생하셨습니까?

AH33

             [SELECT FROM MOST LIKELY COUNTRIES]

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

PROGRAMMING NOTE QA11_G2:
IF QA11_G1 ≠ 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?

모친께서는 어느 나라에서 출생하셨습니까?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

QA11_G3   In what country was your father born?

부친께서는 어느 나라에서 출생하셨습니까?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

QA11_G4   What languages do you speak at home?

집에서는 어떤 언어를 사용하십니까? * 다른 언어가 또 있습니까?

AH36

[CODE ALL THAT APPLY]

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

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

> **PROGRAMMING NOTE 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**

QA11_G5   {Since you speak a language other than English at home, we are interested in the languages you use in other situations.} What language do you speak with your friends?

{귀하는 가정에서 영어가 아닌 다른 언어를 사용하고 있으므로, 귀하가 다른 상황에서 어떤 언어를 사용하는지 알고 싶습니다.} 친구들과 대화할 때 어떤 언어를 사용하십니까?

AG20

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

QA11_G6   In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or read?

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

AG21

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

PROGRAMMING NOTE 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…

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

AH37

```
Very well, ...................................................................1
매우  잘 한다,..................................................................1
Well,...........................................................................2
잘  한다,......................................................................2
Not well, or ..................................................................3
잘  못한다, 또는 .....................................................3
Not at all?.....................................................................4
전혀  못한다?.........................................................4
```

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.
Are you a citizen of the United States?

다음 질문은 시민권과 이민에 대한 겁니다. 대답해주신 내용에 대해서는 철저하게 비밀이 유지되며, 물론 이민국에 보고되지 않습니다. 미국 시민이십니까?

AH39

```
YES.........................................................................1     [GO TO QA11_G10]
NO ..........................................................................2
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.

그러면 영주권자이십니까?

AH40

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
[IF NEEDED, SAY: "사람들은 이것을 보통 "그린(초록색) 카드" 라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]

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

QA11_G10   About how many years have you lived in the United States?

미국에 거주하신 지는 몇년이나 되셨습니까?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

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

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

PROGRAMMING NOTE QA11_G11:
IF [QA11_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA11_G11;
IF QA11_A16 = 1, THEN DISPLAY "spouse";
IF QA11_A16 = 2 OR QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA11_G13

QA11_G11   Is your {spouse/partner} also living in your household?

귀하의 {배우자/파트너}도 귀하와 함께 살고 계십니까?

AH44

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

QA11_G12   May I have your {spouse/partner}'s first name and age?

{배우자/파트너}의 이름과 나이를 말씀해 주시겠습니까?

SC11A

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

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA11_G13:
IF [AAGE < 30 OR QA11_A4 = 1 (AGE 18-29)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HH)
AND 3 OR MORE ADULTS LIVE IN HH, THEN CONTINUE WITH QA11_G13;
IF [AAGE < 30 OR QA11_A4 = 1 (AGE 18-29)] AND QA11_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED,
DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH,
THEN CONTINUE WITH QA11_G13;
ELSE GO TO PROGRAMMING NOTE QA11_G14

QA11_G13   Are you now living with either of your parents?

부모님 중 한분과 살고 계십니까?

AH43A

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

PROGRAMMING NOTE QA11_G14:
IF COMPLETED CHILD 1ˢᵀ INTERVIEW, THEN GO TO QA11_G20;
ELSE CONTINUE WITH QA11_G14

QA11_G14   Are there any children under the age of 18 living in the household, including babies?

{댁의 거주자 중 아기들을 포함한 18세 미만의 어린이가 있습니까}?

SC12

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

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.

이 집에 주로 살고 있는 아기들을 포함한 18세 미만 어린이들의 퍼스트네임하고 나이만 말씀해 주십시오.

SC13A

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

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

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

QA11_G16   Is (CHILD) …

{CHILD NAME/AGE/SEX}이 ...

SC15A

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

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?

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

SC13

NO ONE MISSED -- ROSTER IS CORRECT..........1
RETURN TO ROSTER...2   **[GO BACK TO**
QA11_G15]

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)?

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

SC14A

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

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)?

{성명/나이/성별}가 {성명/나이/성별}의 부모 또는 법적 보호자이십니까?

SC14B

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

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?

지난 달에, {}께서 일하거나, 학교 다니거나, 일자리를 알아보시는 동안, 돈을 받고 애 봐주는 데에 {}을/를 맡겨놓으신 적이 있으셨습니까? –

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: "여기엔 헤드스타트, 데이케어 센터 탁아소, 수업 전이나 방과 후의 탁아 프로그램 그리고 애를 봐주는 베이비-시팅 등이 포함됩니다."]

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?

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

AH44B

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household."]
[IF NEEDED, ASK: "이렇게 여쭈어보면, 대답하시기가 더 편할지도 모르겠습니다. 지난 달 보통 1주일 동안 애를 맡기는 데에 들어가는 돈이 얼마나 됐습니까?"]

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

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

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

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

공식적으로 이수한 최종 학력은 어떻게 되시죠?

AH47

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

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

미군에서 현역으로 복무한 적이 있으십니까?

AG22

YES...1
NO ....2 **[GO TO QA11_G26]**
REFUSED...-7 **[GO TO QA11_G26]**
DON'T KNOW...-8 **[GO TO QA11_G26]**

QA11_G24   When did you serve?

언제 복무하셨습니까?

AG23

FROM _____   TO _____

OR

[CHECK ALL THAT APPLY]

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

QA11_G25   Altogether, how long did you serve?

모두 합쳐서, 얼마나 오래 복무하셨습니까?

AG24

_____ YEARS

_____ MONTHS

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

QA11_G26   Which of the following were <u>you</u> doing last week?

다음 중 지난 주에 하신 일을 골라 주시겠습니까?

AK1

Working at a job or business, ...1	**[GO TO QA11_G30]**
직장이나 사업체에서 일을 하셨습니까, ...1	**[GO TO QA11_G30]**
With a job or business but not at work, ...2	
직업이나 사업체에 소속되어	
있긴 했지만 일은 하지 않으셨습니까?,...................2	
Looking for work, or 3	
일자리를 구하고 계셨습니까, 아니면...................3	
Not working at a job or business? 4	
직장이나 사업체에서 일하지 않으셨습니까?............4	
REFUSED..-7	**[GO TO QA11_G30]**
DON'T KNOW...-8	**[GO TO QA11_G30]**

QA11_G27   What is the <u>main reason</u> you did not work last week?

지난 주에 일을 하지 않은 **주된 이유** 는 무엇입니까?

AK2

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

TAKING CARE OF HOUSE OR FAMILY 1
ON PLANNED VACATION.....................................2
COULDN'T FIND A JOB...3
GOING TO SCHOOL/STUDENT 4
RETIRED 5   **[GO TO PN QA11_G29]**
DISABLED 6   **[GO TO PN QA11_G29]**
UNABLE TO WORK TEMPORARILY 7
ON LAYOFF OR STRIKE 8
ON FAMILY OR MATERNITY LEAVE 9
OFF SEASON...10
SICK 11
OTHER 91
REFUSED..-7
DON'T KNOW...-8

QA11_G28   Do you usually work?

귀하는 평소에 일을 하십니까?

AG10

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

PROGRAMMING NOTE QA11_G29:
IF [(AAGE = -7 OR -8) OR AAGE < 65] AND QA11_G28 = 2 (DOES NOT USUALLY WORK), THEN
CONTINUE WITH QA11_G29;
IF [(AAGE = -7 OR -8) OR AAGE < 65] AND [QA11_G27 = 5 (RETIRED) OR 6 (DISABLED)], THEN
CONTINUE WITH QA11_G29;
ELSE GO TO PROGRAMMING NOTE QA11_G30

QA11_G29   Are you receiving Social Security Disability Insurance or SSDI?

SSDI라고 하는 장애 보험 보조 혜택을 받고 계십니까?

AL22

YES...1   **[GO TO PN QA11_G31]**
NO 2   **[GO TO PN QA11_G31]**
REFUSED..-7   **[GO TO PN QA11_G31]**
DON'T KNOW...-8   **[GO TO PN QA11_G31]**

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?

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

> AK4

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

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

PROGRAMMING NOTE 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?

다음 중에서 배우자께서 지난 주에 하신 일을 골라 주시겠습니까?

> AG8

```
                Working at a job or business, ...................................1    [GO TO QA11_G33]
                직장이나 사업체에서 일을 하셨습니까, ...................1    [GO TO QA11_G33]
                With a job or business but not at work, ...................2    [GO TO QA11_G33]
                직업이나 사업체에 소속되어 있긴
                했지만 일은 하지 않으셨습니까?,...........................2     [GO TO QA11_G33]
                Looking for work, or ...............................................3
                일자리를 구하고 계셨습니까, 아니면.......................3
                Not working at a job/business?...............................4
                직장이나 사업체에서 일하지 않으셨습니까?...........4
                REFUSED.............................................................-7
                DON'T KNOW.......................................................-8
```

QA11_G32   Does your {spouse/partner} usually work?

귀하의 {배우자/파트너}는 평소에 일을 하십니까?

AG11

YES..1
NO 2   **[GO TO QA11_H1]**
LOOKING FOR WORK 3   **[GO TO QA11_H1]**
REFUSED...-7   **[GO TO QA11_H1]**
DON'T KNOW ....-8   **[GO TO QA11_H1]**

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

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

AG9

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

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

Section H – Health Insurance

QA11_H1   The next topics are about health insurance and health care.

다음의 주제는 건강보험과 건강관리에 대한 것입니다.

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

아프거나 건강에 대한 조언이 필요할 때 **보통** 가시는곳이 있습니까?

AH1

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

```
YES..............................................................1
NO ................................................................2        [GO TO QA11_H3]
DOCTOR/MY DOCTOR ........................................3
KAISER..........................................................4
MORE THAN ONE PLACE ....................................5
REFUSED.......................................................-7        [GO TO QA11_H3]
DON'T KNOW..................................................-8        [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?

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

AH3

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

PROGRAMMING NOTE QA11_H3:
IF QA11_B6 = 1 OR QA11_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA11_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA11_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN GO TO QA11_H4;
ELSE CONTINUE WITH QA11_H3

QA11_H3   During the past 12 months, did you visit a hospital emergency room for your own health?

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

AH12

[IF NEEDED SAY: "지난 12개월 동안, 자신의 건강 때문에 응급실에 몇 번이나 가셨습니까?"]

```
YES...........................................................................1
NO ...........................................................................2    [GO TO QA11_H5]
REFUSED..............................................................-7    [GO TO QA11_H5]
DON'T KNOW.........................................................-8    [GO TO QA11_H5]
```

PROGRAMMING NOTE QA11_H4:
IF QA11_B6 = 1 OR QA11_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA11_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA11_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY "During the past 12 months, how many times did you visit a hospital emergency room for your own health?";
ELSE DISPLAY "How many times did you do that?"

QA11_H4   {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?

그것을 몇 번이나 했습니까?

AH95

```
_____ NUMBER OF TIMES

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

QA11_H5   MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE ?

다음은 가지고 계실 수 있는 건강 보험의 종류에 대한 질문입니다. 메디케어는 65세 이상이거나 특정 장애자분들을 위한 건강 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

AI1

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

YES...1   **[GO TO PN QA11_H8]**
NO 2
REFUSED...-7   **[GO TO PN QA11_H15]**
DON'T KNOW...-8   **[GO TO PN QA11_H15]**

POST-NOTE QA11_H5:
IF QA11_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

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?

선생님께서 65세 문제가지만 메디케어 혜택을 받지 않고 있다고 하셨습니까?

AI2

CORRECT, NOT COVERED BY MEDICARE 1   **[GO TO PN QA11_H15]**
NOT CORRECT, R IS COVERED BY MEDICARE .2   **[GO TO PN QA11_H8]**
AGE IS INCORRECT 93
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?

연세가(or 연령은) 어떻게 되십니까?

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?

귀하의 MediCARE 보상은 HMO를 통해서 제공됩니까?

AH49

[IF NEEDED, SAY: "With an HMO, you must generally receive care from HMO doctors
or the expense is not covered, unless there was a medical emergency."]
[IF NEEDED, SAY: "HMO를 사용하는 경우에는 보통 HMO 의사로부터 진료를 받아야 하고,
그렇지 않은 경우에는 의료 응급 상황이 아닌 한 비용이 보상되지 않습니다."]

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

YES...1
NO 2   **[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?

귀하의 MediCARE HMO 플랜의 이름은 무엇입니까?

AH50

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

```
                  SCAN HEALTH PLAN....................................................... 52
                  SECURE HORIZONS ..................................................... 53
                  SENIOR ADVANTAGE ................................................... 54
                  SENIORITY PLUS ......................................................... 55
                  SERVICE TO SENIORS ................................................. 56
                  SHARP HEALTH PLAN ................................................. 57
                  TOTAL FIT ................................................................... 58
                  VALLEY HEALTH PLAN ................................................ 59
                  VENTURA COUNTY HEALTH CARE PLAN ................. 60
                  WESTERN HEALTH ADVANTAGE ............................... 61
                  WESTERN HEALTH ADVANTAGE CARE+.................. 62
                  CHAMPUS/CHAMP-VA ............................................... 63
                  TRICARE/TRICARE FOR LIFE/TRICARE PRIME ........ 64
                  VA HEALTH CARE SERVICES .................................... 65
                  MEDI-CAL................................................................... 66
                  MEDICARE ................................................................. 67
                  MEDICARE ADVANTAGE ........................................... 68
                  OTHER ....................................................................... 91
                  OTHER (SPECIFY:_____) ...................... 92
                  REFUSED...................................................................-7
                  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?

                  MediCARE에 대한 자격이 있는 일부 사람들도 Medigap 또는 Medicare Supplement라고
                  하는 민간 보험에 가입할 수 있습니다. 이러한 종류의 의료보험을 가지고 있습니까?

AI4

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

```
                  YES........................................................................1
                  NO .........................................................................2     [GO TO PN QA11_H15]
                  REFUSED...............................................................-7     [GO TO PN QA11_H15]
                  DON'T KNOW..........................................................-8     [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?

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

AH52

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

```
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
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.

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

AH53

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
[IF NEEDED, SAY: "공동 부담액이란 건강플랜이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."

"A deductible is the amount you pay for medical care before your health plan starts paying."
"공제액이란 건강플랜이 의료비를 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."

"Premium is the monthly charge for the cost of your health insurance plan."]
"보험료란 건강보험플랜 비용으로 매월 지불하는 요금을말합니다."]

```
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?

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

AH54

```
YES..........................................................................1
NO ............................................................................2     [GO TO PN QA11_H15]
REFUSED................................................................-7     [GO TO PN QA11_H15]
DON'T KNOW.........................................................-8     [GO TO PN QA11_H15]
```

QA11_H14 Who is that?

누가 지불합니까?

AH55

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]
[IF NEEDED, SAY: "귀하 이외에 이 플랜 비용의 일부를 누가 지불합니까(예를 들면, 고용주, 노동조합, 또는 전문인 단체 등)?"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "이 밖에 더 있습니까?"]

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

POST-NOTE FOR QA11_H14:
IF QA11_H14 = 7, SET ARMCAL = 1;
IF QA11_H14 = 8, SET ARHFAM = 1

PROGRAMMING NOTE QA11_H15:
IF ARMCAL = 1, THEN DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA11_H15   {Is it correct that you are/Are you} covered by Medi-CAL?

선생님께서는 메디캘(MediCal) 혜택을 받고 계십니까?

AI6

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

YES..1   **[GO TO QA11_H17]**
NO 2
REFUSED...-7
DON'T KNOW...-8

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

PROGRAMMING 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?

건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

AI7

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

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

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?

건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

| **AI8** |

[IF NEEDED, SAY: "…either through your own or someone else's employment?"]
[IF NEEDED, SAY: "건강가족프로그램은 어린이가 19세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."]

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

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;
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?

자신께서 직접 보험회사 또는 HMO를 통해 가입하신 의료보험 혜택을 받고 계십니까? 암이나 중풍과 같은 몇몇 질병의 경우에만 보상되거나, 병원에 입원했을 경우에만 "추가 현금(extra cash)"이 지불되는 방식의 보험은 포함하지 마십시오.

[AI11]

[IF NEEDED, SAY: "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you 'extra cash' if you are in a hospital."]
[IF NEEDED, SAY: "암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 플랜은 포함시키지 마십시오."]

```
YES...........................................................................1
NO .............................................................................2
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?

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

[AI9]

[IF NEEDED, SAY: "Even someone who does not live in this household."]
[IF NEEDED, SAY: "같이 살고 있지 않은 분이라도 포함하십시오."]

```
IN OWN NAME .........................................................1    [GO TO PN QA11_H21]
IN SOMEONE ELSE'S NAME ...................................2
REFUSED.................................................................-7    [GO TO PN QA11_H21]
DON'T KNOW...........................................................-8    [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?

이 보험이 선생님 {} 이름으로 되어 있습니까?

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.

귀하는 이 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야 하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

AH57

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."
[IF NEEDED, SAY: "분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다."

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

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

> YES...1
> 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?

고용주, 노동조합, 또는 전문직 단체와 같은 다른 사람이 이 의료보험에대한 보험료나 비용의 전부 또는 일부를 지불합니까?

AH58

> YES...1
> NO 2   **[GO TO PN QA11_H24]**
> REFUSED..-7   **[GO TO PN QA11_H24]**
> DON'T KNOW..-8   **[GO TO PN QA11_H24]**

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}?

누가 지불합니까?

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: "귀하 이외에 이 플랜 비용의 일부를 누가 지불합니까(예를 들면, 고용주, 노동조합, 또는 전문인 단체 등)?"]

[CODE ALL THAT APPLY]

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

                CURRENT EMPLOYER 1
                FORMER EMPLOYER 2
                UNION 3
                SPOUSE'S/PARTNER'S CURRENT EMPLOYER ..4
                SPOUSE'S/PARTNER'S FORMER EMPLOYER 5
                PROFESSIONAL/FRATERNAL ORGANIZATION...6
                MEDICAID/MEDI-CAL ASSISTANCE 7
                HEALTHY FAMILIES..8
                MEDICARE..9
                HEALTHY KIDS..10
                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 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 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?

지금 다니시는 직장에서 직장을 통하여 의료보험을 받고 있는 직원이 있습니까?

AI13

YES...1
NO 2   **[GO TO PN QA11_H28]**
REFUSED...-7   **[GO TO PN QA11_H28]**
DON'T KNOW...-8   **[GO TO PN QA11_H28]**

QA11_H25   Are you eligible to be in this plan?

이 보험에 들 자격이 되십니까?

AI14

YES...1
NO 2   **[GO TO QA11_H27]**
REFUSED...-7   **[GO TO PN QA11_H28]**
DON'T KNOW...-8

QA11_H26   What is the one main reason why you aren't in this plan?

이 보험에 들어 있지 않은 제일 중요한 이유가 뭡니까?

AI15

COVERED BY ANOTHER PLAN.............................1   **[GO TO PN QA11_H28]**
TOO EXPENSIVE..2   **[GO TO PN QA11_H28]**
DIDN'T LIKE PLAN OFFERED 3   **[GO TO PN QA11_H28]**
DON'T NEED OR BELIEVE IN
HEALTH INSURANCE 4   **[GO TO PN QA11_H28]**
OTHER (SPECIFY: _____) 91   **[GO TO PN QA11_H28]**
REFUSED...-7   **[GO TO PN QA11_H28]**
DON'T KNOW...-8   **[GO TO PN QA11_H28]**

QA11_H27   What is the <u>one</u> main reason why you are not eligible for this plan?

이 보험에 들 자격이 안 되는 제일 중요한 이유가 뭡니까?

AI15A

```
                         HAVEN'T YET WORKED FOR THIS
                         EMPLOYER LONG ENOUGH TO BE COVERED ..1
                         CONTRACT OR TEMPORARY EMPLOYEES
                         NOT ALLOWED IN PLAN ......................................2
                         DON'T WORK ENOUGH HOURS PER WEEK
                         OR WEEKS PER YEAR ..........................................3
                         OTHER (SPECIFY: _____) .....................91
                         REFUSED...........................................................-7
                         DON'T KNOW.......................................................-8
```

PROGRAMMING NOTE QA11_H28:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER,
OR PRIVATE PLAN), THEN CONTINUE WITH QA11_H28;
ELSE GO TO PROGRAMMING NOTE QA11_H29

QA11_H28   Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

AI16

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

POST-NOTE QA11_H28:
IF QA11_H28 = 1, THEN SET ARMILIT = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA11_H29:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND AAGE = 18, THEN CONTINUE WITH QA11_H29 AND DISPLAY "Healthy Kids";
ELSE GO TO PROGRAMMING NOTE QA11_H30

QA11_H29   Are you covered by the Healthy Kids program?

              Healthy Kids 프로그램에 가입하셨습니까?

AH70

              [IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
              [IF NEEDED, SAY: "Healthy Kids는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

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

POST-NOTE QA11_H29:
IF QA11_H29 = 1, THEN SET ARHKID = 1 AND ARINSURE = 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?

              AIM, "Mister MIP", Family Pact 프로그램, PCIP와 같은 정부 의료보험 프로그램, 또는 다른 프로그램의 혜택을 받고 있습니까?

AI17

              [IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men; and PCIP is the pre-existing condition insurance plan."]
              [IF NEEDED, SAY: "AIM은 Access for Infants and Mothers(신생아 및 산모를 위한 접근)의 약어이고,'Mister MIP'약자로 MRMIP는 Major Risk Medical Insurance Program(주요 위험 의료보험 프로그램)의 약어이고, Family Pact는 피임/출산 보건 서비스 비용을 지불하는 무보험 저소득층 남성과 여성을 위한 주정부 프로그램이며, PCIP는 기존 질환 보험 플랜입니다."]

                      YES..1
                      NO 2   [GO TO PN QA11_H32]
                      REFUSED...-7   [GO TO PN QA11_H32]
                      DON'T KNOW...-8   [GO TO PN QA11_H32]

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: "이 프로그램의 이름은 무엇입니까?"

AI17A

AIM 1
MRMIP ("Mister Mip") 2
FAMILY PACT 3
PCIP 4
OTHER (SPECIFY: _____) 91
REFUSED..-7
DON'T KNOW.......................................-8

PROGRAMMING NOTE 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?

                 말씀드리지 않은 다른 어떤 보험에 들고 계십니까?

AI18

YES...1
NO 2   **[GO TO PN QA11_H36]**
REFUSED...-7   **[GO TO PN QA11_H36]**
DON'T KNOW...-8   **[GO TO PN QA11_H36]**

QA11_H33   What type of health insurance do you have?

어떤 종류의 의료보험을 가지고 있습니까?

AI19

[CODE ALL THAT APPLY]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?"]

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

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 = 8, THEN SET ARIHS = 1;
IF QA11_H33 = 9, 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

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?

이 의료보험은 귀하의 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로
가입하셨습니까?

AH59

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

IN OWN NAME 1	**[GO TO PN QA11_H36]**
IN SOMEONE ELSE'S NAME 2	
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 = 1;
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";

QA11_H35   Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

이 의료보험은 귀하의 {배우자/부모님/배우자, 부모님, 혹은 다른 사람}의
이름으로 가입했습니까?

AH60

IN SPOUSE'S/PARTNER'S NAME 1
IN PARENT'S NAME 2
IN SOMEONE ELSE'S NAME 3
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

PROGRAMMING NOTE QA11_H36:
IF ARIHS ≠ 1 AND QA11_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), THEN CONTINUE WITH
QA11_H36;
ELSE GO TO PROGRAMMING NOTE QA11_H37_INTRO

QA11_H36   Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

인디언 건강 서비스, 특정 부족을 위한 건강 프로그램 또는 도시거주 인디언 보건소를 통해
혜택을 받고 계십니까?

AI20

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

POST-NOTE QA11_H36:
IF QA11_H36 = 1, THEN SET ARIHS = 1

PROGRAMMING NOTE QA11_H37_INTRO:
IF [QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)]
AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HH), THEN CONTINUE WITH QA11_H37_INTRO;
IF QA11_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA11_H57

QA11_H37_INTRO

These next questions are about the type of health insurance your {spouse/partner} may have.

다음은 배우자의 건강 보험에 대한 질문들입니다

AI37intro

PROGRAMMING NOTE QA11_H37:
IF SPOUSE 65 OR OLDER AND ARMCARE ≠ 1, THEN CONTINUE WITH QA11_H37 WITHOUT DISPLAY;
ELSE IF SPOUSE 65 OR OLDER AND ARMCARE = 1, THEN CONTINUE WITH QA11_H37 AND DISPLAY "You said that you are covered by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA11_H40

QA11_H37   {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

{}도 메디케어 혜택을 받습니까?

AI37

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

POST-NOTE QA11_H37:
IF QA11_H37 = 1, THEN SET SPMCARE = 1 AND SPINSURE = 1
PROGRAMMING NOTE QA11_H38:
IF QA11_H37 = 1 AND ARMHMO ≠ 1, THEN CONTINUE WITH QA11_H38 WITHOUT DISPLAY;
ELSE IF QA11_H37 = 1 AND ARMHMO = 1, THEN CONTINUE WITH QA11_H38 AND DISPLAY "You said that your Medicare coverage is provided through an HMO." AND "also";
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_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?

귀하의 {배우자/파트너}의 Medicare는 HMO를 통해서 제공됩니까?

귀하는 본인의 Medicare 혜택이 HMO를 통해서 제공된다고 말씀하셨습니다. 귀하의 {배우자/파트너}의 Medicare도 HMO를 통해서 제공됩니까?

AH61

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

POST-NOTE QA11_H38:
IF QA11_H38 = 1, THEN SET SPMHMO = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H39:
IF SPHMO = 1, THEN GO TO PROGRAMMING NOTE QA11_H40;
ELSE IF QA11_H37 = 1 AND ARSUPP ≠ 1, THEN CONTINUE WITH QA11_H39 WITHOUT DISPLAY;
ELSE IF QA11_H37 = 1 AND ARSUPP = 1, THEN CONTINUE WITH QA11_H39 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF QA11_A16 = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner";
ELSE GO TO 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?

메디케어 혜택을 받고 계시다고 하셨는데요. {}도 메디케어 혜택을 받습니까? {} 是否也能享受Medicare保賠?

AI37A

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

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?

{} 메디-캘이 있다고 하셨는데요. {}도 메디-캘 혜택을 받습니까?

> **AI38**

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

POST-NOTE QA11_H40:
IF 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?

{} 헬씨 페밀리스(Healthy Families)라는 보험이 있다고 하셨는데요. {}도 헬씨 페밀리스 혜택을 받습니까?

> **AI39**

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

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

QA11_H42   You said you have insurance from <u>your</u> current or former employer or union. Is
(SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer?

{} 현재나 과거의 직장이나 노동조합을 통한 보험이 있다고 하셨는데요. {}도 그런 직장 보험 혜택을 받습니까?

AI40

YES...1   **[GO TO PN QA11_H44]**
NO 2
OTHER 3
REFUSED...-7
DON'T KNOW...-8

POST-NOTE QA11_H42:
IF QA11_H42 = 1, THEN SET SPEMPSP = 1 AND SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA11_H43:
IF [QA11_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED)] OR QA11_G32 = 1 (SPOUSE/PARTNER
USUALLY WORKS), THEN CONTINUE WITH QA11_H43;
IF AREMPSP = 1 AND QA11_A16 = 1, THEN DISPLAY "You said you have insurance from your
spouse's employer or union.";
ELSE IF AREMPSP = 1 AND QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY "You said you have
insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA11_H44

QA11_H43   {You said you have insurance from your spouse's employer or union./You said you have
insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have
coverage through {his/her} <u>own</u> employer?

{} {}이/가 {} 자신의 직장에서 자기 보험이 있습니까?

AI40A

YES...1
NO 2
REFUSED...-7
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?

{} 보험 회사에 직접 보험료를 내고 가입한 건강 보험이 있다고 하셨는데요. {}도 그 보험에 들어 있습니까?

AI41

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

POST-NOTE QA11_H44:
IF QA11_H44 = 1, THEN SET SPDIRECT = 1 AND SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE QA11_H45:
IF ARMILIT = 1, THEN CONTINUE WITH QA11_H45;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA11_H46

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?

{} 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스를 통해 건강 보험을 갖고 계신다고 하셨는데요, {}도 이 보험 혜택을 받습니까?

AI42

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

POST-NOTE QA11_H45:
IF QA11_H45 = 1, THEN SET SPMILIT = 1 AND SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA11_H46:
IF AROTHGOV = 1, THEN CONTINUE WITH QA11_H46;
IF QA11_H31 = 1, THEN DISPLAY "AIM";
IF QA11_H31 = 2, THEN DISPLAY "MRMIP";
IF QA11_H31 = 3, THEN DISPLAY "Family PACT";
IF QA11_H31 = 4, THEN DISPLAY "PCIP";
IF QA11_H31 = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR
ARMILIT = 1, THEN DISPLAY "also";
ELSE GO TO 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?

            {} 정부 건강 보험을 통해 AIM이나 미스터 MIP같은 건강 보험을 갖고 계신다고 하셨는데요.
            {}도 이 보험 혜택을 받습니까?

AI42A

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

POST-NOTE QA11_H46:
IF 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}?

            {}이/가 건강 보험을 가지고 있습니까?

AI46

                                YES...1
                                NO 2   **[GO TO PN QA11_H49]**
                                REFUSED..-7   **[GO TO QA11_H53]**
                                DON'T KNOW...-8   **[GO TO QA11_H53]**

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

{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

AI47

[CODE ALL THAT APPLY.]

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

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]
[IF NEEDED, SAY: "현재 또는 이전의 고용주가 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다."]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?"]

```
        THROUGH CURRENT OR FORMER
        EMPLOYER/UNION .................................................1
        THROUGH SCHOOL, PROFESSIONAL
        ASSOCIATION, TRADE GROUP OR
        OTHER ORGANIZATION........................................2
        PURCHASED DIRECTLY FROM HEALTH PLAN
        (BY R OR ANYONE ELSE) .....................................3
        MEDICARE ...........................................................4
        MEDI-CAL..............................................................5
        HEALTHY FAMILIES.............................................6
        CHAMPUS/CHAMP-VA, TRICARE, VA OR
        SOME OTHER MILITARY HEALTH CARE .............7
        INDIAN HEALTH SERVICE, TRIBAL HEALTH
        PROGRAM OR URBAN INDIAN CLINIC .................8
        HEALTHY KIDS......................................................9
        OTHER GOVERNMENT HEALTH PLAN...............91
        OTHER NON-GOVERNMENT HEALTH PLAN .....92
        REFUSED...............................................................-7
        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 SPIHS = 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?

{}이/가 어떤 종류의 건강 보험도 전혀 없다고 하셨는데요. 맞습니까?

AI48

YES...1   **[GO TO PN QA11_H53]**
NO 2
REFUSED..-7   **[GO TO PN QA11_H53]**
DON'T KNOW..-8   **[GO TO PN QA11_H53]**

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

{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

AI49

[CODE ALL THAT APPLY]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?"]

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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
```

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?

이 플랜에는 {배우자/파트너} 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household."]
[IF NEEDED, SAY: "이 가구 내에 거주하는 사람이 아니라도 상관 없습니다."]

IN SPOUSE'S/PARTNER'S NAME 1   **[GO TO PN QA11_H53]**
IN SOMEONE ELSE'S NAME 2
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?

이 의료보험을 귀하, 귀하의 부모 또는 다른 사람의 이름으로 가입했습니까?

AH63

IN ADULT RESPONDENT'S NAME.........................1
IN ADULT RESPONDENT'S PARENT'S NAME......2
IN SOMEONE ELSE'S NAME 3
REFUSED...-7
DON'T KNOW...-8

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?

배우자 님의 직장에서는 그 직장에 다니는 사람들에게 건강 보험을 해 줍니까?

AI43

YES...1	
NO 2	**[GO TO PN QA11_H57]**
REFUSED...-7	**[GO TO PN QA11_H57]**
DON'T KNOW..-8	**[GO TO PN QA11_H57]**

QA11_H54   Is {he/she} eligible to be in this plan?

{}이/가 이 보험에 들 자격이 됩니까?

AI44

YES...1	
NO 2	**[GO TO QA11_H56]**
REFUSED...-7	**[GO TO PN QA11_H57]**
DON'T KNOW..-8	**[GO TO PN QA11_H57]**

QA11_H55   What is the ONE main reason why {he/she} isn't in this plan?

{}이/가 이 보험에 들어 있지 않은 제일 중요한 이유가 뭡니까?

AI45

COVERED BY ANOTHER PLAN 1	**[GO TO PN QA11_H57]**
TOO EXPENSIVE...2	**[GO TO PN QA11_H57]**
DOESN'T LIKE PLAN OFFERED 3	**[GO TO PN QA11_H57]**
DOESN'T NEED OR BELIEVE IN	
HEALTH INSURANCE 4	**[GO TO PN QA11_H57]**
OTHER (SPECIFY: _____) 91	**[GO TO PN QA11_H57]**
REFUSED...-7	**[GO TO PN QA11_H57]**
DON'T KNOW..-8	**[GO TO PN QA11_H57]**

QA11_H56   What is the <u>one</u> main reason why {he/she} is not eligible for this plan?

{}이/가 이 보험에 들 자격이 안 되는 제일 중요한 이유가 뭡니까?

<div style="border:1px solid;display:inline-block;padding:2px 8px;">AI45A</div>

HASN'T YET WORKED FOR THIS EMPLOYER
LONG ENOUGH TO BE COVERED 1
CONTRACT OR TEMPORARY EMPLOYEES
NOT ALLOWED IN PLAN 2
DOESN'T WORK ENOUGH HOURS PER WEEK
OR WEEKS PER YEAR 3
OTHER (SPECIFY: _____) 91
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_H57:
IF ARMHMO = 1 (R HAS MEDICARE HMO), THEN GO TO QA11_H59;
ELSE IF ARHFAM = 1 OR ARHKID = 1, THEN GO TO QA11_H58;
ELSE IF ARINSURE = 1 (R HAS ANY COVERAGE), THEN CONTINUE WITH QA11_H57;
IF QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE),
THEN DISPLAY "Next, I have some questions about your own main health plan."
IF ARMCAL = 1, THEN DISPLAY "Medi-Cal";
ELSE GO TO QA11_H72

QA11_H57   {Next, I have some questions about your own main health plan.}

다음에는 귀하의 주 건강보험 플랜에 대해 몇 가지 질문을 드리겠습니다.

Is your {Medi-Cal} health plan an HMO?

귀하의 {주된 건강} 보험은 HMO(Health Maintenance Organization)입니까?

<div style="border:1px solid;display:inline-block;padding:2px 8px;">AI22C</div>

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY: "HMO에 가입하면 보통 HMO 의사들로부터 진료를 받아야 하고, 그렇지 않으면 응급 상황인 경우를 제외하고 치료비를 보상 받을 수 없습니다."]

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "귀하의 주 건강보험 플랜."]

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

> **PROGRAMMING NOTE QA11_H58:**
> **IF (ARMCAL = 1 AND QA11_H56 = 1) OR (AROTHGOV = 1 AND QA11_H31 = 1), THEN LIST HMO MEDI-CAL 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?

주된 건강 보험의 이름이 뭡니까?

AI22A

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

            AARP MEDICARE COMPLETE 1
            AETNA 2
            AETNA MEDICARE (SELECT/PREMIER) 3
            ALAMEDA ALLIANCE FOR HEALTH 4
            ALLIANCE COMPLETE CARE 5
            ANTHEM BLUE CROSS/BLUE CROSS 6
            ARCADIAN COMMUNITY CARE 7
            BLUE CROSS SENIOR SECURE 8
            BLUE SHIELD 65 PLUS 9
            BLUE SHIELD OF CALIFORNIA 10
            CAL OPTIMA 11
            CARE 1ST HEALTH PLAN 12
            CARE ADVANTAGE 13
            CARE MORE 14
            CEN CAL HEALTH 15
            CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
            CENTRAL HEALTH PLAN OF CALIFORNIA 17
            CHINESE COMMUNITY HEALTH PLAN 18
            CHINESE COMMUNITY HEALTH PLAN SENIOR
            PROGRAM 19
            CIGNA 20
            CITIZENS CHOICE HEALTHPLAN 21
            COMMUNICARE ADVANTAGE 22
            COMMUNITY HEALTH GROUP 23
            COMMUNITY HEALTH PLAN 24
            CONTRA COSTA HEALTH PLAN 25
            DEPARTMENT OF HEALTH SERVICES 26
            EASY CHOICE HEALTH PLAN 27
            GEM CARE 28
            GOLDEN/GOLDEN STATE MEDICARE HEALTH
            PLAN 29
            GREAT-WEST 30
            HEALTH NET 31
            HEALTH PLAN OF SAN JOAQUIN 32

HEALTH PLAN OF SAN MATEO 33
HUMANA GOLD PLUS 34
IEHP (INLAND EMPIRE HEALTH PLAN) 35
IEHP MEDICARE DUAL CHOICE 36
INTER VALLEY HEALTH PLAN 37
KAISER.. 38
KERN COUNTY HEALTH PLAN 39
L.A. CARE HEALTH PLAN 40
MD CARE 41
MOLINA HEALTH PLAN... 42
MOLINA MEDICARE OPTIONS 43
ON LOK 44
ON LOK SENIOR HEALTH SERVICES......................... 45
ONE CARE 46
PACIFICARE 47
PARTNERSHIP HEALTH PLAN OF CALIFORNIA........ 48
SALUD CON HEALTH NET.. 49
SAN FRANCISCO HEALTH PLAN 50
SANTA CLARA FAMILY HEALTH PLAN....................... 51
SCAN HEALTH PLAN.. 52
SECURE HORIZONS 53
SENIOR ADVANTAGE 54
SENIORITY PLUS 55
SERVICE TO SENIORS 56
SHARP HEALTH PLAN 57
TOTAL FIT 58
VALLEY HEALTH PLAN 59
VENTURA COUNTY HEALTH CARE PLAN 60
WESTERN HEALTH ADVANTAGE 61
WESTERN HEALTH ADVANTAGE CARE+................... 62
CHAMPUS/CHAMP-VA 63
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 64
VA HEALTH CARE SERVICES 65
MEDI-CAL.. 66
MEDICARE 67
MEDICARE ADVANTAGE 68
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?

{다음에는 귀하의 건강보험 플랜에 대해 몇 가지 질문을 드리겠습니다.} 처방약의 경우, 보험 혜택을 받으십니까? 다시 말해서, 어떤 보험에서 비용의 일부라도 지불해줍니까?

AI25

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

PROGRAMMING NOTE QA11_H60:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA11_H60;
ELSE GO TO QA11_H65

QA11_H60   Does your health plan have a deductible that is more than $1,000?

귀하의 건강보험 플랜의 공제액이 $1,000이 넘습니까?

AH71

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "공제액은 건강보험 플랜이 의료비를 보상하기 전에 가입자가 지불해야 하는 금액입니다."]

YES..1
NO 2   **[GO TO QA11_H62]**
YES, ONLY WHEN I GO OUT OF NETWORK........3   **[GO TO QA11_H62]**
REFUSED..-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_H61:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE
WITH QA11_H61;
ELSE GO TO QA11_H62

QA11_H61   Does your health plan have a deductible that is more than $2,000?

의료보험 플랜의 가입자 부담금이 $2,000가 넘습니까?

AH96

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

YES...1   **[GO TO PN QA11_H63]**
NO 2
YES, ONLY WHEN I GO OUT OF NETWORK........3
REFUSED...-7
DON'T KNOW...-8

QA11_H62   Does your health plan have a deductible for all covered persons that is more than $2,000?

모든 가입자에 대한 귀하의 건강보험 플랜의 공제액이 $2,000이 넘습니까?

AH72

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

YES...1
NO 2   **[GO TO PN QA11_H64]**
YES, ONLY WHEN I GO OUT OF NETWORK........3   **[GO TO PN QA11_H64]**
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_H63:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE
WITH QA11_H63;
ELSE GO TO PROGRAMMING NOTE QA11_H64

QA11_H63   Does your health plan have a deductible for all covered persons that is more than $4,000?

의료보험 플랜의 혜택을 받는 모든 사람에 대한 가입자 부담금이 $4,000가 넘습니까?

AH97

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
begins to pay for your medical care."]
[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를
의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

```
YES....................................................................1
NO .....................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK........3
REFUSED............................................................-7
DON'T KNOW......................................................-8
```

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?

의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이 있습니까?

AH73

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings
Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts.
Other account names include- Personal care accounts, Personal medical funds, or
Choice funds, and are different from employer-provided Flexible Spending
Accounts."]
[IF NEEDED, SAY: "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA),
Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이
포함됩니다. 다른 계좌의 이름에는 Personal care account(개인 의료비 계좌), Personal
medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 고용주가
제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다."]

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

QA11_H65   Thinking about your current health insurance, did you have this same insurance for <u>all</u> 12 of the past 12 months?

지난 12개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

| AI31 |

           YES...1   **[GO TO PN QA11_H78]**
           NO 2
           REFUSED...-7   **[GO TO QA11_H68]**
           DON'T KNOW..-8

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

지난 12개월 동안 지금의 그 건강 보험이 없었던 때에는, 다른 어떤 건강 보험이 있으셨습니까?

| AI32 |

           YES...1
           NO 2   **[GO TO QA11_H69]**
           REFUSED...-7   **[GO TO QA11_H68]**
           DON'T KNOW..-8   **[GO TO QA11_H68]**

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?

귀하의 다른 의료보험은 Medi-Cal, Healthy Families, 고용주가 제공하는 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 또는 다른 어떤 플랜이었습니까?

| MODIFIED
AI33 |

           [CODE ALL THAT APPLY]

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

           MEDI-CAL...1
           HEALTHY FAMILIES..2
           THROUGH CURRENT OR
           FORMER EMPLOYER/UNION 3
           HEALTHY KIDS...4
           PURCHASED DIRECTLY 5
           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?

지난 12개월 동안, 의료보험이 전혀 없었던 때가 있었습니까?

AI34

YES...1
NO ....2 **[GO TO PN QA11_H78]**
REFUSED...-7 **[GO TO PN QA11_H78]**
DON'T KNOW ....-8 **[GO TO PN QA11_H78]**

QA11_H69 For how many months of the past 12 months did you have no health insurance at all?

지난 12개월 동안 의료보험이 전혀 없었던 기간은 몇 개월이었습니까?

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11] **[IF 0 GO TO PN
QA11_H78]**

REFUSED...-7 **[GO TO PN QA11_H78]**
DON'T KNOW ....-8 **[GO TO PN QA11_H78]**

QA11_H70 What is the ONE MAIN reason why you did not have any health insurance during those months?

그 몇 달 동안 건강 보험이 없으셨던 제일 중요한 이유가 무엇 때문이시죠?

AI36

CAN'T AFFORD/TOO 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

QA11_H71   During the time that you were uninsured, did you try to find health insurance on your own?

건강보험이 없던 기간 동안, 자력으로 보험에 가입하려고 노력했습니까?

AH74

YES...1   **[GO TO PN QA11_H78]**
NO 2   **[GO TO PN QA11_H78]**
REFUSED...-7   **[GO TO PN QA11_H78]**
DON'T KNOW..-8   **[GO TO PN QA11_H78]**

QA11_H72   What is the ONE MAIN reason why you do not have any health insurance?

건강 보험이 없다고 하셨는데, 제일 중요한 이유가 무엇 때문이시죠?

AI24

[IF R SAYS NO NEED, PROBE WHY]

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

QA11_H73   During the time that you have been uninsured, have you tried to find health insurance on your own?

의료보험이 없던 기간 동안, 혼자의 힘으로 의료보험에 가입하려고 노력했습니까?

AH75

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

QA11_H74   Were you covered by health insurance at any time during the past 12 months?

지난 12개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

AI27

```
YES.....................................................................1    [GO TO QA11_H76]
NO ......................................................................2
REFUSED.............................................................-7
DON'T KNOW......................................................-8
```

QA11_H75   How long has it been since you last had health insurance?

가장 최근에 또는 마지막으로 의료보험에 들었던 적이 얼마나 되었습니까?

AI28

```
MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO...................................1    [GO TO PN QA11_H78]
12개월 문제가지만 3년 미만이다. ...........................1    [GO TO PN QA11_H78]
MORE THAN 3 YEARS AGO...................................2    [GO TO PN QA11_H78]
3년이 넘는다........................................................2    [GO TO PN QA11_H78]
NEVER HAD HEALTH INSURANCE ......................3    [GO TO PN QA11_H78]
의료보험이 있은 적이 없었다 .................................3    [GO TO PN QA11_H78]
REFUSED.............................................................-7    [GO TO PN QA11_H78]
DON'T KNOW......................................................-8    [GO TO PN QA11_H78]
```

QA11_H76   For how many months out of the last 12 months did you have health insurance?

지난 12개월 중 몇 개월 동안 의료보험에 가입되어 있으셨습니까?

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS   [HR: 0-12]   **[IF 0, THEN GO TO PN QA11_H78]**

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

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?

의료보험이 있었던 기간 동안, 귀하의 보험은 Medi-Cal, Healthy Families, 고용주가 제공하는 플랜, 귀하가 보험회사로부터 직접 구입한 플랜, 또는 다른 어떤 플랜이었습니까?

AI30

[CODE ALL THAT APPLY]

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

```
MEDI-CAL.................................................................1
HEALTHY FAMILIES..............................................2
THROUGH CURRENT OR FORMER EMPLOYER
OR UNION............................................................3
HEALTHY KIDS.....................................................4
PURCHASED DIRECTLY ......................................5
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

QA11_H78   In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO?

지난 12개월 이내에, 귀하는 보험회사 또는 HMO로부터 직접 의료보험 플랜을 구입하려고 시도한 적이 있습니까?

AH103

```
YES.......................................................................1
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…

귀하에게 필요한 혜택을 제공하는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

AH98

Very difficult, ...1
매우 어려웠음, ...1
Somewhat difficult, ...2
약간 어려웠음, ...2
Not too difficult, or..3
별로 어렵지 않았음, ...3
Not at all difficult? 4
전혀 어렵지 않았음? 4
REFUSED..-7
DON'T KNOW...-8

QA11_H80   How difficult was it to find a plan you could afford? Was it…

귀하의 경제적 능력에 맞는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

AH99

Very difficult, ...1
매우 어려웠음, ...1
Somewhat difficult, ...2
약간 어려웠음, ...2
Not too difficult, or..3
별로 어렵지 않았음, ...3
Not at all difficult? 4
전혀 어렵지 않았음? 4
REFUSED..-7
DON'T KNOW...-8

QA11_H81   Did anyone help you find a health plan?

귀하가 의료보험 플랜을 찾는 데 도움을 준 사람이 있습니까?

AH100

YES...1
NO 2   **[GO TO PN QA11_H83]**
REFUSED..-7   **[GO TO PN QA11_H83]**
DON'T KNOW...-8   **[GO TO PN QA11_H83]**

QA11_H82   Who helped you?

누가 도움을 주었습니까?

AH101

```
BROKER....................................................................1
FAMILY MEMBER/FRIEND ...................................2
INTERNET..................................................................3
OTHER (SPECIFY: _____) ....................91
REFUSED...............................................................-7
DON'T KNOW.........................................................-8
```

PROGRAMMING NOTE QA11_H83:
IF QA11_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B13 = 1 (HOSPITALIZED FOR ASTHMA)
OR QA11_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA11_B41 = 1 (HOSPITALIZED FOR HEART
DISEASE) THEN GO TO PROGRAMMING NOTE QA11_H84;
ELSE CONTINUE WITH QA11_H83

QA11_H83   During the past 12 months, were you a patient in a hospital overnight or longer?

지난 12개월 동안, 귀하의 배우자가 환자로서 병원에 하룻밤 이상 입원한 적이 있습니까?

AH14

```
YES........................................................................1
NO ...........................................................................2    [GO TO PN QA11_H86]
REFUSED...............................................................-7    [GO TO PN QA11_H86]
DON'T KNOW.........................................................-8    [GO TO PN QA11_H86]
```

PROGRAMMING NOTE QA11_H84:
IF QA11_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B13 = 1 (HOSPITALIZED FOR ASTHMA)
OR QA11_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA11_B41 = 1 (HOSPITALIZED FOR HEART
DISEASE), THEN DISPLAY "During the past 12 months, when you were hospitalized for any reason,"

QA11_H84   {During the past 12 months, when you were hospitalized for any reason,} Altogether how
many nights were you in the hospital?

모두 합해서, 병원에 며칠 밤을 입원했었습니까? 지난 12개월 동안, 어떤 이유로든 병원에
입원한 일수를 모두 합하면 며칠 밤이나 됩니까?

AH102

```
_____ NUMBER OF NIGHTS (HR: 1-365)

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

```
PROGRAMMING NOTE QA11_H85:
IF ARINSURE ≠ 1 OR QA11_H69 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST
12 MONTHS), THEN CONTINUE WITH QA11_H85;
ELSE GO TO PROGRAMMING NOTE QA11_H86
```

QA11_H85   Was any of that hospital care paid for by Medi-Cal?

그러한 병원비 중에서 Medi-Cal이 지불한 금액이 있습니까?

AH76

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

```
PROGRAMMING NOTE QA11_H86:
IF [ARINSURE ≠ 1 OR QA11_H69 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST
12 MONTHS)] AND QA11_A5 = 2 (FEMALE) AND [QA11_E1 = 1 (PREGNANT) OR QA11_G18 = 1 (R IS
PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)], THEN
CONTINUE WITH QA11_H86;
ELSE GO TO PROGRAMMING NOTE QA11_I1
```

QA11_H86   During the last 12 months, did you get prenatal care that you didn't have to pay for?

지난 12개월 동안, 비용을 지불할 필요가 없는 출산 전 진료를 받았습니까?

AH77

YES...1
NO 2   **[GO TO PN QA11_I1]**
REFUSED...-7   **[GO TO PN QA11_I1]**
DON'T KNOW..-8   **[GO TO PN QA11_I1]**

QA11_H87   Was it paid for by Medi-Cal?

그 비용을 Medi-Cal이 지불했습니까?

AH78

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

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;
IF ARINSURE ≠ 1, THEN GO TO PROGRAMMING NOTE QA11_I2;
ELSE CONTINUE WITH QA11_I1

QA11_I1　　　These next questions are about health insurance (CHILD) may have.
다음은 {CHILD NAME /AGE/SEX}(이)가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.

Does (CHILD) have the same insurance as you?
{자녀이름/나이/성}이/가 귀하와 같은 보험을 갖고 있습니까?

CF10A

YES...1　　**[GO TO QA11_I31]**
NO 2
REFUSED...-7
DON'T KNOW...-8

POST-NOTE QA11_I1:
IF QA11_I1 = 1 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;
IF QA11_I1 = 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;
IF QA11_I1 = 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;
IF QA11_I1 = 1 AND AREMPOTH = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND ARDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 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}?

{자녀이름/나이/성}(이)가 귀하의 {배우자}(와)과 같은 보험을 갖고 있습니까?

MA1

YES...1   **[GO TO QA11_I18]**
NO 2
REFUSED...-7
DON'T KNOW...-8

POST-NOTE QA11_I2:
IF QA11_I2 = 1 AND SPMCARE = 1, THEN SET CHMCARE = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPMCAL = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPHFAM = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPHKID = 1, THEN SET CHHKID = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPEMPOWN = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPEMPSP = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPEMPPAR = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPEMPOTH = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPMILIT = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPOTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPOTHGOV = 1, THEN SET CHOTHGOV = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPIHS = 1, THEN SET CHIHS = 1

QA11_I3   Is {he/she} currently covered by Medi-CAL?

{}이/가 현재 메디캘(Medi-CAL)에 들어 있습니까?

CF1

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

YES...1   **[GO TO QA11_I5]**
NO 2
REFUSED...-7
DON'T KNOW...-8

POST-NOTE QA11_I3:
IF QA11_I3 = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1

QA11_I4   Is (CHILD) covered by the Healthy Families Program?

(자녀 이름/나이/성별)가 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

CF2

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

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

POST-NOTE QA11_I4:
IF QA11_I4 = 1, 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?

(자녀 이름/나이/성별)가 선생님 또는 다른 분의 직장 또는 노동조합(Union)을 통해 의료보험 또는 HMO 혜택을 받고 계십니까?

CF3

```
                        YES.............................................................1     [GO TO QA11_I7]
                        NO ..............................................................2
                        REFUSED....................................................-7
                        DON'T KNOW.............................................-8
```

POST-NOTE QA11_I5:
IF QA11_I5 = 1, 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.

선생님께서 직접 보험 회사나 HMO에서 구입하신 건강 보험에 {}이/가 들어 있습니까? 암이나 뇌일혈 또는 중풍 같은 특정 질병만 지불해 주거나, 병원에 입원한 경우 "별도 현금"만 주는 보험은 제외해 주십시오.

CF4

```
                        YES.............................................................1
                        NO ..............................................................2     [GO TO PN QA11_I10]
                        REFUSED ....................................................-7     [GO TO PN QA11_I10]
                        DON'T KNOW.............................................-8     [GO TO PN QA11_I10]
```

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.

귀하는 {CHILD NAME/AGE/SEX   }의 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

AI54

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
[IF NEEDED, SAY: "분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른   사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다."

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

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

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

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?

고용주, 노동조합, 또는 전문직 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX} 의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

AI50

YES..1
NO 2   **[GO TO PN QA11_I10]**
REFUSED..-7   **[GO TO PN QA11_I10]**
DON'T KNOW...-8   **[GO TO PN QA11_I10]**

QA11_I9   Who else pays all or some portion of the cost for (CHILD)'s health plan?

그 외에 또 누가 {CHILD NAME/AGE/SEX}(이)의 의료보험 플랜 비용의 전부 또는 일부를 지불합니까?

AI51

```
CURRENT 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
HEALTHY KIDS......................................................9
OTHER ...............................................................91
REFUSED............................................................-7
DON'T KNOW........................................................-8
```

POST-NOTE QA11_I9:
IF QA11_I9 = 1 THRU 6, THEN SET CHEMP = 1 AND CHDIRECT = 0;
IF QA11_I9 = 8, THEN SET CHHFAM = 1;
IF QA11_I9 = 7, THEN SET CHMCAL = 1;
IF QA11_I9 = 9, THEN SET CHHKID = 1

PROGRAMMING NOTE QA11_I10:
IF CHINSURE = 1, THEN GO TO PROGRAMMING NOTE QA11_I18;
ELSE CONTINUE WITH QA11_I10

QA11_I10   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

자녀분이 CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

CF6

```
YES.......................................................................1     [GO TO PN QA11_I18]
NO ........................................................................2
REFUSED..............................................................-7
DON'T KNOW........................................................-8
```

POST-NOTE QA11_I10:
IF QA11_I10 = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1

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_I11   Is {he/she} covered by the Healthy Kids program?
            {CHILD NAME/AGE/SEX}(이)는 Healthy Kids 프로그램에 가입했습니까?

AI70

            [IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
            [IF NEEDED, SAY: "Healthy Kids는 귀하가 사시는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

                    YES..1   [GO TO PN QA11_I18]
                    NO 2
                    REFUSED..-7
                    DON'T KNOW...-8

POST-NOTE QA11_I11:
IF QA11_I11 = 1, THEN SET CHHKID = 1 AND CHINSURE = 1

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

            {그 자녀}는 AIM, "Mister MIP", PCIP 프로그램과 같은 다른 정부 의료보험 프로그램, 또는 다른 프로그램의 혜택을 받고 있습니까?

CF7

            [IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and PCIP is the pre-existing condition insurance plan."]
            [IF NEEDED, SAY: "AIM은 Access for Infants and Mothers(신생아 및 산모를 위한 접근)의 약어이고,'Mister MIP' 또는 MRMIP는 Major Risk Medical Insurance Program(주요 위험 의료보험 프로그램)의 약어이고, PCIP는 기존 질환 보험 플랜입니다."]

                    AIM 1   [GO TO PN QA11_I18]
                    "MISTER MIP"/MRMIP 2   [GO TO PN QA11_I18]
                    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?

자녀분이, 지금까지 말씀드리지 않은 다른 어떤 보험에 들어 있습니까?

CF8

YES...1
NO 2   **[GO TO PN QA11_I18]**
REFUSED...-7   **[GO TO PN QA11_I18]**
DON'T KNOW...-8   **[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?

자녀분이 어떤 종류의 건강 보험에 가입되어 있습니까? 그 보험은 메디캘이나 건강 가족프로그램, 또는 직장/노동조합 등 다른 어떤 단체나 기관을 통한 것입니까?

CF9

[CODE ALL THAT APPLY.]

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

THROUGH CURRENT OR FORMER
EMPLOYER/UNION 1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION 2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE)...........................3
MEDICARE 4
MEDI-CAL..5
HEALTHY FAMILIES..6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR
SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC 8
HEALTHY KIDS..9
OTHER GOVERNMENT HEALTH PLAN..............91
OTHER NON-GOVERNMENT HEALTH PLAN 92
REFUSED..-7
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
```

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

재확인하는 차원에서 다시 여쭈어 봅니다. {자녀}가 메디케얼 혜택을 받는다고 하셨습니까?

CF9VER

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

```
PROGRAMMING NOTE QA11_I16:
IF CHINSURE ≠ 1, THEN CONTINUE WITH QA11_I16;
ELSE GO TO PROGRAMMING NOTE QA11_I18;
```

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

(자녀 이름/나이/성별)가 메디캘에 들어 있지 않은 가장 큰 이유는 무엇입니까?

CF1A

```
             PAPERWORK TOO DIFFICULT ..............................1
             DIDN'T KNOW IF ELIGIBLE....................................2
             INCOME TOO HIGH, NOT ELIGIBLE......................3
             NOT ELIGIBLE DUE TO CITIZENSHIP/
             IMMIGRATION STATUS ........................................4
             OTHER NOT ELIGIBLE .........................................5
             DON'T BELIEVE IN HEALTH INSURANCE.............6
             DON'T NEED IT BECAUSE HEALTHY....................7
             ALREADY HAVE INSURANCE ...............................8
             DIDN'T KNOW IT EXISTED ...................................9
             DON'T LIKE / WANT WELFARE ...........................10
             OTHER (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}(이)가 Healthy Families 프로그램에 등록하지 않은 **한 가지** 주된 이유는 무엇입니까?

CF2A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE....................................2
INCOME TOO HIGH, NOT ELIGIBLE......................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE 5
DON'T BELIEVE IN HEALTH INSURANCE.............6
DON'T NEED IT BECAUSE HEALTHY....................7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED 9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY:_____) 91
REFUSED...-7
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_I21

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

{CHILD NAME/AGE/SEX}(이)의 주요 건강보험이 HMO, 즉 건강 관리 기구입니까?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY: "HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지 않습니다."]

YES..1
NO 2
REFUSED...-7
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}(이)가 가입한 {Medi-Cal} 건강보험 플랜의 이름은 무엇입니까?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: {CHILD}(이)가 플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?"]

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN	18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM	19
CIGNA	20
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN	24
CONTRA COSTA HEALTH PLAN	25
DEPARTMENT OF HEALTH SERVICES	26
EASY CHOICE HEALTH PLAN	27
GEM CARE	28
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN	29
GREAT-WEST	30
HEALTH NET	31
HEALTH PLAN OF SAN JOAQUIN	32
HEALTH PLAN OF SAN MATEO	33
HUMANA GOLD PLUS	34

IEHP (INLAND EMPIRE HEALTH PLAN) 35
IEHP MEDICARE DUAL CHOICE 36
INTER VALLEY HEALTH PLAN 37
KAISER 38
KERN COUNTY HEALTH PLAN 39
L.A. CARE HEALTH PLAN 40
MD CARE 41
MOLINA HEALTH PLAN 42
MOLINA MEDICARE OPTIONS 43
ON LOK 44
ON LOK SENIOR HEALTH SERVICES 45
ONE CARE 46
PACIFICARE 47
PARTNERSHIP HEALTH PLAN OF CALIFORNIA 48
SALUD CON HEALTH NET 49
SAN FRANCISCO HEALTH PLAN 50
SANTA CLARA FAMILY HEALTH PLAN 51
SCAN HEALTH PLAN 52
SECURE HORIZONS 53
SENIOR ADVANTAGE 54
SENIORITY PLUS 55
SERVICE TO SENIORS 56
SHARP HEALTH PLAN 57
TOTAL FIT 58
VALLEY HEALTH PLAN 59
VENTURA COUNTY HEALTH CARE PLAN 60
WESTERN HEALTH ADVANTAGE 61
WESTERN HEALTH ADVANTAGE CARE+ 62
CHAMPUS/CHAMP-VA 63
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 64
VA HEALTH CARE SERVICES 65
MEDI-CAL 66
MEDICARE 67
MEDICARE ADVANTAGE 68
OTHER 91
OTHER (SPECIFY:_____) 92
REFUSED .... -7
DON'T KNOW .... -8

QA11_I20   Is (CHILD) covered for prescription drugs?

{자녀 이름/나이/성별}의 처방약도 의료보험 혜택 받을 수 있습니까?

CF14

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

PROGRAMMING NOTE QA11_I21:
IF (ARINSURE ≠ 1 OR QA11_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA11_I21;
ELSE GO TO PROGRAMMING NOTE QA11_I26

QA11_I21   Does (CHILD)'s health plan have a deductible that is more than $1,000?

                {CHILD NAME/AGE/SEX}이(가) 가입한 건강플랜의공제금액이 $1,000가 넘습니까?

AI79

                **[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan
                begins to pay for your medical care."]**
                **[IF NEEDED, SAY: "공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가
                부담해야 하는 금액을 말합니다."]**

                        YES..1
                        NO 2   **[GO TO QA11_I23]**
                        YES, ONLY WHEN GO OUT OF NETWORK..........3   **[GO TO QA11_I23]**
                        REFUSED...-7
                        DON'T KNOW...-8

PROGRAMMING NOTE FOR QA11_I22:
IF CHEMP = 1, THEN CONTINUE WITH QA11_I22;
ELSE GO TO QA11_I23

QA11_I22   Does (CHILD)'s health plan have a deductible that is more than $2,000?

                {CHILD NAME/AGE/SEX}이(가) 가입한 의료보험 플랜의 가입자 부담금이 $2,000가
                넘습니까?

AI85

                **[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan
                begins to pay for your medical care."]**
                **[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이
                지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]**

                        YES..1   **[GO TO PN QA11_I24]**
                        NO 2
                        YES, ONLY WHEN GO OUT OF NETWORK..........3
                        REFUSED...-7
                        DON'T KNOW...-8

QA11_I23   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 건강플랜이 가입한 사람 전체에 대해 적용하는 공제금액이 $2,000가 넘습니까?

AI80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다."]

```
YES........................................................................1
NO .........................................................................2     [GO TO PN QA11_I25]
YES, ONLY WHEN GO OUT OF NETWORK..........3     [GO TO PN QA11_I25]
REFUSED.............................................................-7
DON'T KNOW........................................................-8
```

PROGRAMMING NOTE FOR QA11_I24:
IF CHEMP = 1, THEN CONTINUE WITH QA11_I24;
ELSE GO TO 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}이(가) 가입한 의료보험 플랜의 혜택을 받는 모든 사람에 대한 가입자 부담금이 $4,000가 넘습니까?

AI86

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

```
YES........................................................................1
NO .........................................................................2
YES, ONLY WHEN GO OUT OF NETWORK..........3
REFUSED.............................................................-7
DON'T KNOW........................................................-8
```

PROGRAMMING NOTE QA11_I25:
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?

{CHILD NAME/AGE/SEX}의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal Care Accounts, Personal Medical Funds, or Choice Funds, and are different from employer provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "이러한 계좌들은 때때로 건강 저축 계좌(HSA), 의료비 상환 계좌(HRA)라고도 하며, 이와 유사한 다른 계좌들도 포함됩니다. 다른 계좌 이름에는 개인 간호 계좌, 개인 의료 기금, 또는 선택 기금 등이 있고, 고용주가 제공하는 유연 지출 계좌와는 다릅니다."]

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

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

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

(자녀 이름/나이/성별)가 의료보험이 없는 가장 큰 이유는 무엇입니까?

CF18

> 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

QA11_I27   Was (CHILD) covered by health insurance at any time during the past 12 months?

(자녀 이름/나이/성별)가 지난 12개월 중 의료보험 혜택을 받은 적이 있습니까?

CF20

> YES..1   **[GO TO QA11_I29]**
> NO 2
> REFUSED..-7
> DON'T KNOW..-8

QA11_I28   How long has it been since (CHILD) last had health insurance?

(자녀 이름/나이/성별)가 마지막으로 의료보험에 들은 지 얼마나 지났습니까?

CF21

> MORE THAN 12 MONTHS, BUT NOT
> MORE THAN 3 YEARS AGO..................................1   **[GO TO PN QA11_I37]**
> 12개월 문제가지만 3년 미만이다 1   **[GO TO PN QA11_I37]**
> MORE THAN 3 YEARS AGO.................................2   **[GO TO PN QA11_I37]**
> 3년이 넘는다...2   **[GO TO PN QA11_I37]**
> NEVER HAD HEALTH INSURANCE COVERAGE..3   **[GO TO PN QA11_I37]**
> 의료보험이 있은 적이 없었다 3   **[GO TO PN QA11_I37]**
> REFUSED...-7   **[GO TO PN QA11_I37]**
> DON'T KNOW...-8   **[GO TO PN QA11_I37]**

QA11_I29   For how many of the last 12 months did {he/she} have health insurance?

지난 12개월 중 {그 자녀}는 몇 개월 동안 의료보험에가입되어 있었습니까?

CF22

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN QA11_I37]**

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

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?

그 기간 동안 {CHILD NAME/AGE/SEX }이(가) 가입한 의료보험이 Medi-Cal, 건강한 가족(Healthy Families)프로그램, 고용주가 제공하는 플랜, 또는 다른 플랜이었습니까?

CF23

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "이 밖에 더 있습니까?"]

MEDI-CAL..1   **[GO TO PN QA11_I37]**
HEALTHY FAMILIES..2   **[GO TO PN QA11_I37]**
THROUGH CURRENT OR FORMER EMPLOYER/
UNION 3   **[GO TO PN QA11_I37]**
HEALTHY KIDS...4   **[GO TO PN QA11_I37]**
OTHER HEALTH PLAN 91   **[GO TO PN QA11_I37]**
REFUSED...-7   **[GO TO PN QA11_I37]**
DON'T KNOW..-8   **[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?

지난 12개월 동안 한 달도 빠짐없이 (자녀 이름/나이/성별)가 동일한 보험에 들어 있었습니까?

CF24

YES...1   **[GO TO PN QA11_I37]**
NO 2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ...3
REFUSED...-7
DON'T KNOW..-8

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?

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

CF25

YES...1
NO 2   **[GO TO QA11_I34]**
REFUSED..-7   **[GO TO QA11_I34]**
DON'T KNOW...-8   **[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?

자녀분의 다른 보험이 메디캘, 건강가족프로그램, 또는 선생님의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 어떤 보험이었습니까?

CF26

[CODE ALL THAT APPLY]

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

MEDI-CAL...1
HEALTHY FAMILIES...2
HEALTHY KIDS...3
THROUGH CURRENT OR FORMER
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?

지난 12개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

CF27

YES...1
NO 2   **[GO TO PN QA11_I37]**
REFUSED..-7   **[GO TO PN QA11_I37]**
DON'T KNOW...-8   **[GO TO PN QA11_I37]**

QA11_I35   For how many of the past 12 months did {he/she} have no health insurance?

자녀분에게 의료보험이 전혀 없던 기간이 몇 개월이었습니까?

CF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS   [RANGE: 1-12]

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

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

(자녀 이름/나이/성별)가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 큰 이유는 무엇이었습니까?

CF29

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

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

PROGRAMMING NOTE 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.

다음은 {}이/가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.

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

{}이/가 선생님의 {}과 같은 보험을 갖고 있습니까?

IA10A

YES..1   **[GO TO QA11_I67]**
NO 2
REFUSED...-7
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 AREMPSP = 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 TEIHS = 1

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}?

{}이/가 선생님의 {}과 같은 보험을 갖고 있습니까?

MA5

YES...1	**[GO TO QA11_I54]**
NO 2	
REFUSED...-7	
DON'T KNOW...-8	

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 SPEMPPAR = 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 SPDIRECT = 1, SET TEDIRECT = 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 SPIHS = 1, SET TEIHS = 1

PROGRAMMING NOTE QA11_I39:
IF CHINSURE ≠ 1, THEN GO TO QA11_I40;
ELSE IF (QA11_I37 = 2 AND ARSAMECH = 1) OR (QA11_I38 = 2 AND SPSAMECH = 1), THEN GO TO QA11_I40;
ELSE CONTINUE WITH QA11_I39;

QA11_I39   Does (TEEN) have the same insurance as (CHILD)?

{}이/가 {}과 같은 보험을 갖고 있습니까?

MA6

YES...1	**[GO TO PN QA11_I67]**
NO 2	
REFUSED...-7	
DON'T KNOW...-8	

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 CHMILIT = 1, THEN SET TEMILIT = 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 {he/she} currently covered by Medi-CAL?

{}이/가 메디-캘에 들어 있습니까?

IA1

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

YES...1   **[GO TO QA11_I42]**
NO 2
REFUSED...-7
DON'T KNOW...-8

POST-NOTE QA11_I40:
IF QA11_I40 = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1

QA11_I41   Is (TEEN) covered by the Healthy Families Program?

{어린이 이름/나이/성별}가 건강가족 프로그램(Healthy Families Program)의 혜택을 받고 있습니까?

IA2

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

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

POST-NOTE QA11_I41:
IF 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?

{어린이 이름/나이/성별}가 귀하 또는 다른 사람의 직장 또는 조합(Union)을 통해 건강보험 또는 HMO의 혜택을 받고 있습니까?

IA3

                    YES..1   **[GO TO QA11_I44]**
                    NO 2
                    REFUSED...-7
                    DON'T KNOW...-8

POST-NOTE QA11_I42:
IF 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.

선생님께서 직접 보험 회사나 HMO에서 구입하신 건강 보험에 {}이/가 들어 있습니까?
암이나 뇌일혈 또는 중풍 같은 특정 질병만 지불해 주거나, 병원에 입원한 경우 "별도 현금"만 주는 보험은 제외해 주십시오.

IA4

                    YES..1
                    NO 2   **[GO TO PN QA11_I47]**
                    REFUSED...-7   **[GO TO PN QA11_I47]**
                    DON'T KNOW...-8   **[GO TO PN QA11_I47]**

POST-NOTE QA11_I43:
IF QA11_I43 = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 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.

귀하는 {CHILD NAME/AGE/SEX   }의 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

AI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
[IF NEEDED, SAY: "분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다."

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

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

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

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?

고용주, 노동조합, 또는 전문직 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX} 의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

AI52

YES...1
NO 2   **[GO TO PN QA11_I47]**
REFUSED..-7   **[GO TO PN QA11_I47]**
DON'T KNOW...-8   **[GO TO PN QA11_I47]**

QA11_I46   Who else pays all or some portion of the cost for (TEEN)'s health plan?

{ADOLESCENT/AGE/SEX} (이)의 의료보험 플랜 비용의 전부 또는 일부를 지불하는 다른 사람이나 단체가 있습니까?

AI53

```
            CURRENT 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
            HEALTHY KIDS.....................................................9
            OTHER ..............................................................91
            REFUSED............................................................-7
            DON'T KNOW.......................................................-8
```

```
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
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```
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?

{}이/가 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스의 건강 보험에 들어 있습니까?

IA6

```
            YES.........................................................................1   [GO TO PN QA11_I54]
            NO ...........................................................................2
            REFUSED.................................................................-7
            DON'T KNOW...........................................................-8
```

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

> **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}(이)는 Healthy Kids 프로그램에 가입했습니까?

AI71

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
[IF NEEDED, SAY: "Healthy Kids는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

YES..1   **[GO TO PN QA11_I54]**
NO 2
REFUSED...-7
DON'T KNOW...-8

> **POST-NOTE QA11_I48:**
> **IF 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?

{그 자녀}는 AIM, "Mister MIP", Family Pact, PCIP 프로그램과 같은 다른 정부 의료보험 프로그램, 또는 다른 프로그램의 혜택을 받고 있습니까?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men; and PCIP is the pre-existing condition insurance plan."]
[IF NEEDED, SAY: "AIM은 Access for Infants and Mothers(신생아 및 산모를 위한 접근)의 약어이고, 'Mister MIP' 또는 MRMIP는 Major Risk Medical Insurance Program(주요 위험 의료보험 프로그램)의 약어이고, Family Pact는 피임/출산 보건 서비스 비용을 지불하는 무보험 저소득층 남성과 여성을 위한 주정부 프로그램이며, PCIP는 기존 질환 보험 플랜입니다."]

AIM 1   **[GO TO PN QA11_I54]**
"MISTER MIP"/MRMIP 2   **[GO TO PN QA11_I54]**
Family PACT...3   **[GO TO PN QA11_I54]**
PCIP 4   **[GO TO PN QA11_I54]**
NO OTHER PLAN 5
SOMETHING ELSE (SPECIFY:_____)............91   **[GO TO PN QA11_I54]**
REFUSED...-7
DON'T KNOW...-8

> **POST-NOTE QA11_I49:**
> **IF QA11_I49 = 1, 2, 3, 4, OR 91, THEN SET TEOTHGOV = 1 AND TEINSURE = 1**

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

어린이가 제가 말씀드리지 않은 다른 보험에 들어 있습니까?

IA8

YES..1
NO 2   **[GO TO PN QA11_I54]**
REFUSED...-7   **[GO TO PN QA11_I54]**
DON'T KNOW..-8   **[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?

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

IA9

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "귀하는 이 건강 플랜을 현 직장, 전 직장, 노동조합, 학교, 전문인 단체, 동일업종단체, 또는 다른 조직을 통해 제공 받으십니까, 아니면 의료플랜을 통해 직접 가입하십니까?"]

[CIRCLE ALL THAT APPLY]

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

```
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ...................................................1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION .....................................................2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE)...........................3
MEDICARE ............................................................4      (VERIFY)
MEDI-CAL..............................................................5
HEALTHY FAMILIES..............................................6
CHAMPUS/CHAMP-VA, TRICARE, VA,
OR SOME OTHER MILITARY HEALTH CARE .......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC .....................8
HEALTHY KIDS......................................................9
OTHER GOVERNMENT HEALTH PLAN..............91
OTHER NON-GOVERNMENT HEALTH PLAN .....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 TEIHS = 1;
IF QA11_I51_9 = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;
IF QA11_I51_91 = 1, THEN SET TEOTHGOV = 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?

{어린이 이름/나이/성별}가 메디칼에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니끼?

IA1A

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	10
OTHER (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}(이)가 Healthy Families 프로그램에
등록되어 있지 않은 #한 가지\ 주된 이유는 무엇입니까?

IA2A

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY:_____)	91
REFUSED	-7
DON'T KNOW	-8

```
PROGRAMMING NOTE QA11_I54:
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_I54;
ELSE GO TO PROGRAMMING NOTE QA11_I57
```

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

{CHILD NAME /AGE/SEX}(이)의 {Medi-Cal} 건강보험 은 HMO입니까?

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]
[IF NEEDED, SAY: "HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지 않습니다."]

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

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

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

```
PROGRAMMING NOTE QA11_I55:
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?

{}의 주된 건강 보험의 이름이 무엇입니까?

| MA7 |

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

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
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CIGNA	20
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN	24
CONTRA COSTA HEALTH PLAN	25
EASY CHOICE HEALTH PLAN	26
GEM CARE	27
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HEALTH PLAN OF SAN JOAQUIN	31
HEALTH PLAN OF SAN MATEO	32
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KAISER	37
KERN COUNTY HEALTH PLAN	38
L.A. CARE HEALTH PLAN	39
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MOLINA HEALTH PLAN	41
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MEDICARE 66
MEDICARE ADVANTAGE 67
OTHER 91
OTHER (SPECIFY: _____)................................. 92
REFUSED ....-7
DON'T KNOW ....-8

QA11_I56   Is (TEEN) covered for prescription drugs?

{어린이 이름/나이/성별}의 처방약도 의료보험으로 받을 수 있습니까?

IA14

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

PROGRAMMING NOTE QA11_I57:
IF (ARINSURE ≠ 1 OR QA11_I37 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA11_I57;
ELSE GO TO PROGRAMMING NOTE QA11_I62

QA11_I57   Does (TEEN)'s health plan have a deductible that is more than $1,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 건강플랜의 공제금액이 $1,000가 넘습니까?

AI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다."]

YES...1
NO 2   **[GO TO QA11_I59]**
YES, ONLY WHEN GO OUT OF NETWORK..........3   **[GO TO QA11_I59]**
REFUSED...-7
DON'T KNOW..-8

PROGRAMMING NOTE QA11_I58:
IF TEEMP = 1, THEN CONTINUE WITH QA11_I58;
ELSE GO TO QA11_I59

QA11_I58   Does (TEEN)'s health plan have a deductible that is more than $2,000?

{CHILD NAME/AGE/SEX}이(가) 가입한 의료보험 플랜의 가입자 부담금이 $2,000가 넘습니까?

AI87

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

YES...1   **[GO TO PN QA11_I60]**
NO 2
YES, ONLY WHEN GO OUT OF NETWORK..........3
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}이(가) 가입한 건강플랜이 가입한 사람 전체에 대해 적용하는 공제금액이 $2,000가 넘습니까?

AI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다."]

YES...1
NO 2   **[GO TO PN QA11_I61]**
YES, ONLY WHEN GO OUT OF NETWORK..........3   **[GO TO PN QA11_I61]**
REFUSED...-7
DON'T KNOW..-8

> **PROGRAMMING NOTE QA11_I60:**
> **IF TEEMP = 1, THEN CONTINUE WITH QA11_I60;**
> **ELSE GO TO 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}이(가) 가입한 의료보험 플랜의 혜택을 받는 모든 사람에 대한 가입자 부담금이 $4,000가 넘습니까?

AI88

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "가입자 부담금(deductible)이란 가입자의 의료비를 의료보험 플랜이 지불하기 전에 가입자가 지불해야 하는 금액을 말합니다."]

YES...1
NO 2
YES, ONLY WHEN GO OUT OF NETWORK..........3
REFUSED..-7
DON'T KNOW..-8

> **PROGRAMMING NOTE 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?

{CHILD NAME/AGE/SEX}의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "이러한 계좌들은 때때로 건강 저축 계좌(HSA), 의료비 상환 계좌(HRA)라고도 하며, 이와 유사한 다른 계좌들도 포함됩니다. 다른 계좌 이름에는 개인 간호 계좌, 개인 의료 기금, 또는 선택 기금 등이 있고, 고용주가 제공하는 유연 지출 계좌와는 다릅니다."]

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

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

QA11_I62   What is the <u>one main</u> reason (TEEN) does not have any health insurance?

{}이 아무 건강 보험도 없는 제일 중요한 이유가 뭡니까?

IA18

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

QA11_I63   Was (TEEN) covered by health insurance at any time during the past 12 months?

{어린이 이름/나이/성별}가 지난 12개월 중 건강보험의 혜택을 받은 적이 있습니까?

IA20

YES... 1   **[GO TO QA11_I65]**
NO 2
REFUSED... -7
DON'T KNOW... -8

QA11_I64   How long has it been since (TEEN) last had health insurance?

{어린이 이름/나이/성별}가 마지막으로 건강보험에 들은 지 얼마나 지났습니까?

IA21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO.................................. 1   **[GO TO PN QA11_I73]**
MORE THAN 3 YEARS AGO.................................. 2   **[GO TO PN QA11_I73]**
NEVER HAD HEALTH INSURANCE COVERAGE..3   **[GO TO PN QA11_I73]**
REFUSED... -7   **[GO TO PN QA11_I73]**
DON'T KNOW/NOT SURE .... -8   **[GO TO PN QA11_I73]**

QA11_I65   For how many of the last 12 months did {he/she} have health insurance?

지난 12개월 중 몇 개월 동안 {그 자녀}가 의료보험에 가입되어 있었습니까?

IA22

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER "1"]

_____ MONTHS   [HR: 0-12]   **[IF 0, THEN GO TO PN QA11_I73]**

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

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?

그 기간 동안 {CHILD NAME/AGE/SEX }이(가) 가입한 의료보험이 Medi-Cal, 건강한 가족(Healthy Families)프로그램, 고용주가 제공하는 플랜, 또는 다른 플랜이었습니까?

IA23

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "이 밖에 더 있습니까?"]

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?

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

IA24

YES..1   **[GO TO PN QA11_I73]**
NO 2
REFUSED..-7
DON'T KNOW...-8

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

어린이에게 현재 들어있는 보험이 없었을 때에는 다른 보험이 있었습니까?

IA25

YES...1	
NO 2	**[GO TO QA11_I70]**
REFUSED...-7	**[GO TO QA11_I70]**
DON'T KNOW...-8	**[GO TO QA11_I70]**

QA11_I69   Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

어린이의 보험이 메디칼, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 보험이었습니까?

IA26

[CODE ALL THAT APPLY]

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

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?

지난 12개월동안, 어린이에게 건강보험이 전혀 없던 때가 있었습니까?

IA27

YES...1	
NO 2	**[GO TO PN QA11_I73]**
REFUSED...-7	**[GO TO PN QA11_I73]**
DON'T KNOW...-8	**[GO TO PN QA11_I73]**

QA11_I71   For how many of the past 12 months did {he/she} have no health insurance?

지난 12개월 중 몇 개월 동안이나 {}가 건강 보험이 없었습니까?

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS   [HR: 1-12]

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

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?

{}이/가 건강 보험이 없었던 기간 동안 {}이/가 건강 보험이 없었던 제일 중요한 이유가 무엇 때문입니까?

IA29

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

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

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

QA11_I73   In what country was (TEEN) born?

어느 나라에서 출생하셨습니까?

AI56T

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

> PROGRAMMING NOTE QA11_I74:
> IF QA11_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO
> PROGRAMMING NOTE QA11_I77;
> ELSE CONTINUE WITH QA11_I74

QA11_I74   Is (TEEN) a citizen of the United States?

귀하는 미국 시민권자이십니까?

AI58T

              YES..1 **[GO TO QA11_I76]**
              NO 2
              APPLICATION PENDING 3
              REFUSED...-7
              DON'T KNOW...-8

QA11_I75   Is (TEEN) a permanent resident with a green card?

영주권자입니까?

AI59T

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
[IF NEEDED, SAY: "사람들은 보통 이것을 "그린(녹색)카드"라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]

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

QA11_I76   About how many years has (TEEN) lived in the United States?

귀하는 대략 몇 년 동안 미국에 살았습니까?

AI60T

[IF < 1 YEAR, ENTER "1 YEAR"]

              _____ NUMBER OF YEARS

              _____ YEAR FIRST COME AND LIVE IN U.S.

              REFUSED...-7
              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}의 어머니는 어느 나라에서 출생하셨습니까?

AI56

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

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

PROGRAMMING NOTE QA11_I78:
IF QA11_I77 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO
PROGRAMMING NOTE QA11_I82;
ELSE CONTINUE WITH QA11_I78;
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY "father"

QA11_I78   Does (TEEN)'s {mother/father} now live in the U.S.?

{CHILD}의 어머니는 현재 미국에 살고 계십니까?

AI57

YES...1
NO 2
MOTHER/FATHER DECEASED.............................3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED..-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_I79:
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY "father";
IF QA11_I78 = 3 (MOTHER/FATHER DECEASED), THEN DISPLAY "Was";
ELSE DISPLAY "Is"

QA11_I79   {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

{CHILD}의 어머니는 미국 시민권자입니까?

AI58

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES...1 **[GO TO PN QA11_I81]**
NO 2
APPLICATION PENDING 3
REFUSED..-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_I80:
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY "father";
IF QA11_I78 = 3 (MOTHER/FATHER DECEASED), THEN DISPLAY "Was";
ELSE DISPLAY "Is"

QA11_I80   {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

{CHILD}의 어머니는 그린카드를 소지한 영주권자입니까?

AI59

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
[IF NEEDED, SAY: "사람들은 보통 이것을 "그린(녹색)카드"라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]

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

PROGRAMMING NOTE QA11_I81:
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
ELSE IF QA11_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}의 어머니는 미국에서 대략 몇 년이나 사셨습니까?

AI60

[IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED.............................3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_I82:
IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE), THEN GO TO SECTION J;
ELSE CONTINUE WITH QA11_I82

QA11_I82   In what country was (CHILD) born?

{}이/가 어느 나라에서 출생했습니까?

AI56C

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

```
PROGRAMMING NOTE 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?

(자녀 이름/나이/성별)는 미국 시민권자입니까?

AI58C

                    YES..1   **[GO TO QA11_I85]**
                    NO 2
                    APPLICATION PENDING 3
                    REFUSED...-7
                    DON'T KNOW...-8

QA11_I84   Is (CHILD) a permanent resident with a green card?

(자녀 이름/나이/성별)는 영주권자이십니까?

AI59C

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
[IF NEEDED, SAY: "사람들은 보통 이것을 "그린(녹색)카드"라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]

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

QA11_I85   About how many years has (CHILD) lived in the United States?

{CHILD NAME /AGE/SEX}은(는) 대략 몇 년 동안 미국에 살았습니까?

AI60C

[IF < 1 YEAR, ENTER "1 YEAR"]

                    _____ NUMBER OF YEARS

                    _____ YEAR FIRST COME AND LIVE IN U.S.

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

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA11_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, THEN DISPLAY "Now, I'd like to ask about the health care YOU receive";
ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

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?

이제는 받고 계시는 의료 서비스에 대해 여쭤보고자 합니다. 지난 **12**개월 동안, 의사를 몇 번이나 보셨습니까?

AH5

_____ TIMES   [HR: 0-365]

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

PROGRAMMING NOTE QA11_J2:
IF QA11_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), THEN CONTINUE WITH QA11_J2;
ELSE GO TO PROGRAMMING NOTE QA11_J3

QA11_J2   About how long has it been since you last saw a doctor about your own health?

자신의 건강 문제때문에 가장 최근에 의사를 본 게 얼마 전이었습니까?

AH6

ONE YEAR AGO OR LESS 0
MORE THAN 1 UP TO 2 YEARS AGO....................1
MORE THAN 2 UP TO 5 YEARS AGO....................2
MORE THAN 5 YEARS AGO..................................3
NEVER 4
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_J3:
IF QA11_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA11_J3;
ELSE GO TO PROGRAMMING NOTE QA11_J4

QA11_J3   Do you have a personal doctor or medical provider who is your main provider?

귀하의 주치의 역할을 하는 개인의사 또는 의료제공자가 있습니까?

AJ77

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]
[IF NEEDED, SAY: "여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 다른 의료제공자가 포함될 수 있습니다."]

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

PROGRAMMING NOTE QA11_J4:
IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR) OR [QA11_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA11_J1 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH QA11_J4;
ELSE GO TO 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?

지난 12개월 동안, 병원으로 전화하거나 이메일을 보내어 치료에 대한 질문을 한 적이 있습니까?

AJ78

YES..1
NO 2   **[GO TO PN QA11_J6]**
REFUSED...-7   **[GO TO PN QA11_J6]**
DON'T KNOW..-8   **[GO TO PN QA11_J6]**

QA11_J5   How often did you get an answer as soon as you needed it? Would you say…

답변을, 필요할 때마다 얼마나 자주 받았습니까?

AJ79

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

PROGRAMMING NOTE 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…

주치의 또는 의료제공자가 귀하의 말을 주의해서 듣는 경우가 얼마나 자주 있었습니까?

AJ112

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

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…

주치의 또는 의료제공자는 귀하가 건강을 돌보기 위해 해야 할 일에 대해 명확하게 설명하는 경우가 얼마나 자주 있었습니까?

AJ113

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

PROGRAMMING NOTE 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?

지난 12개월 이내에, 귀하가 아팠거나 부상을 당했기 때문에 주치의 또는 의료제공자와 2일 이내에 진료 예약을 하려고 시도했던 적이 있습니까?

AJ102

[IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only asking about appointments."]
[IF NEEDED, SAY: "긴급 진료 (urgent) 또는 응급 진료 (emergency)방문은 포함시키지 마십시오. 저는 단지 예약에 대해서만 질문을 드립니다."]

```
YES.......................................................................1
NO .......................................................................2     [GO TO QA11_J10]
REFUSED ...........................................................-7     [GO TO QA11_J10]
DON'T KNOW ......................................................-8     [GO TO QA11_J10]
```

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

예약을 2일 이내에 할 수 있었던 경우가 얼마나 자주 있었습니까?

AJ103

Never, ...1   **[GO TO PN QA11_J11]**
전혀 없었음..1   **[GO TO PN QA11_J11]**
Sometimes, ...2   **[GO TO PN QA11_J11]**
가끔..2   **[GO TO PN QA11_J11]**
Usually, or...3   **[GO TO PN QA11_J11]**
보통..3   **[GO TO PN QA11_J11]**
Always? 4   **[GO TO PN QA11_J11]**
항상..4   **[GO TO PN QA11_J11]**
REFUSED...-7   **[GO TO PN QA11_J11]**
DON'T KNOW...-8   **[GO TO PN QA11_J11]**

PROGRAMMING NOTE QA11_J10:
IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA11_J10   Could you get an appointment to see {your/a} doctor or medical provider within two days if you needed to?

귀하가 필요할 때 귀하가 보시는 의사 또는 의료제공자와 2일 이내에 진료 예약을 할 수 있었습니까?

AJ104

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

PROGRAMMING NOTE QA11_J11:
IF QA11_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA11_J3 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA11_B3 = 1 OR QA11_B4 = 1 (HAS ASTHMA)) OR QA11_B18 = 1 (HAS DIABETES) OR QA11_B37 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH QA11_J11; ELSE GO TO 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?

귀하의 병원이나 클리닉에 다른 의사로부터 진료, 또는 검사나 치료와 같은 의료서비스를 받을 수 있도록 도와주는 사람이 있습니까?

AJ80

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

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?

지난 번에 의사를 보았을 때 의사가 하는 말이 알아 듣기 힘들었습니까?

AJ8

```
YES........................................................................1   [GO TO PN QA11_J14]
NO ........................................................................2
REFUSED...............................................................-7   [GO TO PN QA11_J17]
DON'T KNOW.........................................................-8   [GO TO PN QA11_J17]
```

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?

그 의사는 귀하와 어떤 언어로 대화합니까?

AJ50

ENGLISH	1	**[GO TO QA11_J15]**
SPANISH	2	**[GO TO PN QA11_J17]**
CANTONESE	3	**[GO TO PN QA11_J17]**
VIETNAMESE	4	**[GO TO PN QA11_J17]**
TAGALOG	5	**[GO TO PN QA11_J17]**
MANDARIN	6	**[GO TO PN QA11_J17]**
KOREAN	7	**[GO TO PN QA11_J17]**
ASIAN INDIAN LANGUAGES	8	**[GO TO PN QA11_J17]**
RUSSIAN	9	**[GO TO PN QA11_J17]**
OTHER (SPECIFY:_____)	91	**[GO TO PN QA11_J17]**
REFUSED	-7	**[GO TO PN QA11_J17]**
DON'T KNOW	-8	**[GO TO PN QA11_J17]**

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

그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

AJ9

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

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

의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

AJ10

YES	1	
NO	2	**[GO TO PN QA11_J17]**
REFUSED	-7	**[GO TO PN QA11_J17]**
DON'T KNOW	-8	**[GO TO PN QA11_J17]**

QA11_J16   Who was this person who helped you understand the doctor?

의사의 말을 알아 듣도록 도와 주었던 사람이 누구였습니까?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 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 ELSE) 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?

캘리포니아 주에서는 병원에서 진료를 받는 동안 통역 서비스를 무료로 받을 권리가 있습니다. 지금까지 이러한 권리가 있다는 것을 알고 계셨습니까?

AJ105

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

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?

지난 12개월 동안, 진료를 받으러 다니던 병원을 바꾼 적이 있습니까?

AJ106

YES...1
NO 2   **[GO TO QA11_J20]**
REFUSED...-7   **[GO TO QA11_J20]**
DON'T KNOW...-8   **[GO TO QA11_J20]**

QA11_J19   Did you have to change because of your health insurance plan?

의료보험 플랜 때문에 병원을 바꾸어야 했습니까?

AJ107

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]
[IF NEEDED, SAY: "의료보험 플랜과 관련된 이유로 진료를 받으러 다니던 병원을 바꾸어야 했습니까?"]

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

QA11_J20   During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

지난 12개월 동안 의사가 처방해준 약을 복용하지 않고 미루거나 아예 약사로부터 구입하지 않으신 적이 있습니까?

AH16

YES...1
NO 2   **[GO TO PN QA11_J25]**
REFUSED...-7   **[GO TO PN QA11_J25]**
DON'T KNOW...-8   **[GO TO PN QA11_J25]**

QA11_J21   Was cost or lack of insurance a reason why you delayed or did not get the prescription?

비용이 많이 들거나 보험이 없었기 때문에 의사의 처방을 받는 게 지체되었거나, 아니면 아예 처방전을 못 받고 말았던 적이 있었습니까?

AJ19

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

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?

이 처방은 귀하의 천식에 대한 것이었습니까?

AJ81

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

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?

이 처방은 귀하의 당뇨병에 대한 것이었습니까?

AJ82

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

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?

이 처방은 귀하의 심장병에 대한 것이었습니까?

AJ83

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

QA11_J25   During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

지난 12개월 동안 의사나 전문의, 또는 다른 의료전문가를 찾아가시는 것과 같은 선생님께서 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

AH22

YES...1
NO 2   **[GO TO QA11_J30]**
REFUSED..-7   **[GO TO QA11_J30]**
DON'T KNOW...-8   **[GO TO QA11_J30]**

QA11_J26   Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

비용이 많이 들거나 보험이 없었기 때문에, 의사의 진료를 받아야 한다고 생각하시면서도 지체되었거나, 아니면 아예 진료를 못 받고 말았던 적이 있었습니까?

AJ20

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

PROGRAMMING NOTE QA11_J27:
IF [QA11_B3 = 1 OR QA11_B4 = 1 (HAS ASTHMA)] AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J27;
ELSE GO TO PROGRAMMING NOTE QA11_J28

QA11_J27   Was this medical care for your asthma?

이 치료는 귀하의 천식에 대한 것이었습니까?

AJ84

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

PROGRAMMING NOTE QA11_J28:
IF QA11_B18 = 1 (HAS DIABETES) AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J28;
ELSE GO TO PROGRAMMING NOTE QA11_J29

QA11_J28   Was this medical care for your diabetes?

이 치료는 귀하의 당뇨병에 대한 것이었습니까?

AJ85

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

PROGRAMMING NOTE QA11_J29:
IF QA11_B37 = 1 (HAS HEART DISEASE) AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J29;
ELSE GO TO QA11_J30

QA11_J29   Was this medical care for your heart disease?

이 치료는 귀하의 심장병에 대한 것이었습니까?

AJ86

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

QA11_J30   Have you ever used the Internet?

귀하는 인터넷을 사용한 적이 있습니까?

AJ108

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

YES..1
NO 2   **[GO TO QA11_J33]**
REFUSED...-7   **[GO TO QA11_J33]**
DON'T KNOW...-8   **[GO TO QA11_J33]**

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

귀하는 지난 **12**개월 동안 인터넷을 사용하여 의료 정보나 건강 정보를 찾아본 적이 있습니까?

AJ109

[IF NEEDED, SAY: "Include information about disease symptoms, diet or nutrition, physical activity, healthcare providers, and health insurance plans."]
[IF NEEDED, SAY: "질병의 증상, 식이요법 또는 영양, 신체 활동, 의료제공자, 의료보험 플랜에 대한 정보를 포함시키십시오."]

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

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

PROGRAMMING NOTE QA11_K1:
IF QA11_G26 = 1 OR 2 (WORKING AT JOB OR BUSINESS OR WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA11_G28 = 1 (R USUALLY WORKS), THEN CONTINUE WITH QA11_K1;
ELSE GO TO PROGRAMMING NOTE QA11_K5

QA11_K1   The next questions are about your employment.

다음의 질문들은 귀하의 고용에 관한 것입니다.

How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?

귀하는 **보통 모든** 직장 또는 사업체에서 주 당 몇 시간씩 일하십니까?

AK3

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

_____ HOURS   [HR: 0-95]

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

QA11_K2   How long have you worked at your <u>main</u> job?

지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

AK7

[IF NEEDED, SAY: "That is, for your current employer."]
[IF NEEDED, SAY: "그것은 지금 현제 다니시는 직장입니다."]

_____ MONTHS   [HR: 0-12]

_____ YEARS   [HR: 0-50]

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

PROGRAMMING 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?

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

AK8

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

1 OR 2 1	
3-9..2	
10-24..3	
25-50..4	
51-100..5	
101-200..6	
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?

시간당 임금, 월급, 팁, 그리고 커미션을 포함해 모든 직장과 비즈니스에서 번 소득을 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

AK10

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

$_____ AMOUNT   [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 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND
DOES NOT HAVE A JOB) AND QA11_G28 ≠ 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 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND
DOES NOT HAVE A JOB) AND QA11_G28 ≠ 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.} How many hours per week does your {spouse/partner} usually work
                 at all jobs or businesses?

                 배우자께서 한군데서 일하시는 경우도 있고, 잡(job)이 하나 이상 있는 경우도 있겠습니다만,
                 모든 잡(job)을 다 합쳐서 보통 일주일에 몇 시간씩이나 일하십니까?

AK20

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

                      _____ HOURS   [HR: 0-95]

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

PROGRAMMING NOTE QA11_K6:
IF QA11_K5 > 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";
ELSE GO TO QA11_K7

QA11_K6   What is your best estimate of all your {spouse's/partner's} earnings last month before taxes
                 and other deductions from all jobs and businesses, including hourly wages, salaries, tips,
                 and commissions?

                 배우자의 소득에 관한 질문인데요. 시간당 임금, 봉급, 팁이나 수수료 등을 모두 포함해서
                 배우자의 경우 지난 달에 모든 직장과 사업체에서 나온 수입이 모두 얼마나 되시는지요?
                 최선으로 추정해 말씀해 주시겠습니까? 단, 세금을 공제하기 전의 액수입니다.

AK10A

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

                      $_____ AMOUNT   [HR: 0-999995]

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

QA11_K7 What is your best estimate of your <u>household's total annual</u> income from all sources <u>before taxes</u> in 2010?

세금을 공제하기 전 의 모든 수입원을 포함할 때, 2010년도에 **귀 가정의 1년 총** 수입은 얼마나 됩니까? 최선으로 추정해 말씀해 주십시오.

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF NEEDED, SAY: "직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 보조금 등을 포함해 주십시오. 아울러, 이자 수입, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의 현금 수입도 포함해 주십시오."]

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

$_____ AMOUNT [HR: 0-999995]

REFUSED...-7 **[GO TO PN QA11_K9]**
DON'T KNOW..-8 **[GO TO PN QA11_K9]**

QA11_K8 **PLEASE VERIFY AMOUNT ENTERED:**

I have entered that your annual household income is (AMOUNT). Is that correct?
귀하의 가구소득을 ${AMOUNT}라고 기록했는데, 맞게 기록된 숫자입니까?

AK22A

YES...1 **[GO TO PN QA11_K15]**
NO ....2 **[GO BACK TO QA11_K7]**

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?

저희가 정확하게 알 필요는 없습니다. 그렇지만, 귀댁의 세금 공제전 연간 가구당 총수입이 $20,000 이상입니까, 이하입니까?

AK11

MORE ....1 **[GO TO QA11_K11]**
EQUAL TO $20K OR LESS 2
REFUSED...-7 **[GO TO PN QA11_K15]**
DON'T KNOW..-8 **[GO TO PN QA11_K15]**

QA11_K10   Is it …

수입이…

AK12

$5,000 or less, ...1   **[GO TO PN QA11_K15]**
$5,000 or less, or 1   **[GO TO PN QA11_K15]**
$5,001 to $10,000,...2   **[GO TO PN QA11_K15]**
$5,001 to $10,000, or 2   **[GO TO PN QA11_K15]**
$10,001 to $15,000, or 3   **[GO TO PN QA11_K15]**
$10,001 to $15,000, or 3   **[GO TO PN QA11_K15]**
$15,001 to 20,000?..4   **[GO TO PN QA11_K15]**
$15,001 to $20,000?..4   **[GO TO PN QA11_K15]**
REFUSED...-7   **[GO TO PN QA11_K15]**
DON'T KNOW...-8   **[GO TO PN QA11_K15]**

QA11_K11   Is it more or less than $70,000 per year?

수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?

AK13

MORE 1   **[GO TO QA11_K13]**
EQUAL TO $70K OR LESS 2
REFUSED...-7   **[GO TO PN QA11_K15]**
DON'T KNOW...-8   **[GO TO PN QA11_K15]**

QA11_K12   Is it …

수입이…

AK14

$20,001 to $30,000,...1   **[GO TO PN QA11_K15]**
$20,001 에서 $30,000 사이 1   **[GO TO PN QA11_K15]**
$30,001 to $40,000,...2   **[GO TO PN QA11_K15]**
$30,001 에서 $40,000 사이 2   **[GO TO PN QA11_K15]**
$40,001 to $50,000,...3   **[GO TO PN QA11_K15]**
$40,001 에서 $50,000 사이 3   **[GO TO PN QA11_K15]**
$50,001 to $60,000, or 4   **[GO TO PN QA11_K15]**
$50,001 에서 $60,000 사이 4   **[GO TO PN QA11_K15]**
$60,001 to $70,000?..5   **[GO TO PN QA11_K15]**
$60,001 에서 $70,000 사이 5   **[GO TO PN QA11_K15]**
REFUSED...-7   **[GO TO PN QA11_K15]**
DON'T KNOW...-8   **[GO TO PN QA11_K15]**

QA11_K13   Is it more or less than $135,000 per year?

수입이 연 $135,000 이상입니까, 이하입니까?

AK15

```
                        MORE ........................................................1    [GO TO PN QA11_K15]
                        EQUAL TO $135K OR LESS ..................................2
                        REFUSED.....................................................-7    [GO TO PN QA11_K15]
                        DON'T KNOW...............................................-8    [GO TO PN QA11_K15]
```

QA11_K14   Is it …

수입이…

AK16

```
                        $70,001 to $80,000,................................................1
                        $70,001 에서 $80,000 사이 ....................................1
                        $80,001 to $90,000,................................................2
                        $80,001 에서 $90,000 사이 ....................................2
                        $90,001 to $100,000, or ..........................................3
                        $90,001 에서 $100,000 사이 ..................................3
                        $100,001 to $135,000?............................................4
                        $100,001 에서 $135,000 사이 ................................4
                        REFUSED.................................................................-7
                        DON'T KNOW..........................................................-8
```

PROGRAMMING NOTE QA11_K15:
IF R IS ONLY MEMBER OF HH, THEN GO TO PROGRAMMING NOTE QA11_K17;
ELSE CONTINUE WITH QA11_K15

QA11_K15   Including yourself, how many people living in your household are supported by your total
household income?

선생님을 포함해서 같이 살고 있는 분들 중, 선생님 가정의 총 가구당 소득으로 몇 명을
부양하십니까?

AK17

```
                        _____ NUMBER OF PEOPLE  [HR: 1-20]

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

> **PROGRAMMING NOTE QA11_K16:**
> **QA11_K16 MUST BE LESS THAN QA11_K15;**
> **IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA11_K15, THEN GO TO PROGRAMMING NOTE QA11_K17;**
> **ELSE CONTINUE WITH QA11_K16**

QA11_K16   How many of these {INSERT NUMBER FROM QA11_K15} people are children under the age of 18?

{K17의 인원수 입력} 중 몇 명이 18세 미만의 자녀분이십니까?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18)   [HR: 0-20]

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

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.

마지막으로, 소득에 대해 구체적인 질문을 한 가지만 더 드리겠습니다.

Was your total annual household income before taxes less than or more than

${POVRT50}?세금을 공제하기 전에 연간 가구 총수입이 ${}보다 적었습니까, 많았습니까?

AK29

EQUAL TO OR LESS 1   **[GO TO PN QA11_K23]**
MORE 2   **[GO TO PN QA11_K23]**
REFUSED...-7   **[GO TO PN QA11_K23]**
DON'T KNOW...-8   **[GO TO PN QA11_K23]**

> **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.

마지막으로, 소득에 대해 구체적인 질문을 한 가지만 더 드리겠습니다.

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

세금을 공제하기 전에 연간 가구 총수입이 ${}보다 적었습니까, 많았습니까?

AK18A

EQUAL TO OR LESS...1	**[GO TO PN QA11_K23]**
MORE 2	
REFUSED...-7	**[GO TO PN QA11_K23]**
DON'T KNOW...-8	**[GO TO PN QA11_K23]**

> **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**

QA11_K19   {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than ${POVRT133}?

마지막으로, 소득에 대해 구체적인 질문을 한 가지만 더 드리겠습니다.
그것은 ${XX,XXX}보다 많거나 또는 적었습니까?

AK30

EQUAL TO OR LESS...1	**[GO TO PN QA11_K23]**
MORE 2	**[GO TO PN QA11_K23]**
REFUSED...-7	**[GO TO PN QA11_K23]**
DON'T KNOW...-8	**[GO TO PN QA11_K23]**

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}?

마지막으로, 소득에 대해 구체적인 질문을 한 가지만 더 드리겠습니다.
그것은 ${XX,XXX}보다 많거나 또는 적었습니까?

AK18B

EQUAL TO OR LESS...1   **[GO TO PN QA11_K23]**

MORE 2   **[GO TO PN QA11_K23]**
REFUSED..-7   **[GO TO PN QA11_K23]**
DON'T KNOW..-8   **[GO TO PN QA11_K23]**

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}?

마지막으로, 소득에 대해 구체적인 질문을 한 가지만 더 드리겠습니다.
그것은 ${XX,XXX}보다 많거나 또는 적었습니까?

AK18C

EQUAL TO OR LESS...1   **[GO TO PN QA11_K23]**
MORE 2   **[GO TO PN QA11_K23]**
REFUSED..-7   **[GO TO PN QA11_K23]**
DON'T KNOW..-8   **[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}?

마지막으로, 소득에 대해 구체적인 질문을 한 가지만 더 드리겠습니다.
그것은 ${XX,XXX}보다 많거나 또는 적었습니까?

AK31

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

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.

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

다음 질문들은 지난 12개월 동안 댁에서 드신 음식에 대해, 그리고 식비를 부담하실 수 있었는지의 경제적 형편에 관한 겁니다.

사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12개월 동안의 선생님 자신과 선생님 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.
첫번째 문장은 "{}이/가 산 음식은 금방 떨어졌고, {}은/는 더 살 돈이 없었다"입니다. 이 말이 지난 12개월 동안의 선생님 자신과 선생님 가정의 경우에, 흔히 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

AM1

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

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?

두 번째 문장은 "(자신 또는 우리)가 골고루 영양분을 섭취할 수 있는 식사를 할 여유가 없었다"인데, 그런 일이 지난 12개월 동안 선생님이나 선생님의 가정에서 자주 있었습니까, 가끔 있었습니까, 아니면 전혀 있지 않았습니까?

AM2

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

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?

귀하의 가정에서 귀하나 다른 성인이 지난 12개월 동안 음식을 살 충분한 돈의 여유가 없었기 때문에 식사의 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오로 대답해주십시오.

AM3

YES...1
NO 2   **[GO TO QA11_K27]**
REFUSED..-7   **[GO TO QA11_K27]**
DON'T KNOW...-8   **[GO TO QA11_K27]**

QA11_K26   How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2개월 동안만 있었습니까?

AM3A

ALMOST EVERY MONTH 1
SOME MONTHS BUT NOT EVERY MONTH 2
ONLY IN 1 OR 2 MONTHS 3
REFUSED..-7
DON'T KNOW...-8

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?

지난 12개월 동안 음식을 살 충분한 돈이 없었기 때문에 선생님께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

AM4

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

QA11_K28   In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

지난 12개월 동안 선생님께서 음식을 살 충분한 돈이 없었기 때문에 배가 고팠지만 음식을 걸렀던 적이 있습니까?

AM5

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

Section L - Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L:
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = 1, 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5), THEN CONTINUE WITH SECTION L; ELSE GO TO QA11_M1

QA11_L1   Are you now receiving TANF or CalWORKs?

현재 TANF나 CalWORKS를 받고 있습니까?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: "TANF는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC를 대체한 것입니다."]

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

PROGRAMMING NOTE QA11_L2:
IF SAMPLED TEEN IN HOUSEHOLD, THEN CONTINUE WITH QA11_L2; ELSE GO TO QA11_L3;

QA11_L2   Is (TEEN) now receiving TANF or CalWORKs?

{}이/가 AFDC나 TANF나 칼워크스를 현재 받고 있습니까?

IAP1

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: "AFDC 는 부양해야할 자녀가 있는 가족들을 위한 지원입니다. TANF는 도움이 필요한 가족을 위한 임시 보조를 의미합니다. 그리고 칼워크스는 캘리포니아 프로그램으로서 부모의 취업과 어린 자녀의 양육을 아울러 지원해주는 것입니다."]

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

QA11_L3   Are you receiving Food Stamp benefits, also known as CalFresh?

귀하는 CalFresh라고 하는 푸드스탬프 혜택을 받고 계십니까?

AL5

[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]
[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다."]

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

PROGRAMMING NOTE QA11_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, THEN CONTINUE WITH QA11_L4;
ELSE GO TO QA11_L5

QA11_L4   Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

{ADOLESCENT /AGE/SEX}(이)는 CalFresh라고 하는 푸드스탬프 혜택을 받고 있습니까?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]
[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다.]

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

QA11_L5   Are you receiving SSI?

SSI를 받고 계십니까?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security."]
[IF NEEDED, SAY: "SSI는 생활보조금을 말합니다."]

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

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?

WIC(윅) 혜택을 받고 계십니까?

AL7

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]
[IF NEEDED, SAY: "WIC는 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다."]

YES...1
NO 2
REFUSED..-7
DON'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}?

귀하 본인 명의로 된 주택이나 자동차의 가치를 제외한 자산, 즉, 본인의 현금, 저축예금, 투자금, 그리고 가구 등의 총 가치액이 {$5,000} 이상입니까?

AL9

YES	1
NO	2
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 last month for alimony,
            child support, or money from a government or veteran program?

            선생님 또는 선생님의 배우자는 지난달에 위자료나 자녀 양육비, 또는 정부나 퇴역군인
            프로그램으로부터 보조금을 받았습니까?

AL15

            YES...1
            NO 2   **[GO TO PN QA11_L10]**
            REFUSED...-7   **[GO TO PN QA11_L10]**
            DON'T KNOW...-8   **[GO TO PN QA11_L10]**

PROGRAMMING NOTE QA11_L9:
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 last month?

            선생님과 선생님의 배우자(부인/남편)께서 지난 달 받은 모든 종류의 보조금의 총 액수는
            얼마나 되십니까?

AL16

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

            $_____ AMOUNT   [000001-999995]

            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 <u>last month</u>?

선생님 또는 선생님의 배우자, 또는 두 분이 함께 지난 달 지불한 위자료나 자녀 양육비가 있습니까?

| AL17 |

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

PROGRAMMING NOTE QA11_L11:
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_L11   What was the total amount {you/your spouse/your partner/you both} paid in alimony or support <u>last month</u>?

귀하 또는 귀하의 {배우자/동반자}, 또는 두 분이 함께 지난달 지불한 위자료나 양육비 총 합계 액수는 얼마입니까?

| AL18 |

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

_____ AMOUNT   [000001-999995]

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

PROGRAMMING NOTE QA11_L12:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA11_A16 = 1 (MARRIED) AND
QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA11_L12 AND
DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE
WITH QA11_L12 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA11_L12 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA11_L14

QA11_L12   Did {you or your spouse/you or your partner/you} receive any Social Security or Pension
             payments last month?

             선생님이나 선생님의 배우자가 지난달 사회보장금 (Social Security)이나 연금 (Pension
             payments)을 받았습니까?

AL18A

                         YES...1
                         NO 2   [GO TO PN QA11_L14]
                         REFUSED...-7   [GO TO PN QA11_L14]
                         DON'T KNOW...-8   [GO TO PN QA11_L14]

QA11_L13   What was the total amount received last month from Social Security and Pensions?

             지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?

AL18B

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

             _____ AMOUNT   [000001-999995]

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

PROGRAMMING NOTE 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?

선생님께서 메디캘(Medi-Cal)에 등록되어있지 않은 가장 큰 이유는 무엇입니까?

AL19

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	10
OTHER (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.
Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]
[IF NEEDED, SAY: "두 가구가 사는 연립 주택은 영어로 듀플렉스라고 하는데 한 건물 안에 두 가구가 살 수 있도록 되어 있는 건물 구조입니다."]

HOUSE 1
DUPLEX 2
BUILDING WITH 3 OR MORE UNITS 3
MOBILE HOME 4
REFUSED...-7
DON'T KNOW...-8

QA11_M2   Do you own or rent your home?

집은 소유자이십니까, 아니면 렌트하십니까?

AK25

OWN..1
RENT 2
OTHER ARRANGEMENT 3
REFUSED...-7
DON'T KNOW...-8

PROGRAMMING NOTE QA11_M3:
IF AGE ≥ 65 AND QA11_M2 = 1 (OWNS HOME), THEN CONTINUE WITH QA11_M3
ELSE GO TO QA11_M4

QA11_M3   Are you currently paying off a mortgage or loan on this home?

귀하는 현재 이 주택에 대해 모기지 또는 융자금을 상환하고 있습니까?

AM37

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

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

QA11_M4   About how long have you lived at your current address?

현재의 주소지에 대략 얼마나 오래 살았습니까?

---AM14---

_____ MONTHS   [HR: 1 - AAGEx12MONTHS]

_____ YEARS   [HR: 1 - AAGE]

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

PROGRAMMING NOTE QA11_M5:
IF QA11_M4 ≥ 5 YEARS, THEN GO TO PROGRAMMING NOTE QA11_M7;
ELSE CONTINUE WITH QA11_M5

QA11_M5   About how long have you lived in your current neighborhood?

지금까지 현재의 동네에 사신 지는 대략 얼마나 되셨습니까?

---AM15---

_____ MONTHS   [HR: 1 - AAGEx12MONTHS]

_____ YEARS   [HR: 1 - AAGE]

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

QA11_M6   The last time you moved, what was your main reason for moving?

가장 최근에 이사를 한 주된 이유는 무엇이었습니까?

---AM38---

CHANGE IN MARITAL/RELATIONSHIP STATUS ..1
TO ESTABLISH OWN HOUSEHOLD 2
FOR CHILD'S EDUCATION.....................................3
TO ATTEND OR LEAVE COLLEGE 4
WORK RELATED...5
COULDN'T AFFORD MORTGAGE/RENT...............6
OTHER HOUSING RELATED.................................7
BETTER NEIGHBORHOOD/LESS CRIME 8
OTHER 91
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: People in my neighborhood are willing to help each other.

다음의 질문들은 귀하의 이웃에 관한 것입니다. 다음의 기술에 대해 동의하는 정도를 매우 동의, 동의, 부정, 매우 부정 중에서 선택해 주십시오. 내 이웃에 사는 사람들은 자발적으로 서로 돕는다.

AM19

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "귀하가 동의하시는 정도는 매우 동의, 동의, 부정, 매우 부정 중에서 어느 것에 해당됩니까?"]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

```
STRONGLY AGREE ............................................... 1
AGREE ................................................................. 2
DISAGREE ........................................................... 3
STRONGLY DISAGREE ........................................ 4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA11_M8   People in this neighborhood can be trusted.

내 이웃에 사는 사람들은 신뢰할 수 있다.

AM21

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "귀하가 동의하시는 정도는 매우 동의, 동의, 부정, 매우 부정 중에서 어느 것에 해당됩니까?"]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

```
STRONGLY AGREE ............................................... 1
AGREE ................................................................. 2
DISAGREE ........................................................... 3
STRONGLY DISAGREE ........................................ 4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA11_M9 You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

    이 이웃에 있는 어른들은 자녀들이 안전하고 문제가 발생하지 않는지 지켜본다고 생각하십니까?

AM35

    [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
    [귀하가 동의하시는 정도는 매우 동의, 동의, 부정, 매우 부정 중에서 어느 것에 해당됩니까?]

    ["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

      STRONGLY AGREE 1
      AGREE 2
      DISAGREE 3
      STRONGLY DISAGREE 4
      REFUSED..-7
      DON'T KNOW..-8

QA11_M10 Do you feel safe in your neighborhood…

    귀하는 귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오.

AK28

      All of the time,...1
      항상 그렇다 1
      Most of the time, ...2
      대체적으로 그렇다 2
      Some of the time, or 3
      때때로 그렇다 3
      None of the time 4
      절대 안전하지 않다...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?

    지난 12개월 동안, 보수를 받지 않고 자원봉사 또는 지역사회 봉사를 한 적이 있습니까?

AM36

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

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?

귀하는 지난 12개월 동안 지역사회의 문제를 처리하는 지역 위원회, 이사회 또는 단체에서 자원 봉사를 한 적이 있습니까?

AM39

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

QA11_M13   In the past 12 months, have you gotten together informally with others to deal with community problems?

귀하는 지난 12개월 동안 지역사회의 문제를 처리하기 위해 다른 사람들과 비공식적으로 모임을 가진 적이 있습니까?

AM40

[IF NEEDED SAY: For example, with a neighborhood watch group.]
[IF NEEDED SAY: "예를 들면, 이웃 안전 감시 그룹."]

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

Section S – Suicide Ideation and Attempts

QA11_S1   The next section is about thoughts of hurting yourself. Again, if any question upsets you, you
don't have to answer it.

Have you <u>ever</u> seriously thought about committing suicide?

다음 섹션에서는 자신을 해치려는 생각에 대해 질문을 드립니다. 앞에서 말씀 드렸듯이,
당황스러운 질문에 대해서는 답변하실 필요가 없습니다.

자살에 대해서 심각하게 생각해본 적이 있습니까?

AF86

YES 1
NO..2   **[GO TO PN QA11_N1]**
REFUSED .... -7   **[GO TO PN QA11_N1]**
DON'T KNOW .... -8   **[GO TO PN QA11_N1]**

QA11_S2   Have you seriously thought about committing suicide at any time in the past 12 months?

지난 12개월 동안 자살에 대해서 심각하게 생각해본 적이 있습니까?

AF87

YES 1
NO..2   **[GO TO QA11_S4]**
REFUSED .... -7   **[GO TO QA11_S4]**
DON'T KNOW .... -8   **[GO TO QA11_S4]**

QA11_S3   Have you seriously thought about committing suicide at any time in the past 2 months?

지난 2개월 동안 자살에 대해서 심각하게 생각해본 적이 있습니까?

AF91

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

QA11_S4   Have you ever attempted suicide?

자살을 기도해본 적이 있습니까?

AF88

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

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?

지난 12개월 동안 자살을 기도해본 적이 있습니까?

AF89

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

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

자살에 대한 생각이나 자살 시도에 대해서 누군가와 얘기하고 싶으시면 다음의 무료 전화번호로 전화하십시오. 하루 24시간 대기중인 요원이 정보를 드리고 귀하를 도와 드릴 것입니다. 전화번호는 800-273-TALK (8255)입니다.

또는웹사이트에서 도움이 되는 정보를 얻으실 수 있습니다. 웹사이트 주소는 www.suicidepreventionlifeline.org 입니다.

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?

이 사람과 귀하의 생각을 의논하고 싶으십니까?

AF90

YES 1   [GO TO SUICIDE PROTOCOL]
NO...2   [GO TO PN QA11_N1]
REFUSED .... -7   [GO TO PN QA11_N1]
DON'T KNOW .... -8   [GO TO PN QA11_N1]

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.

이제 마지막 두개에 문제입니다.

To be sure we are covering the entire state, what county do you live in?

주 전체에서 빠진 곳이 없게 하기 위해선데요, 어느 카운티에 거주하십니까?

AH42

ALAMEDA	1
ALPINE	2
AMADOR	3
BUTTE	4
CALAVERAS	5
COLUSA	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES	19
MADERA	20
MARIN	21
MARIPOSA	22
MENDOCINO	23
MERCED	24
MODOC	25
MONO	26
MONTEREY	27
NAPA	28
NEVADA	29
ORANGE	30
PLACER	31
PLUMAS	32
RIVERSIDE	33
SACRAMENTO	34
SAN BENITO	35
SAN BERNARDINO	36
SAN DIEGO	37
SAN FRANCISCO	38
SAN JOAQUIN	39

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SAN LUIS OBISPO ............................................... 40
SAN MATEO ......................................................... 41
SANTA BARBARA ................................................. 42
SANTA CLARA ...................................................... 43
SANTA CRUZ ....................................................... 44
SHASTA ............................................................... 45
SIERRA ................................................................ 46
SISKIYOU ............................................................ 47
SOLANO .............................................................. 48
SONOMA ............................................................. 49
STANISLAUS........................................................ 50
SUTTER ............................................................... 51
TEHAMA .............................................................. 52
TRINITY ............................................................... 53
TULARE ............................................................... 54
TUOLUMNE ......................................................... 55
VENTURA ............................................................ 56
YOLO ................................................................... 57
YUBA ................................................................... 58
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE 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}?

귀하의 전화번호는 이 연구를 위해 컴퓨터에 의해 무작위로선정되었습니다. 저희는 이 조사의 목적을 설명하는 서신을 귀하의 집으로 보내기 위하여 귀하의 전화번호와 일치하는주소를 찾았습니다.
귀하의 주거 환경과 그러한 환경이 건강에 미치는 영향을더 잘 이해하기 위해 귀하의 주소를 확인하고 싶습니다. 이정보는 비밀로 유지되고 전체 설문조사가 끝난 후에파기됩니다.

AO1

```
YES ....................................................................1      [GO TO QA11_N6]
NO.......................................................................2
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

QA11_N3   What is your zip code?

선생님 거주지의 우편번호가 무엇입니까?

AM7

_____ ZIP CODE

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

QA11_N4   To help us better understand the environment you live in and how it may affect your health,
please tell me the address where you live. This information will be kept confidential and will be
destroyed after the entire survey has been completed.

귀하의 주거 환경과 그러한 환경이 건강에 미치는 영향을저희가 더 잘 이해할 수 있도록 귀하의 집
주소를 말씀해 주시겠습니까? 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에
파기됩니다.

AO2

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING)   **[GO TO QA11_N6]**

_____ STREET TYPE

_____ APT. NO

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

QA11_N5   Can you tell me just the name of the street you live on?

사시는 곳의 길 이름만 말씀해 주실 수 있습니까?

AM8

_____ NAME OF STREET

REFUSED .... -7   **[GO TO PN QA11_N7]**
DON'T KNOW .... -8   **[GO TO PN QA11_N7]**

QA11_N6   And what is the name of the street down the corner from you that crosses your street?

사시는 곳의 거리에서 다음 교차하는 거리 이름은 무엇입니까?

AM9

_____ NAME OF CROSS-STREET

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

PROGRAMMING NOTE 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?

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

AM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES 1
NO..2
SHARES CELL PHONE 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA11_N8:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA11_N10;
ELSE CONTINUE WITH QA11_N8

QA11_N8   Is there a regular or landline telephone in your household?

귀하의 집에는 일반 유선전화가 있습니까?

AN6

YES 1
NO..2   **[GO TO PN QA11_N10]**
REFUSED .... -7   **[GO TO PN QA11_N10]**
DON'T KNOW .... -8   **[GO TO PN QA11_N10]**

QA11_N9   Is that telephone for personal use or business use only?

그 전화의 용도는 개인용 또는 업무용 중 어느 것입니까?

AN7

PERSONAL USE ONLY 1
BUSINESS USE ONLY...2
BOTH PERSONAL USE AND BUSINESS USE.......3
REFUSED .... -7
DON'T KNOW .... -8

QA11_N10   Of all the telephone calls that you receive, are...

걸려오는 전화를 어떻게 받으십니까?

AM34

All or almost all calls received on a cell phone, ...1
모든 또는 거의 모든 전화를 핸드폰으로 받는다. 1
Some on cell phones & some on regular phones, or2
일부 전화는 핸드폰으로 받고 다른 일부 전화는 일반
전화기로 받는다. 또는..2
Very few or none on cell phones.............................3
전혀 또는 거의 핸드폰으로 받지 않는다. 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 some time in the future?

마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

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).

Or you can visit their website at www.suicidepreventionlifeline.org

앞에서 말씀드린 것처럼, 자살에 대한 생각이나 시도에 대해 상담을 받고 싶으시면 담당자가 하루 **24**시간 귀하에게
도움이되는 정보를 제공합니다. 무료 전화번호는 **1-800-273-TALK(8255)**입니다.

또는 이 기관의 웹사이트 **www.suicidepreventionlifeline.org**를 방문하실 수도 있습니다.

QA11_N12   Would you like to speak with someone now?

지금 이러한 상담을 받고 싶으십니까?

AN8

```
YES ........................................................................1     [GO TO SUICIDE PROTOCOL]
NO..........................................................................2     [GO TO PN CLOSE1 ]
REFUSED ............................................................. -7     [GO TO PN CLOSE1 ]
DON'T KNOW ....................................................... -8     [GO TO PN CLOSE1 ]
```

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]**

통화를 해야 하는 다른 분이 있는지 확인해 보겠습니다.

CLOSE2   Thank you, I really appreciate your time and cooperation. You have helped with a very important
health survey. If you have any questions about the study, please contact Dr. E. Richard Brown,
the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you,
and good-bye.

시간을 내어 협조해 주셔서 대단히 감사합니다. 귀하는 매우 중요한 건강 관련 설문 조사를 하는 데
큰 도움이 되었습니다.이 연구에 대해 질문이 있으시면 책임 연구자인 E. Richard Brown
박사님에게 연락하십시오. 이 박사님의 전화번호를 원하십니까?[IF YES, SAY: Brown 박사님에게
연락하시려면 무료 전화 **1-866-275-2447**로 전화하십시오.]