# CHIS 2009
# Adult Questionnaire
Version 2.10 (Korean)
January 25, 2010

Adult Respondents Age 18 and older

*Collaborating Agencies:*
□ UCLA Center for Health Policy Research
□ California Department of Health Care Services
□ California Department of Public Health

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey.  In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2009 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

# Section A – Demographic Information, Part I

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**PROGRAMMING NOTE QA09_A1:**
**SET AADATE = CURRENT DATE (YYYYMMDD)**

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**Age**
**QA09_A1**      What is your date of birth? 나이를 말씀해 주시겠습니까?

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: 1898-1989]

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

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**PROGRAMMING NOTE QA09_A2:**
**IF QA09_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA09_A2;**
**ELSE GO TO QA09_A5**

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**QA09_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: 1898-1989]

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

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**PROGRAMMING NOTE QA09_A3:**
**IF QA09_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA09_A3;**
**ELSE GO TO QA09_A5**

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**QA09_A3**     What is your age, please? 나이를(연세를) 말씀해 주시겠습니까?

AA2

_____YEARS OF AGE     [RANGE: 0-120]          **[GO TO QA09_A5]**

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

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**PROGRAMMING NOTE QA09_A4:**
**IF QA09_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA09_A4;**
**ELSE GO TO QA09_A5**

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**QA09_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 18 세와 29 세 사이, 30 세와 39 세 사이, 40 세와 44 사이, 45 세와 49 세 사이, 50 세와 64 세 사이, 또는 65 세 이상 중 어디에 속하십니까?

AA2A

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

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**POST NOTE QA09_A4: AAGE ENUM.AGE**
**CALCULATE VALUE OF AAGE BASED ON QA09_A1, QA09_A2, OR QA09_A3 TO USE IN ALL AGE-RELATED QUESTIONS;**
**IF QA09_A1, QA09_A2, OR QA09_A3 = -7 OR -8 (REF/DK), THEN USE QA09_A4;**
**ELSE USE ENUM.AGE**

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**Gender**
**QA09_A5**     Are you male or female? 이건 어느 분께나 드리게 되어 있는 성별에 관한 질문인데요. 남성분이십니까, 여성분이십니까?

AA3

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

**Ethnicity**

**QA09_A6**     Are you Latino or Hispanic？ 라티노나 히스패닉계이십니까?

**AA4**

    YES .......................................................................1
    NO .........................................................................2     **[GO TO PN QA09_A8]**
    REFUSED ............................................................. -7     **[GO TO PN QA09_A8]**
    DON'T KNOW ....................................................... -8     **[GO TO PN QA09_A8]**

**QA09_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 QA09_A8:
IF QA09_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic.  Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA09_A8 CONTINUE WITH
PROGRAMMING NOTE QA09_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

**Race**
**QA09_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 속하는지를말씀해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 주민, 아메리칸 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 QA09_A16] |
| BLACK OR AFRICAN AMERICAN | 2 | [GO TO PN QA09_A16] |
| ASIAN | 3 | [GO TO PN QA09_A12] |
| AMERICAN INDIAN OR ALASKA NATIVE | 4 | [GO TO PN QA09_A9] |
| OTHER PACIFIC ISLANDER | 5 | [GO TO PN QA09_A13] |
| NATIVE HAWAIIAN | 6 | [GO TO PN QA09_A16] |
| OTHER (SPECIFY: _____) | 91 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |

**PROGRAMMING NOTE QA09_A9:**
**IF QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA09_A9;**
**ELSE GO TO PROGRAMMING NOTE QA09_A12**

**QA09_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

**QA09_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 QA09_A12]**
   REFUSED ............................................................. -7      **[GO TO PN QA09_A12]**
   DON'T KNOW ........................................................ -8      **[GO TO PN QA09_A12]**

**QA09_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

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**PROGRAMMING NOTE QA09_A12:**
**IF QA09_A8 = 3 (ASIAN) CONTINUE WITH QA09_A12;**
**ELSE GO TO PROGRAMMING NOTE QA09_A13**

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**QA09_A12**   You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them. 아시안이라고 말씀하셨는데요, 중국계라던지, 필리핀계, 또는 베트남계 등, 정확히 어느 민족이십니까?  한 가지 이상이면, 전부 말씀해 주십시오.

| AA5E |

### [CODE ALL THAT APPLY]

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

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**PROGRAMMING NOTE QA09_A13:**
**IF QA09_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA09_A13;**
**ELSE GO TO PROGRAMMING NOTE QA09_A14**

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**QA09_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 같이구체적으로 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 QA09_A14:
IF QA09_A6 = 1 (LATINO) AND [QA09_A8 = 6 (NATIVE HAWAIIAN) OR QA09_A8 = 5 (OTHER PACIFIC
ISLANDER) OR QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA09_A8 = 3 (ASIAN) OR
QA09_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA09_A8 = 1 (WHITE) OR QA09_A8 = 91 (OTHER)]
CONTINUE WITH QA09_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA09_A8, QA09_A12, OR QA09_A13 [NOT COUNTING
-7 OR -8 (REF/DK)] CONTINUE WITH QA09_A14;
ELSE SKIP TO QA09_A16

**QA09_A14**      You said that you are: {INSERT MULTIPLE RESPONSES FROM QA09_A7, QA09_A8,
QA09_A12 AND QA09_A13}.귀하에게 해당되는 민족 또는 인종에 표시해 주십시오.

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 QA09_A16]**
REFUSED ......................................................... -7      **[GO TO QA09_A16]**
DON'T KNOW ......................................................... -8      **[GO TO QA09_A16]**

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**PROGRAMMING NOTE FOR QA09_A15:**
**IF QA09_A6 = 1 (YES, LATINO) AND QA09_A7 ≠ -7 OR -8 DO NOT DISPLAY QA09_A15 = 14 (LATINO);**
**IF QA09_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA09_A13 = 1 TO 4 OR 91 DO NOT DISPLAY**
**QA09_A15 = 17 (OTHER PACIFIC ISLANDER);**
**IF QA09_A8 = 3 AND QA09_A12 = 1 TO 17 OR 91 DO NOT DISPLAY QA09_A15 = 19 (ASIAN)**

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**QA09_A15**     Which do you <u>most</u> identify with? 선생님께서 { }(이)라고 말씀하셨습니다. 이 중에서, 선생님을 가장 잘 나타낸다고 생각되는 것은 무엇입니까?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO ...........1
SALVADORAN...........................................................4
GUATEMALAN ......................................................5
COSTA RICAN........................................................6
HONDURAN ...........................................................7
NICARAGUAN ........................................................8
PANAMANIAN ........................................................9
PUERTO RICAN....................................................10
CUBAN...................................................................11
SPANISH-AMERICAN (FROM SPAIN) ..................12
LATINO, OTHER SPECIFY .....................................13
LATINO ..................................................................14
NATIVE HAWAIIAN ................................................16
OTHER PACIFIC ISLANDER ..................................17
AMERICAN INDIAN OR ALASKA NATIVE .............18
ASIAN ....................................................................19
BLACK OR AFRICAN AMERICAN ..........................20
WHITE....................................................................21
RACE, OTHER SPECIFY .......................................22
BANGLADESHI.......................................................30
BURMESE ..............................................................31
CAMBODIAN ..........................................................32
CHINESE ...............................................................33
FILIPINO ................................................................34
HMONG ..................................................................35
INDIAN (INDIA) ......................................................36
INDONESIAN..........................................................37
JAPANESE .............................................................38
KOREAN.................................................................39
LAOTIAN.................................................................40
MALAYSIAN............................................................41
PAKISTANI .............................................................42
SRI LANKAN..........................................................43
TAIWANESE ..........................................................44
THAI ......................................................................45
VIETNAMESE .........................................................46
ASIAN, OTHER SPECIFY ......................................49
SAMOAN/AMERICAN SAMOAN............................50
GUAMANIAN ..........................................................51
TONGAN.................................................................52
FIJIAN ....................................................................53
PACIFIC ISLANDER, OTHER SPECIFY..................55

BOTH/ALL/MULTIRACIAL .......................................90
NONE OF THESE ...................................................95
REFUSED .............................................................-7
DON'T KNOW .........................................................-8

**Marital Status**

**QA09_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

**General Health**

> **PROGRAMMING NOTE FOR QA09_B1:**
> **IF SRH SAMPLE = 1 OR -1 THEN CONTINUE WITH QA09_B1;**
> **ELSE GO TO QA09_B2 AND DISPLAY "These next questions are about your health";**

**QA09_B1**   These next questions are about your health. 다음은 선생님의 건강에 대해 몇 가지 질문을 드리겠습니다.

Would you say that in general your health is excellent, very good, good, fair, or poor? 전반적으로 건강이 굉장히 좋으십니까?상당히 좋으십니까, 좋으십니까, 괜찮으십니까? 아니면 안 좋으십니까?

**AB1**

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

**Asthma**

**QA09_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 QA09_B18]
REFUSED ............................................................ -7    [GO TO PN QA09_B18]
DON'T KNOW ...................................................... -8    [GO TO PN QA09_B18]
```

**QA09_B3**   Do you still have asthma? 아직도 천식이 있으십니까?

**AB40**

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

**QA09_B4**   During the <u>past 12 months</u>, have you had an episode of asthma or an asthma attack? 지난 12 개월 동안, 이따금씩 또는 한 번이라도 천식 증상이 있었던 적이 있습니까?

**AB41**

```
YES .......................................................................1
NO..........................................................................2
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
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**PROGRAMMING NOTE QA09_B5:**
**IF QA09_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA) <u>AND</u> QA09_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS), GO TO QA09_B9;**
**ELSE CONTINUE WITH QA09_B5**

---

**QA09_B5**   During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm?  Would you say…지난 12 개월 동안, 기침, 휘휘거리는 쉰 목소리, 숨가쁨, 흉부 압박감 및 가래 등의 천식 증상이 얼마나 자주 있었습니까?  다음 중에서 선택해 주십시오

**AB19**

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

**QA09_B6**   During the <u>past 12 months</u>**,** have you had to visit an emergency room because of <u>your</u> asthma?
#지난 12 개월₩ 동안, #귀하의₩ 천식 때문에 응급실에가야 했던 때가 있었습니까?

**AH13A**

> YES .............................................................................1
> NO ................................................................................2   **[GO TO QA09_B8]**
> REFUSED ................................................................. -7   **[GO TO QA09_B8]**
> DON'T KNOW ...........................................................-8   **[GO TO QA09_B8]**

**QA09_B7**   Did you visit an emergency room for your asthma because you were unable to see your doctor?
천식에 대해 의사의 진료를 받을 수 없었기 때문에 응급실에 간 적이 있습니까?

**AB106**

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

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

**QA09_B8**     During the <u>past 12 months</u>**,** were you admitted to the hospital overnight or longer for your asthma? #지난 12 개월₩ 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있으십니까?

AH15A

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

**QA09_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. 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 QA09_B10:**
**IF QA09_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA09_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO**
**PROGRAMMING NOTE QA09_B14;**
**ELSE CONTINUE WITH QA09_B10**

---

**QA09_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 12 개월₩ 동안, 기침, 씨근거림, 가쁜 숨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까?

AB66

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

**QA09_B11**          During the <u>past 12 months</u>**,** have you had to visit an emergency room because of <u>your</u> asthma? #지난 12 개월 동안₩, #귀하의₩ 천식 때문에 응급실로 가야 했던 적이 있습니까?

AB67

```
YES ..........................................................................1
NO ............................................................................2          [GO TO QA09_B13]
REFUSED ............................................................... -7          [GO TO QA09_B13]
DON'T KNOW ........................................................ -8          [GO TO QA09_B13]
```

**QA09_B12**        Did you visit an emergency room for your asthma because you were unable to see your doctor?
천식에 대해 의사의 진료를 받을 수 없었기 때문에 응급실에 간 적이 있습니까?

AB107

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

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

**QA09_B13**     During the <u>past 12 months</u>**,** were you admitted to the hospital overnight or longer for your asthma? #지난 12 개월₩ 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있으십니까?

AB80

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

---

**PROGRAMMING NOTE QA09_B14:**
**IF AAGE > 69 GO TO QA09_B15;**
**ELSE CONTINUE WITH QA09_B14**

---

**QA09_B14**     During the past 12 months, how many days of work did you miss due to asthma? 지난 12 개월 동안, 천식때문에 직장에 나가지 못했던게 며칠이나 되십니까?

AB42

**[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]**

_____ DAYS (0 - 365)

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

**QA09_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 QA09_B17]
REFUSED ............................................................... -7    [GO TO QA09_B17]
DON'T KNOW .......................................................... -8    [GO TO QA09_B17]
```

**QA09_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 이것은 전자사본 또는 하드카피일 수도 있습니다."]**

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

**QA09_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
Somewhat confident, ..............................................2
Not too confident, or...............................................3
Not at all confident? ...............................................4
```

매우 자신이 있다·······································1
약간 자신이 있다·······································2
별로 자신이 없다·······································3
전혀 자신이 없다·······································4
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8

**Diabetes**

> **PROGRAMMING NOTE QA09_B18:**
> **IF QA09_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";**
> **ELSE BEGIN DISPLAY WITH "Has"**

**QA09_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 QA09_B39]**
REFUSED ............................................................... -7
DON'T KNOW ....................................................... -8

**Pre-Diabetes/Borderline Diabetes**

> **PROGRAMMING NOTE QA09_B19:**
> **IF QA09_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";**
> **ELSE BEGIN DISPLAY WITH "Has"**

**QA09_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 QA09_B20:**
> **IF QA09_B18 = 1 THEN CONINTUE WITH QA09_B20;**
> **ELSE SKIP TO PROGRAMMING NOTE QA09_B39**

**QA09_B20**     How old were you when a doctor first told you that you have diabetes? 임신 기간을 제외하고 의사로부터 귀하가 당뇨병 전단계 또는 당뇨병 경계선에 있다는 말을 들은 #적₩이 있습니까?

> **AB23**

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

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

**QA09_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. 제 일종(타입 원) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는**

것이고 보통 아이들이나 젊은성인들에게서 나타납니다. 제 이종(타입 투) 당뇨병은
인슐린내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다”]

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

**QA09_B22**     Are you now taking insulin? 현재 인슐린을 투여하고 계십니까?

**AB24**

```
YES .........................................................1
NO............................................................2     [GO TO QA09_B24]
REFUSED ................................................-7     [GO TO QA09_B24]
DON'T KNOW ..........................................-8     [GO TO QA09_B24]
```

**QA09_B23**     Do you take insulin through a needle, pen, pump, or inhaler? 귀하는 주사바늘, 펜, 펌프, 또는
흡입기를 통해서 인슐린을 투여하고 계십니까?

**AB121**

```
NEEDLE....................................................1
PEN...........................................................2
PUMP ........................................................3
INHALER....................................................4
OTHER.......................................................5
REFUSED ............................................... -7
DON'T KNOW ......................................... -8
```

**QA09_B24**     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.
이 약들은 가끔 경구용 강하제 또는 경구용 혈당 강하제라고  불립니다"]**

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

**QA09_B25**     Do you now take medicine to lower your cholesterol? 귀하는 콜레스테롤을 낮추기 위해 약을
복용하고 계십니까?

**AB122**

**[INTERVIEWER NOTE: CODE YES IF "STATIN" IS MENTIONED.]**

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

**QA09_B26**     Do you take an aspirin on a regular basis to reduce the risk of heart attack? 귀하는 심장마비를 일으킬 위험을 줄이기 위해 정기적으로 아스피린을 복용하고 계십니까?

AB123

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

**QA09_B27**     Do you take any other medications to reduce your heart attack risk, such as "ACE" Inhibitors? 귀하는 심장마비를 일으킬 위험을 줄이기 위해 "ACE" 억제제와 같은 다른 약을 복용하고 계십니까?

**AB124**

**[IF NEEDED, SAY: "Common ACE inhibitor medications are Prinivil, Lisinopril, and Enalapril. 흔히 사용되는 ACE 억제제에는 프리니빌, 리시노프릴, 에나라프릴 등이 있습니다"]**

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

**QA09_B29**     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

**QA09_B30**     About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"? 지난 12 개월 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

**QA09_B31**     About how many times in the last 12 months has a doctor checked your feet for any sores or irritations? 지난 12 개월 동안, 의사는 귀하의 발의 상처나 염증을 대략 몇 번이나 검사했습니까?

**AB28**

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

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

**QA09_B32**    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

**QA09_B33**    During the past 12 months, have you had to visit an emergency room because of your diabetes? #지난 12 개월₩ 동안, 당뇨병 때문에 응급실에 간 적이 있습니까?

**AB109**

YES ........................................................................1
NO..........................................................................2    **[GO TO QA09_B35]**
REFUSED .............................................................. -7    **[GO TO QA09_B35]**
DON'T KNOW ........................................................ -8    **[GO TO QA09_B35]**

**QA09_B34**    Did you visit an emergency room for your diabetes because you were unable to see your doctor? 당뇨병에 대해 의사의 진료를 받을 수 없었기 때문에 응급실에 간 적이 있습니까?

**AB110**

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

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

**QA09_B35**    During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes? 지난 12 개월 동안, 당뇨병 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

**AB111**

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

**QA09_B36**   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 QA09_B38]
REFUSED ............................................................. -7      [GO TO QA09_B38]
DON'T KNOW ....................................................... -8      [GO TO QA09_B38]
```

**QA09_B37**   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. 이것은 전자사본 또는 책자일 수도 있습니다."]**

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

**QA09_B38**     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
> Somewhat confident, ..............................................2
> Not too confident, or...............................................3
> Not at all confident? ...............................................4
> 매우 자신이 있다……………………………………1
> 약간 자신이 있다……………………………………2
> 별로 자신이 없다……………………………………3
> 전혀 자신이 없다……………………………………4
> REFUSED .............................................................. -7
> DON'T KNOW ....................................................... -8

**Gestational Diabetes**

```
PROGRAMMING NOTE QA09_B39:
IF QA09_A5 = 2 (FEMALE) CONTINUE WITH QA09_B39;
ELSE GO TO QA09_B41
```

**QA09_B39**     Has a doctor ever told you that you had diabetes only during pregnancy? 의사로부터 #단지₩ 임신 기간 동안에만 당뇨병이있었다는 말을 들으신 적이 있습니까?

AB81

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

> YES ........................................................................1
> NO...........................................................................2          **[GO TO QA09_B41]**
> BORDERLINE GESTATIONAL DIABETES .............3          **[GO TO QA09_B41]**
> REFUSED .............................................................. -7          **[GO TO QA09_B41]**
> DON'T KNOW ....................................................... -8          **[GO TO QA09_B41]**

**QA09_B40**     After your pregnancy, did you have a fasting blood sugar test or an oral glucose tolerance test? 임신한 후에 금식 혈당 검사 또는 경구 포도당 내성 검사를 받았습니까?

AB126

**[IF NEEDED, SAY: "An oral glucose tolerance test is when you have your blood drawn before and after drinking a sweet liquid. 경구 포도당 내성 검사에서는 설탕을 넣은 액체를 마시기 전후에 혈액을 채취합니다."]**

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

**Hypertension**
**QA09_B41**     Has a doctor ever told you that you have high blood pressure?
의사가 귀하에게 혈압이 높다고 말한 #적₩이 있습니까?

**AB29**

```
YES ...........................................................................1
NO ............................................................................2        [GO TO QA09_B43]
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION ...........................................3           [GO TO QA09_B43]
REFUSED ............................................................. -7           [GO TO QA09_B43]
DON'T KNOW ....................................................... -8           [GO TO QA09_B43]
```

**QA09_B42**    Are you now taking any medications to control your high blood pressure?
현재 혈압 조절 약을 복용하고 계십니까?

AB30

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

**Heart Disease**
**QA09_B43**    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 QA09_B51]**
> REFUSED ............................................................. -7   **[GO TO QA09_B51]**
> DON'T KNOW ....................................................... -8   **[GO TO QA09_B51]**

**QA09_B44**    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

**QA09_B45**    During the past 12 months, have you had to visit an emergency room because of your heart disease? #지난 12 개월₩ 동안, 심장병 때문에 응급실에 간 적이 있습니까?

AB115

> YES ..........................................................................1
> NO............................................................................2   **[GO TO QA09_B47]**
> REFUSED ............................................................. -7   **[GO TO QA09_B47]**
> DON'T KNOW ....................................................... -8   **[GO TO QA09_B47]**

**QA09_B46**    Did you visit an emergency room for your heart disease because you were unable to see your doctor?
심장병에 대해 의사의 진료를 받을 수 없었기 때문에 응급실에 간 적이 있습니까?

AB116

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

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

**QA09_B47**     During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease? 지난 12 개월 동안, 심장병 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

AB117

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

**QA09_B48**     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 QA09_B50]
REFUSED .......................................................... -7    [GO TO QA09_B50]
DON'T KNOW ..................................................... -8    [GO TO QA09_B50]
```

**QA09_B49**     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. 이것은 전자사본 또는 하드카피일 수도 있습니다."]**

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

**QA09_B50**     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
매우 자신이 있다……………………………………1
약간 자신이 있다……………………………………2
별로 자신이 없다……………………………………3
전혀 자신이 없다……………………………………4
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
```

**Flu Shot**
**QA09_B51**     During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?
지난 12 개월 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. 독감 예방주사는 보통 가을에 접종하며 독감 시즌에 독감에 걸리지 않도록 신체를 보호합니다."]**

YES ........................................................................1
NO.........................................................................2          **[GO TO QA09_B54]**
REFUSED ............................................................. -7          **[GO TO QA09_B54]**
DON'T KNOW ....................................................... -8          **[GO TO QA09_B54]**

**QA09_B52**     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 QA09_B53:**
**IF QA09_B52 = 1 DISPLAY "flu shot";**
**ELSE IF QA09_B52 = 2 DISPLAY "nasal flu vaccine";**
**ELSE DISPLAY "vaccine"**

---

**QA09_B53**     At what kind of place did you get your last {flu shot/nasal flu vaccine/vaccine}?
지난 번 독감 예방 주사를 맞았던 곳이 어디였습니까?
{지난 번에 어디서 독감 백신을 코에 뿌렸습니까?}
{지난 번 독감 예방 주사를 맞았던 곳은 어디었습니까?}

**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

**Family History of Cancer**
**QA09_B54**        Now I'm going to ask about your family's history of cancer.  By family we mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have cancer of any kind? 지금부터는 귀하 가족의 암 병력에 대해 질문을 드리겠습니다.가족이란 혈연 관계만을 의미합니다. 귀하의 친부모, 친형제자매, 또는 친자녀가 어떤 종류이든지 암에 걸린 적이 있습니까?

**AF4**

**[IF NEEDED, SAY: "Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]**

```
YES ........................................................................1
NO............................................................................2        [GO TO PN QA09_B62]
REFUSED ............................................................. -7        [GO TO PN QA09_B62]
DON'T KNOW ........................................................ -8        [GO TO PN QA09_B62]
```

**QA09_B55**        What kind of cancer or cancers were these?
이 검사를 받았던 주된 이유를 말씀해 주십시오. 그게

**AF5**

**[CODE ALL THAT APPLY]**
**[PROBE: "Any others? 주된 이유란 가장 중요한 이유를 말합니다"]**

```
BLADDER ..............................................................1
BLOOD...................................................................2
BONE .....................................................................3
BRAIN ....................................................................4
BREAST..................................................................5
CERVIX ..................................................................6
COLON ...................................................................7
ESOPHAGUS .........................................................8
GALLBLADDER ......................................................9
KIDNEY ............................................................... 10
LARYNX-WINDPIPE.............................................. 11
LEUKEMIA ........................................................... 12
LIVER ................................................................... 13
LUNG ................................................................... 14
LYMPHOMA.......................................................... 15
MOUTH/TONGUE/LIP ........................................... 16
OVARY.................................................................. 17
PANCREAS .......................................................... 18
PROSTATE............................................................ 19
RECTUM............................................................... 20
SKIN..................................................................... 21
SOFT TISSUE (MUSCLE OR FAT)....................... 24
STOMACH ............................................................ 25
TESTIS................................................................. 26
THROAT-PHARYNX.............................................. 27
THYROID .............................................................. 28
UTERUS ............................................................... 29
OTHER.................................................................. 91
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

---

**PROGRAMMING NOTE QA09_B56:**
**IF QA09_B55 = 21 (SKIN CANCER) THEN CONTINUE WITH QA09_B56;**
**ELSE SKIP TO PROGRAMMING NOTE QA09_B57**

---

**QA09_B56**     Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type? 말씀하신 피부암은 흑색종이었습니까, 비흑색종이었습니까, 아니면 알 수 없는 종류였습니까?

**AF5A**

### [CODE ALL THAT APPLY]

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

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

---

**PROGRAMMING NOTE QA09_B57:**
**IF QA09_A5 = 2 (FEMALE) AND QA09_B55 = 5 (BREAST CANCER), THEN CONTINUE WITH QA09_B57;**
**ELSE SKIP TO PROGRAMMING NOTE QA09_B60**

---

**QA09_B57**     Was your mother ever diagnosed with breast cancer? 혹시 친어머니가 유방암 진단을 받으신 적이 있습니까?

**AF6**

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

**QA09_B58**     Do you have any sisters who have ever been diagnosed with breast cancer? 언니나 여동생 중에 유방암 진단을 받으신 분은 계십니까?

**AF7**

YES .......................................................................1
NO..........................................................................2     **[GO TO PN QA09_B60]**
REFUSED ............................................................... -7     **[GO TO PN QA09_B60]**
DON'T KNOW ......................................................... -8     **[GO TO PN QA09_B60]**

**QA09_B59**     How many sisters have been diagnosed with breast cancer? 몇 명의 자매들이 유방암이라는 진단을 받았습니까?

**AF8**

_____ NUMBER OF SISTERS WITH BREAST CANCER

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

> **PROGRAMMING NOTE QA09_B60:**
> **IF QA09_B55 = 7 (COLON CANCER) OR 20 (RECTAL CANCER), THEN CONTINUE WITH QA09_B60;**
> **ELSE SKIP TO QA09_B62**

**QA09_B60**     Who was diagnosed with colon or rectal cancer? 누가 대장암 (결장암 또는 직장암)이라는 진단을 받았습니까?

AB101

**[IF NEEDED, SAY: "Do NOT include STEP or HALF brothers and sisters. #의붓₩ 형제자매 또는 #이복₩ 형제자매는 포함시키지 #마십시오"]**

**[CODE ALL THAT APPLY]**

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

```
MOTHER.................................................................1
FATHER..................................................................2
FULL BROTHER.......................................................3
FULL SISTER ..........................................................4
BIOLOGICAL SON ..................................................5
BIOLOGICAL DAUGHTER .....................................6
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8
```

> **PROGRAMMING NOTE QA09_B61:**
> **IF QA09_B60 = (3, 4, 5, OR 6) THEN CONTINUE WITH QA09_B61;**
> **   IF QA09_B60 = 3, THEN DISPLAY "brothers";**
> **   IF QA09_B60 = 4, THEN DISPLAY "sisters";**
> **   IF QA09_B60 = 5, THEN DISPLAY "sons";**
> **   IF QA09_B60 = 6, THEN DISPLAY "daughters";**
> **ELSE SKIP TO PROGRAMMING NOTE QA09_B62**

**QA09_B61**     How many {brothers/sisters/sons/daughters} were diagnosed with colon or rectal cancer? 형제, 자매, 아들, 딸 중 몇 명이 대장암 (결장암 또는 직장암)이라는 진단을 받았습니까?

AB102

_____ NUMBER OF FAMILY MEMBERS WITH COLON OR RECTAL CANCER

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

**Colon Cancer Screening**

PROGRAMMING NOTE QA09_B62:
IF AAGE < 40 OR [QA09_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40
OR AGE IS UNKNOWN GO TO PROGRAMMING NOTE QA09_C1;
ELSE CONTINUE WITH QA09_B62

QA09_B62    A stool or fecal blood test is done at home to check for colon cancer.  You send your stool
sample to the doctor's office or lab for testing.  Have you ever done a stool or fecal blood test?
결장암을 확인하기 위해 가정에서 대변 또는 혈변 검사를 할 수있습니다. 대변 샘플은 의사의
진료소나 실험실로 보내어검사합니다. 대변 혈변 검사를 해 본 적이 있습니까?

AF22

**[IF NEEDED, SAY: "Do not include over-the-counter test kits from a drugstore or
pharmacy. 드럭스토어나 약국에서 구입한 비처방검사 키트는 포함시키지 마십시오"]**

**[IF NEEDED, SAY: "Do not include tests done at the doctor's office. 의사의 진료소에서 받은
검사는 포함시키지 마십시오"]**

YES .......................................................................1
NO.........................................................................2      **[GO TO QA09_B65]**
REFUSED ............................................................. -7      **[GO TO QA09_B65]**
DON'T KNOW ....................................................... -8      **[GO TO QA09_B65]**

QA09_B63    When did you do your most recent blood test using a home kit to check for colon cancer?
대장암을 확인하기 위해 가장 최근에 가정용 키트를 사용하여 혈변 검사를 한 지 얼마나 오래
되었습니까?

AF24

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

QA09_B64    What was the main reason you had your most recent stool blood test using a home kit?  Was
it...가장 최근에 가정용 키트를 사용하여 혈변검사를 한 주된 이유는 무엇이었습니까?

AB83

Part of a routine exam,.............................................1
Because of a problem, or.........................................2
Some other reason? ................................................3
일상적인 건강검사의 일부····························1
건강상의 문제, 또는································ 2
기타 이유·········································· 3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8

**QA09_B65**     A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum.  The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home. 상 결장경 검사(sigmoidoscopy)와 대장 내시경 검사(colonoscopy)는 모두 직장에 관을 삽입하여 장을 검사하는 방법입니다. 이 두 검사의 차이점은 S 상 결장경 검사는 검사를 받는 동안 깨어 있어서 검사가 끝난 후에 직접 차를 운전하고 귀가할 수 있으나, 대장 내시경 검사는 검사를 받는 동안 졸리어서 검사가 끝난 후에 다른 사람이 차를 운전하여 귀가시켜 주어야 한다는 것입니다. 대장 내시경 검사를 받은 적이 있습니까?

Have you ever had a colonoscopy? 대장암 검사를 위해 가장 최근에 대장 내시경 검사를 받은 것은 언제였습니까?

**AB84**

YES ............................................................................1
NO............................................................................2          **[GO TO QA09_B68]**
REFUSED .............................................................. -7          **[GO TO QA09_B68]**
DON'T KNOW ........................................................ -8          **[GO TO QA09_B68]**

**QA09_B66**    When did you have your most recent colonoscopy to check for colon cancer? 가장 최근에 대장 내시경 검사를 받은 주된 이유는 무엇이었습니까?

**AB85**

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

**QA09_B67**    What was the main reason you had your most recent colonoscopy?  Was it...가장 최근에 대장 내시경 검사를 받은 주된 이유는 무엇이었습니까?

**AB86**

Part of a routine exam,.............................................1
Because of a problem, or .........................................2
Some other reason? ................................................3
일상적인 건강검사의 일부·····························1
건강상의 문제, 또는·······························  2
기타 이유·····································  3
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8

**QA09_B68**    Have you ever had a sigmoidoscopy? 상 결장경 검사를 받은 적이 있으십니까?

**AB87**

YES ..........................................................................1
NO.............................................................................2        **[GO TO QA09_B71]**
REFUSED .............................................................. -7        **[GO TO QA09_B71]**
DON'T KNOW ....................................................... -8        **[GO TO QA09_B71]**

**QA09_B69**    When did you have your most recent sigmoidoscopy to check for colon cancer? 대장암 검사를 위해 가장 최근에 S 상 결장경 검사를 받은 것은 언제였습니까?

**AB88**

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

**QA09_B70**     What was the main reason you did your most recent sigmoidoscopy?  Was it…가장 최근에 S 상 결장경 검사를 받은 주된 이유는 무엇이었습니까?

AB89

> Part of a routine exam,..............................................1
> Because of a problem, or.........................................2
> Some other reason? ..............................................3
> 일상적인 건강검사의 일부…………………………1
> 건강상의 문제, 또는………………………… 2
> 기타 이유……………………………………… 3
> REFUSED ...................................................... -7
> DON'T KNOW ................................................ -8

**QA09_B71**     In the past 5 years, has a doctor recommended that you have a sigmoidoscopy, colonoscopy or stool blood test? 지난 5 년 동안, 의사가 S 상 결장경 검사, 대장 내시경 검사 또는 혈변검사를 받으라고 권한 적이 있습니까?

AB90

> YES .......................................................................1
> NO..........................................................................2
> DID NOT GO TO A DOCTOR IN
> PAST 5 YEARS................................................ 92
> REFUSED ...................................................... -7
> DON'T KNOW ................................................ -8

---

**PROGRAMMING NOTE QA09_B72:**
**IF QA09_B62 = 2 (NEVER HAD FOBT) AND QA09_B65 = 2 (NEVER HAD COLONOSCOPY) AND QA09_B68 = 2 (NEVER HAD SIGMOIDOSCOPY) CONTINUE WITH QA09_B72 AND DISPLAY "never had";**
**ELSE IF QA09_B62 ≠ 1 (MOST RECENT FOBT OVER 1 YEAR AGO) AND QA09_B66 ≠ 1, 2, OR 3 (MOST RECENT COLONOSCOPY OVER 10 YEARS AGO) AND QA09_B69 ≠ 1 OR 2 (MOST RECENT SIGMOIDOSCOPY OVER 5 YEARS AGO) CONTINUE WITH QA09_B72 AND DISPLAY "not had" AND "recently";**
**ELSE GO TO PROGRAMMING NOTE QA09_B73**

---

**QA09_B72**     What is the ONE most important reason why you have {never had/not had} one of these exams {recently}?최근에 이러한 검사들 중 하나를 받지 #않은₩가장 중요한 #한₩ 가지 이유는 무엇입니까?

AF20

> NO REASON/NEVER THOUGHT ABOUT IT ..........1
> DIDN'T KNOW I NEEDED THIS TYPE OF TEST ....2
> DOCTOR DIDN'T TELL ME I NEEDED IT ...............3
> HAVEN'T HAD ANY PROBLEMS............................4
> PUT IT OFF/LAZINESS .........................................5
> TOO EXPENSIVE/NO INSURANCE/COST .............6
> TOO PAINFUL, UNPLEASANT,
> OR EMBARRASSING...........................................7
> HAD ANOTHER TYPE OF COLORECTAL EXAM...8
> DON'T HAVE A DOCTOR ......................................9
> OTHER................................................................ 91
> REFUSED ...................................................... -7
> DON'T KNOW ................................................ -8

**Prostate Specific Antigen (PSA) Test**

| |
|---|
| **PROGRAMMING NOTE QA09_B73:** <br> **IF FEMALE GO TO QA09_C1;** <br> **IF MALE AND AAGE < 40 OR [IF QA09_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR IF AGE IS UNKNOWN, GO TO QA09_C1;** <br> **ELSE CONTINUE WITH QA09_B73** |

**QA09_B73**      Have you ever <u>heard of</u> a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer. 전립선암을 발견하기 위한 PSA, 즉 "혈청 전립선 특이 항원" 검사에 대해 #들어 본₩ 적이 있습니까? PSA 검사는 전립선암을 발견하기 위한 혈액 검사입니다.

AF30

           YES ....................................................................1 <br>
           NO......................................................................2    **[GO TO QA09_C1]** <br>
           REFUSED ........................................................ -7    **[GO TO QA09_C1]** <br>
           DON'T KNOW .................................................. -8    **[GO TO QA09_C1]**

**QA09_B74**      Have you ever had a PSA test? PSA 즉 전립선암 검사를 받으신 적이 있습니까?

           **[IF NEEDED, SAY: "A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.** PSA 검사는 전립선암을 발견하기 위한 혈액검사입니다. 또한 이것은 전립선 특이 항원 검사라고도 합니다"**]**

AF31

           YES ....................................................................1 <br>
           NO......................................................................2    **[GO TO QA09_B77]** <br>
           REFUSED ........................................................ -7    **[GO TO QA09_B77]** <br>
           DON'T KNOW .................................................. -8    **[GO TO QA09_B77]**

**QA09_B75**      When did you have your most recent PSA test? 가장 최근에 PSA 검사를 받은 것은 언제였습니까?

AF33

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

**QA09_B76**     What was the main reason you had this PSA test – was it... 이 PSA 검사를 받은 #한 가지₩ 주된 이유는 무엇이었습니까?

AF34

> Part of a routine physical exam,...............................1
> Because of a problem, or........................................2
> Some other reason? ...............................................3
> 일상적인 신체검사의 일부…………………………1
> 문제가 있었기 때문에……………………………2
> 다른 이유……………………………………… 3
> REFUSED ............................................................. -7
> DON'T KNOW ....................................................... -8

---

**PROGRAMMING NOTE QA09_B77:**
**IF QA09_B74 = 1 DISPLAY "before you had the PSA test" AND "it";**
**ELSE DISPLAY "Did" AND "the PSA test"**

---

**QA09_B77**     {Before you had the PSA test}, did a doctor ever talk with you about the advantages and disadvantages of having {it/the PSA test}?의사로부터 PSA 검사의 장점과 단점에 대해 설명을 들은 적이 있습니까?
{PSA 검사를 받기 전에,의사로부터 이 검사의 장점과 단점에 대해 설명을 들은 적이 있습니까?}

AB103

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

---

**PROGRAMMING NOTE QA09_B78:**
**IF QA09_B74 = 1 DISPLAY "before you had the PSA test" AND "it";**
**ELSE DISPLAY "Did" AND "the PSA test"**

---

**QA09_B78**     {Before you had the PSA test, did/Did} a doctor ever tell you that some doctors recommend having {it/the PSA test} and others do not?
의사로부터 PSA 검사를 추천하는 의사도 있고 추천하지 않는 의사도 있다는 말을 들은 적이 있습니까?
{PSA 검사를 받기 전에, 의사로부터 이 검사를 추천하는 의사도 있고 추천하지 않는 의사도 있다는 말을 들은 적이 있습니까?}

AB104

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

**QA09_B79**     Did a doctor or other health professional ever recommend that you have a PSA test?
의사나 다른 의료전문가가 PSA 검사를 받으라고 추천한 적이 있습니까?

**AB105**

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

# Section C – Health Behaviors

**Walking for Transportation and Leisure**

**QA09_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 것에대해서는 별도로 질문 드리겠습니다.

**AD37W**

During the past 7 days, did you walk to get some place that took you at least 10 minutes?  #지난 7 일₩ 동안, 적어도#10 분 이상₩ 거리에 있는곳에 가기 위해 걸으신 적이 있습니까?

[IF NEEDED, SAY: "이동을 목적으로 걷는 것이란 다른 곳에가기 위해서 걷는 것을 뜻합니다."]

```
YES ........................................................................1
NO..........................................................................2      [GO TO QA09_C4]
UNABLE TO WALK ................................................3      [GO TO QA09_C7]
REFUSED ............................................................. -7     [GO TO QA09_C4]
DON'T KNOW ....................................................... -8     [GO TO QA09_C4]
```

**QA05_C2**    In the past 7 days, how many times did you do that? 며칠 동안이나 그렇게 걸었습니까?

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

**AD38W**

_____ TIMES PER WEEK **[IF 0, GO TO QA09_C4]**

```
REFUSED ............................................................. -7     [GO TO QA09_C4]
DON'T KNOW ....................................................... -8     [GO TO QA09_C4]
```

---

**PROGRAMMING NOTE QA09_C3:**
**IF QA09_C2 = 1 DISPLAY "How long did that walk take";**
**IF QA09_C2 > 1 DISPLAY "On average, how long did those walks take"**

---

**QA09_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 QA05_C4:**
**IF QA09_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."**

---

**QA05_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 7 일 동안, 이러한 이유로 한 번에 10 분 이상 걸은 적이 있습니까? 귀하가 앞에서 말씀하신 이유로 걸은 것은 포함시키지 마십시오.

AD40W

```
                    YES ........................................................................1
                    NO............................................................................2      [GO TO QA09_C7]
                    REFUSED ............................................................... -7       [GO TO QA09_C7]
                    DON'T KNOW ......................................................... -8      [GO TO QA09_C7]
```

**QA09_C5**          In the past 7 days, how many times did you do that? 며칠 동안이나 그렇게 걸었습니까?

**[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 10 분 이상 걸은 경우."]**

AD41W

```
                    _____ TIMES PER WEEK  [IF 0, GO TO QA09_C7]

                    REFUSED ............................................................... -7       [GO TO QA09_C7]
                    DON'T KNOW ......................................................... -8      [GO TO QA09_C7]
```

---

**PROGRAMMING NOTE QA09_C6:**
**IF QA09_C5 = 1 DISPLAY "How long did that walk take";**
**IF QA09_C5 > 1 DISPLAY "On average, how long did those walks take"**

---

**QA09_C6**          {How long did that walk take/On average, how long did those walks take}?그런 날에는 보통 얼마나 오래 걸었습니까?

[IF NEEDED SAY: "재미, 기분 전환, 운동을 위해, 또는 개를 산책시키기 위해"]

AD42W

```
                    _____ MINUTES PER DAY
                    _____ HOURS PER DAY

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

**Moderate and Vigorous Physical Activity**

QA09_C7     The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking.  First, think about activities that take moderate physical effort, such as bicycling, dancing, swimming, and gardening. 다음 질문들은 자유 시간에 10 분 이상 동안 하는 신체 활동이나 운동에 관한 것입니다. 걷기는 제외하십시오. 먼저 자전거 타기, 수영, 댄스 또는 정원 가꾸기와 같은 보통 정도의 신체 활동들을 고려해 주십시오

During the last 7 days, did you do any <u>moderate</u> physical activities in your free time for at least 10 minutes, other than walking? 지난 7 일 동안에, 자유 시간에 #보통 정도의₩ 신체 활동을 10 분 이상 한 적이 있습니까?

AE26

**[IF NEEDED, SAY: "Moderate physical activities make you breathe somewhat harder than normal. 보통 정도의 신체 활동을 하면 보통때보다 숨이 약간 더 가빠집니다"]**

**[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time. 한 번에 10 분 이상 한 보통 정도의신체적 노력이 필요한 활동만을 고려하십시오"]**

```
YES ......................................................................1
NO........................................................................2      [GO TO QA09_C10]
REFUSED ........................................................... -7      [GO TO QA09_C10]
DON'T KNOW ...................................................... -8      [GO TO QA09_C10]
```

QA09_C8     On how many days did you do this? 며칠 동안이나 이러한 활동을 했습니까?

AE27

```
_____ DAYS PER WEEK                           [IF 0, GO TO QA09_C10]

REFUSED ........................................................... -7      [GO TO QA09_C10]
DON'T KNOW ...................................................... -8      [GO TO QA09_C10]
```

---

**PROGRAMMING NOTE QA09_C9:**
**IF QA09_C8 = 1 DO NOT DISPLAY "usually" AND "that day";**
**IF QA09_C8 > 1 DISPLAY "usually" and "one of those days"**

---

**QA09_C9**     How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time? 그런 날에는 자유 시간에 보통 정도의 신체 활동을 얼마나 오래 했습니까?

**AE27A**

**[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time. 한 번에 10 분 이상 한 보통 정도의 신체 활동만을 고려하십시오."]**

_____ HOURS PER DAY
_____ MINUTES PER DAY  [HR: 0-480, SR:0-120]

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

**QA09_C10**     Now think about <u>vigorous</u> activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming.  Again, do not include walking. 지금부터는 자유 시간 동안에 한 에어로빅, 달리기,축구, 빠른 속도로 자전거 타기, 빠른 속도로 수영하기와같은 힘든 신체적 노력이 필요한 #격심한W 활동에 관해서생각해 보십시오. 이번에도 걷는 것은 포함시키지 마십시오

During the last 7 days, did you do any vigorous physical activities in your free time? 지난 7 일 동안에, 자유 시간에 격심한 신체 활동을 한적이 있습니까?

**AE24**

**[IF NEEDED, SAY: "Vigorous activities make you breathe much harder than normal. 격심한 신체 활동을 하면 보통 때보다숨이 훨씬 더 가빠집니다."]**

**[IF NEEDED, SAY: "Think about only those vigorous physical activities that you did for at least 10 minutes at a time. 한 번에 10 분 이상 한 격심한 신체활동만을 고려하십시오."]**

YES ........................................................................1
NO..........................................................................2     **[GO TO QA09_C13]**
REFUSED ............................................................. -7     **[GO TO QA09_C13]**
DON'T KNOW ....................................................... -8     **[GO TO QA09_C13]**

**QA09_C11**     On how many days did you do this? 며칠 동안이나 이러한 활동을 했습니까?

**AE25**

_____ DAYS PER WEEK  [HR:1-7]  **[IF 0, GO TO QA09_C13]**

REFUSED ............................................................. -7     **[GO TO QA09_C13]**
DON'T KNOW ....................................................... -8     **[GO TO QA09_C13]**

PROGRAMMING NOTE QA09_C12:
IF QA09_C11 = 1 DO NOT DISPLAY "usually" AND DISPLAY "that day";
IF QA09_C11 > 1 DISPLAY "usually" and "one of those days"

**QA09_C12**    How much time did you {usually} spend on {one of those days/that day} doing **vigorous** physical activities in your free time? 그런 날에는 자유 시간에 격심한 신체 활동을 보통 얼마나 오래 했습니까?

AE25A

[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time. 한 번에 10 분 이상 한 격심한 신체 활동만을 고려하십시오"]

_____ HOURS PER DAY
_____ MINUTES PER DAY  [HR: 0-480; SR: 0-120]

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

**Dietary Intake**
**QA09_C13**    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 30 일 동안 주식과간식을 포함하여 귀하가 드시거나 마신 식품에관해 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. 소신껏 추측하셔도 좋습니다"]

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

**QA09_C14**        [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?

<div style="border:1px solid black; display:inline-block;">

**AE3**

</div>

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

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

**QA09_C15**        [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 또는감자와 같은 #다른₩ 야채를 몇 번이나 먹었습니까?튀긴 감자는 포함시키지 마십시오.

AE7

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

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

**[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK:**"그 횟수는 하루, 한 주 또는 한 달 중 어느 기간에해당됩니까?"**]**

_____TIMES

PER DAY ...................................................................1        [HR: 0-10; SR: 0-4]
PER WEEK ................................................................2        [HR: 0-25; SR: 0-11]
PER MONTH.............................................................3        [HR: 0-60; SR: 0-30]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

**QA09_C16**        [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.** 캔이나 병에 들어 있는 주스 또는차는 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

**QA09_C17**      [During the past month,] how often did you drink sports or energy drinks such as Gatorade, Red Bull, and Vitamin water?  Do not include diet or sugar-free kinds. [지난 한 달 동안,] 게토레이드, 레드불, 또는 비타민워터와 같은 스포츠 또는 에너지 음료를 얼마나 자주 마셨습니까?

[매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

AC12

         _____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

**QA09_C18**      [During the past month,] how often did you drink sweetened fruit drinks such as Kool-aid, cranberry drink, and lemonade?  Include fruit drinks you made at home and added sugar to. [지난 한 달 동안,] 쿨에이드, 크랜베리, 레모네이드 같은 가당 과일 음료를 얼마나 자주 마셨습니까? 가정에서 만들고 설탕을 넣은 과일 음료도 포함시키십시오.

AC41

      **[IF NEEDED, SAY: "Do not include 100% fruit juices and drinks with things like Splenda or Equal.** 100% 과일 주스와 스플렌다 또는 이�퀄 같은 인공감미료를 첨가한 음료는 포함시키지 마십시오"]

         _____TIMES

         PER DAY ...................................................................1
         PER WEEK ...............................................................2
         PER MONTH.............................................................3
         REFUSED .............................................................. -7
         DON'T KNOW ......................................................... -8

**QA09_C19**     [During the past month,] how often did you drink coffee or tea with sugar or honey added?  Do not include drinks with things like Splenda or Equal.  Include pre-sweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. [지난 한 달 동안,] 설탕이나 꿀을 넣은 커피나 차를 몇 번이나 마셨습니까? 스플렌다 또는 이퀄 같은 인공감미료를 넣은 음료는 포함시키지 마십시오. 애리조나 아이스 티와 프라푸치노 같은 미리 설탕을 넣어 만든 커피와 차는 포함시키십시오.
[매일, 매주, 또는 매월 단위로 말씀해주셔도 좋습니다.]

**AC36**

           _____TIMES

           PER DAY ................................................................1
           PER WEEK ............................................................2
           PER MONTH...........................................................3
           REFUSED ........................................................... -7
           DON'T KNOW ....................................................... -8

**QA09_C20**     [During the past month,] how often did you eat cookies, cake, pie, or brownies?  Do not include sugar-free kinds.  [지난 한 달 동안,]  과자, 케이크, 파이, 또는 브라우니를얼마나 자주 먹었습니까? 무설탕 제품은 포함시키지 마십시오.

        [매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

**AC13**

        **[IF NEEDED, SAY: "Include <u>any</u> sweet pastries.  Do not include sugar-free kinds. 당분이 들어있는 #모든₩ 과자와 빵을포함시키십시오. 무설탕 제품은 포함시키지 마십시오."]**
           _____TIMES

           PER DAY ................................................................1
           PER WEEK ............................................................2
           PER MONTH...........................................................3
           REFUSED ........................................................... -7
           DON'T KNOW ....................................................... -8

**QA09_C21**     [During the past month,] how often did you eat ice cream or other frozen desserts?  Do not include sugar-free kinds.  지난 한 달 동안에 아이스크림이나 다른 냉동 디저트를얼마나 자주 드셨습니까? 무설탕 제품은 포함시키지 마십시오.
[매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

**AC14**

        **[IF NEEDED, SAY: "무설탕 제품은 포함시키지마십시오. 소신껏 추측하셔도 좋습니다."]**

        **[IF STRONGLY NEEDED, SAY: "Include frozen yogurt and popsicles. 냉동 요구르트와 아이스바/하드 아이스크림/팝시클을 포함하십시오."]**

           _____TIMES

           PER DAY ................................................................1
           PER WEEK ............................................................2
           PER MONTH...........................................................3
           REFUSED ........................................................... -7
           DON'T KNOW ....................................................... -8

**Fast Food**
**QA09_C22**          Now think about the <u>past week</u>.  In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through. 지금부터는 #지난 한 주₩에 대해 생각해 보십시오. 지난 7 일 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.** McDonald's, KFC, Panda Express 또는 Taco Bell에서 구입한 음식과 같은."]

_____# OF TIMES IN PAST 7 DAYS

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

**Sun Exposure**

QA09_C23    Next, I am going to ask you about your exposure to the sun. 다음에는 햇볕에 노출된 정도에 대해 질문을 드리겠습니다.

During the past 12 months, how many times have you had a sunburn? 지난 12 개월 동안, 피부가 몇 번이나 햇볕에 탔습니까?

AF13

**[IF NEEDED, SAY: "By 'sunburn' we mean even a small part of your skin turning red or hurting for 12 hours or more. 햇볕에 탔다'는 것은 피부가 일부분이라도 12 시간 이상 빨갛게 변하거나 따가운 것을 의미합니다"]**

_____NUMBER OF SUNBURNS

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

QA09_C24    During the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth?  Do not include a spray-on tan. 지난 12 개월 동안, 선램프, 선베드, 태닝부스 같은 실내 태닝 기구를 몇 번이나 사용했습니까? 몸에 뿌리는 태닝은 포함시키지 #마십시오

AC37

_____NUMBER OF TIMES

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

**Cigarette Use**

QA09_C25    Now, I am going to ask about various health behaviors.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime? 이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다. 지금껏 살아 오시면서, 다 합해 담배를 적어도 100 개피 정도 피우셨습니까?

AE15

YES ........................................................................1
NO..........................................................................2      **[GO TO QA09_C31]**
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA09_C26    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      **[GO TO QA09_C27]**
SOME DAYS............................................................2      **[GO TO PN QA09_C29]**
NOT AT ALL.............................................................3      **[GO TO QA09_C28]**
REFUSED ............................................................... -7      **[GO TO QA09_C31]**
DON'T KNOW ......................................................... -8      **[GO TO QA09_C31]**

**QA09_C27**　　　On average, how many cigarettes do you now smoke a day? 현재 하루에 평균 몇 대의 담배를 피웁니까?

{정기적으로 흡연을 하던 때에는 하루에 보통 몇 대를 피웠습니까?}

AD32

**[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]**

_____ NUMBER OF CIGARETTES　　[HR: 0-120]　　　**[GO TO PN QA09_C30]**

REFUSED ............................................................... -7　　**[GO TO PN QA09_C30]**
DON'T KNOW ........................................................ -8　　**[GO TO PN QA09_C30]**

**QA09_C28**     Thinking back over the years you have smoked regularly, about how many cigarettes did you usually smoke a day? 정기적으로 흡연을 하던 때에는 하루에 보통 몇 대를 피웠습니까?

---AC40---

**[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]**
**[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED REGULARLY", CODE 0]**

\_\_\_\_\_ NUMBER OF CIGARETTES        **[GO TO PN QA09_C30]**

REFUSED .............................................................. -7    **[GO TO PN QA09_C30]**
DON'T KNOW ....................................................... -8    **[GO TO PN QA09_C30]**

---

**PROGRAMMING NOTE QA09_C29:**
**IF QA09_C26 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA09_C29;**
**ELSE CONTINUE WITH QA09_C31**

---

**QA09_C29**     In the past 30 days, when you smoked, how many cigarettes did you smoke per day? 지난 30 일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?

---AE16---

**[IF NEEDED, SAY: "On the days you smoked. 담배를 피운 날에." AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]**

\_\_\_\_\_ NUMBER OF CIGARETTES    [HR: 0-120]

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

---

**PROGRAMMING NOTE QA09_C30:**
**IF QA09_C26 = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS) DISPLAY "have you smoked";**
**IF QA09_C26 = 3 (DON'T SMOKE NOW) DISPLAY "did you smoke"**

---

**QA09_C30**     About how long {have you smoked/did you smoke} cigarettes regularly? 정기적으로 흡연을 한 지 대략 얼마나 오래 되었습니까?
{정기적으로 흡연을 한 지 대략 얼마나 오래 되었습니까?}

---AC38---

**[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED REGULARLY", CODE 0]**

\_\_\_\_\_ NUMBER OF YEARS    [HR > 0]
\_\_\_\_\_ NUMBER OF MONTHS    [HR > 0]

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

**Second Hand Smoke**

**QA09_C31**        Is smoking ever allowed inside your home? 귀하의 집 안에서 흡연이 허용된 적이 단 한번이라도 있습니까?

AC17

> YES .......................................................................1
> NO.........................................................................2        **[GO TO QA09_C33]**
> REFUSED ............................................................. -7        **[GO TO QA09_C33]**
> DON'T KNOW ...................................................... -8        **[GO TO QA09_C33]**

**QA09_C32**        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

**Alcohol Use/Abuse**

**QA09_C33**        Now think about the past 12 months.  Over that time, did you have any kind of alcoholic drink? 지금부터는 지난 12 개월 동안에 대해 생각해 보십시오. 그 기간 동안에, 종류에 상관없이 술을 마신 적이 있습니까?

AC32

> **[IF NEEDED, SAY: "Your best guess is fine. 소신껏 추측하셔도 좋습니다"]**
>
> YES .......................................................................1
> NO.........................................................................2        **[GO TO QA09_D1]**
> REFUSED ............................................................. -7        **[GO TO QA09_D1]**
> DON'T KNOW ...................................................... -8        **[GO TO QA09_D1]**

---

**PROGRAMMING NOTE QA09_C34:**
**IF QA09_A5 = 1 (MALE) CONTINUE WITH QA09_C34;**
**ELSE SKIP TO QA09_C35**

---

**QA09_C34**        In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day? 지난 12 개월 동안, 하루에 술을 5 잔 이상 마신 적은 대략 몇 번이나 됩니까?

AC34

> _____TIMES    [HR: 0-365; SR: 0-99]        **[GO TO QA09_D1]**
>
> REFUSED ............................................................. -7        **[GO TO QA09_D1]**
> DON'T KNOW ...................................................... -8        **[GO TO QA09_D1]**

**QA09_C35**      In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day? 지난 12 개월 동안, 하루에 술을 4 잔 이상 마신 적은 대략 몇 번이나 됩니까?

**AC35**

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

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

# Section D – General Health, Disability, and Sexual Health

**Height and Weight**

**QA09_D1**     These next questions are about your height and weight. 다음 질문들은 키와 체중에 관한 겁니다.

$\boxed{\textbf{AE17}}$          How tall are you without shoes? 신발을 신지 않았을 때 키가 얼마나 됩니까?

**[IF NEEDED, SAY: "About how tall? 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 QA09_D2:**
**IF QA09_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";**
**ELSE DISPLAY "How"**

---

**QA09_D2**     {When not pregnant, how/How} much do you weigh without shoes 신발을 신지 않고 몸무게가 얼마나 됩니까?

$\boxed{\textbf{AE18}}$          **[IF NEEDED, SAY: "얼마 정도 됩니까?"]**

\_\_\_\_\_ POUNDS                    [HR: 50-450]
\_\_\_\_\_ KILOGRAMS                [HR: 20-220]

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

---

**PROGRAMMING NOTE QA09_D3:**
**IF AAGE = 18, GO TO QA09_D4**

---

**QA09_D3**     How much did you weigh at age 18? 18 세였을 때 몸무게가 얼마였습니까?

$\boxed{\textbf{AE19}}$          **[IF NEEDED, SAY: "About how much? 얼마 정도였습니까?"]**

\_\_\_\_\_ POUNDS          **[HR: 50-450]**
\_\_\_\_\_ KILOGRAMS      **[HR: 20-220]**

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

**Disability**

**QA09_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 QA09_D6]**
    REFUSED ............................................................ -7    **[GO TO QA09_D6]**
    DON'T KNOW ...................................................... -8    **[GO TO QA09_D6]**

**QA09_D5**    Are you legally blind? 선생님께서는 법적으로 장님입니까?

**AL8**

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

**QA09_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

**QA09_D7**    Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following: 지난 6 개월 동안이나 그 이전에 신체적, 정신적, 또는 정서적 상태 때문에 다음과 같은 어려움이있었습니까?

**AD51**

    Any difficulty learning, remembering, or concentrating? 배우기, 기억하기 또는 집중하기에 어려움이 있었습니까?

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

**QA09_D8**     Any difficulty dressing, bathing, or getting around inside the home? 옷 입기, 목욕하기 또는 집안에서 돌아다니기에 어려움이 있었습니까?

**AD52**

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

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

**QA09_D9**     Any difficulty going outside the home alone to shop or visit a doctor's office? 쇼핑을 하거나 병원에 가기 위해 집 밖으로 혼자 외출하기에 어려움이 있었습니까?

**AD53**

**[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition"]**
**[IF NEEDED, SAY: " 개월 이상 지속되는 신체적, 정신적 또는 정서적 증세 때문에."]**

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

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**PROGRAMMING NOTE QA09_D10:**
**IF AAGE > 64 GO TO PN QA09_D12**

---

**QA09_D10**    Any difficulty working at a job or business? 직장이나 사업체에서 일하기에 어려움이 있었습니까?

**AD54**

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

YES .........................................................................1
NO............................................................................2     **[GO TO PN QA09_D12]**
REFUSED ............................................................... -7    **[GO TO PN QA09_D12]**
DON'T KNOW ......................................................... -8    **[GO TO PN QA09_D12]**

**QA09_D11**    Do you have a physical or mental condition that has kept you from working for at least a year? 귀하는 1 년 이상 일을 쉬게 한 신체적 또는 정신적 건강 상태가 있으십니까?

**AL8A**

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

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

PROGRAMMING NOTE QA09_D12:
IF AAGE > 70 OR QA09_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA09_E1;
ELSE CONTINUE WITH QA09_D12

**Sexual Partners**
**QA09_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 12 개월 동안, 성관계를
가진상대방이 몇 명이나 됩니까?

AD43

_____ NUMBER OF SEXUAL PARTNERS          **[GO TO PN QA09_D14]**

REFUSED ................................................................ -7    **[GO TO PN QA09_D14]**
DON'T KNOW ......................................................... -8

**QA09_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

**Sexual Orientation**

---

**PROGRAMMING NOTE QA09_D14:**
**IF QA09_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA09_D13=0, GO TO**
**PROGRAMMING NOTE QA09_D15;**
**ELSE CONTINUE WITH QA09_D14;**
**IF QA09_D12 OR QA09_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";**
**ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"**

---

**QA09_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 12 개월 동안, 성관계를 가진 상대방이 남성, 여성, 아니면 둘 다였습니까?

> **AD45**

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

---

**PROGRAMMING NOTE QA09_D15:**
**IF QA09_A5 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;**
**ELSE IF QA09_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN**

---

**QA09_D15**     Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual? 자신이 이성연애자라고 생각하십니까, 아니면 게이, 레즈비언, 동성연애자 또는 양성연애자라고 생각하십니까?

> **AD46**

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

**LGBT Domestic Partner**

PROGRAMMING NOTE QA09_D16:
IF [QA09_A5 = 1 (MALE) AND QA09_D14 = 1 (MALE)] OR [QA09_A5 = 2 (FEMALE) AND QA09_D14 = 2
(FEMALE)] OR [QA09_D14 = 3, -7, OR -8] OR [IF QA09_D15 ≠ 1] CONTINUE WITH QA09_D16;
ELSE CONTINUE WITH QA09_E1

**QA09_D16**      Are you legally registered as a domestic partner or legally married in California with someone of
the same sex? 귀하는 캘리포니아 주에서 동성인 사람의 법적 동거인으로 등록했거나 동성인
사람과 법적으로 결혼했습니까?

AD59

**[INTERVIEWER NOTE: ONLY INCLUDE SAME SEX MARRAIGES PERFORMED IN
CALIFORNIA.]**

**[IF NEEDED, SAY: "Which one of these applies to you? 다음 중 어느 항목이 귀하에게
해당됩니까"]**

        YES (DOMESTIC PARTNER) ...................................4
        YES (MARRIED IN CALIFORNIA)...........................5
        NO.......................................................................6
        REFUSED ........................................................... -7
        DON'T KNOW ...................................................... -8

# Section E – Women's Health

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**PROGRAMMING NOTE SECTION E:**
**IF QA09_A5 = 1 (MALE), GO TO NEXT SECTION;**
**ELSE CONTINUE QA09_E1**

---

**Age at Menarche**

**QA09_E1**      These next questions are about women's health. 다음의 질문들은 여성 건강에 관한 것입니다.

How old were you when your periods or menstrual cycles started? 귀하는 몇 세 때 월경을 시작했습니까?

AD1

**[IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]**

_____ AGE          [HR: 6-27]

NEVER STARTED MENSTRUAL CYCLE ............ 96      **[GO TO PN QA09_E9]**
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8

---

**PROGRAMMING NOTE QA09_E2:**
**IF QA09_E1 = -8 (DON'T KNOW), CONTINUE WITH QA09_E2;**
**ELSE GO TO QA09_E3**

---

**QA09_E2**      Were you younger than 12, about 12 to 13, or older than 13? 귀하의 연령은 12 살 미만, 대략 12 살에서 13 살, 또는 13 살 이상 중 어느 범위에 해당되었습니까?

AE70

YOUNGER THAN 12 ...................................................1
ABOUT 12 TO 13.................................................... .2
OLDER THAN 13 .....................................................3
REFUSED ................................................................ -7
DON'T KNOW ....................................................... -8

**Pregnancy Status**

---

**PROGRAMMING NOTE QA09_E3:**
**IF AGE > 45 GO TO PROGRAMMING NOTE FOR QA09_E4**

---

**QA09_E3**      To your knowledge, are you <u>now</u> pregnant? 선생님께서 알고 계시기로는 현재 임신 중이십니까?

AD13

YES ...........................................................................1      **[GO TO QA09_E6]**
NO...............................................................................2
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8

**Menopause**

PROGRAMMING NOTE QA09_E4:
IF AGE > 39 AND QA09_E3 ≠ 1 (NOT PREGNANT) CONTINUE WITH QA09_E4;
ELSE SKIP TO QA09_E6

**QA09_E4**    Do you still have periods or menstrual cycles? 귀하는 아직도 월경을 하십니까?

AE89

YES ........................................................1          **[GO TO QA09_E6]**
NO...........................................................2
NO, HAD HYSTERECTOMY ....................................3
NO, HAD BOTH OVARIES REMOVED....................4
REFUSED .................................................... -7     **[GO TO QA09_E6]**
DON'T KNOW ..................................................... -8  **[GO TO QA09_E6]**

**QA09_E5**    When did you have your last period or menstrual cycle? 마지막으로 월경을 한 것은 언제였습니까?

AE90

1 year ago or less, ......................................1
More than 1 year ago to 2 years ago, or..................2
More than 2 years? ................................................3
1 년 이내……………………………………………1
1 년 이상, 2 년 이내……………………………… 2
2 년 이상……………………………………………3
REFUSED .................................................... -7
DON'T KNOW ..................................................... -8

**Live Births**
**QA09_E6**    Have you ever given birth? 출산을 해본 적이 있습니까?

AD2

**[INTERVIEWER NOTE: CODE STILLBIRTHS AS YES]**

YES ........................................................1
NO...........................................................2     **[GO TO PN QA09_E9]**
REFUSED .................................................... -7     **[GO TO PN QA09_E9]**
DON'T KNOW ..................................................... -8  **[GO TO PN QA09_E9]**

**QA09_E7**    How old were you when your first child was born? 귀하는 몇 살 때 첫 아이를 출산했습니까?

AD3

_____ YEARS OLD                           **[GO TO PN QA09_E9]**

REFUSED ............................................................. -7     **[GO TO PN QA09_E9]**
DON'T KNOW ..................................................... -8

**QA09_E8**    In what year was your first child born? 첫 자녀는 몇 년도에 태어났습니까?

AE55

_____ YEAR

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

**Mammography**

> PROGRAMMING NOTE QA09_E9:
> IF AAGE < 30 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA09_E24;
> ELSE CONTINUE WITH QA09_E9 (INCLUDE WOMEN WITH AGE UNKNOWN)

**QA09_E9**     In the past 12 months, has a doctor examined your breasts for lumps? 지난 12 개월 동안, 의사가 유방에 멍울이 있는지를 검사했습니까?

AF37

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

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

**QA09_E10**     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. 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, IF STILL NO, GO TO PN QA09_E22]**
```
REFUSED ............................................................... -7     [GO TO PN QA09_E24]
DON'T KNOW .......................................................... -8     [GO TO PN QA09_E24]
```

**QA09_E11**     How many mammograms have you had in the last 6 years?  Your best estimate is fine. 지난 6 년 동안 유방 X 선 검사(매모그램)를 몇 번이나 받으셨습니까? 소신껏 추정을 하셔도 좋습니다

AD16

```
_____ MAMMOGRAMS          [HR: 0-99]

NONE ......................................................................0     [GO TO QA09_E22]
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
```

**QA09_E12**     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 QA09_E24]
DON'T KNOW .................................................. -8     [GO TO PN QA09_E24]
```

**QA09_E13**     Was your most recent mammogram recommended by a doctor? 가장 최근에 하신 유방 X 선 촬영(mammogram)을 의사가 권유했습니까?

AE50

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

---

**PROGRAMMING NOTE QA09_E14:**
**IF QA09_E12 = 3, 4, OR 5, THEN SKIP TO QA09_E15;**
**ELSE CONTINUE WITH QA09_E14**

---

**QA09_E14**     Tell me the main reason you had a mammogram.  Was it…유방 X 선 검사를 받은 주요한 이유를 말씀해 주십시오.

AD18

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

**[IF R SAYS, "의사가 이 검사를 받으라고 했습니다" PROBE FOR A MORE SPECIFIC REASON]**

```
Part of a routine exam,..............................1
Because of a specific breast problem,.....................2
A follow-up to a previously identified
breast problem, or....................................3
Due to family history? ............................4
정기 검진의 일부로…………………………………1
유방에 문제가 있어서……………………………2
이전에 발견된 유방 문제에 대한 후속 조치로…  3
가족 병력 때문에…………………………………4
REFUSED ............................................... -7
DON'T KNOW ........................................... -8
```

**QA09_E15**     Have you ever had a mammogram where the results were not normal?  유방 X 선 검사를 받은
후에 결과가 정상이 #아니라고₩ 나타난 적이 있었습니까?

AD19

                                 YES ........................................................................1
                                 NO...........................................................................2     **[GO TO PN QA09_E22]**
                                 REFUSED ............................................................... -7     **[GO TO PN QA09_E22]**
                                 DON'T KNOW ......................................................... -8     **[GO TO PN QA09_E22]**

**QA09_E16**     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 QA09_E20]**
                                 REFUSED ............................................................... -7     **[GO TO QA09_E20]**
                                 DON'T KNOW ......................................................... -8     **[GO TO QA09_E20]**

**QA09_E17**     Did the lump turn out to be cancer?  그 혹이 암으로 판명되었습니까?

AD21

                                 YES ........................................................................1     **[GO TO QA09_E19]**
                                 NO...........................................................................2
                                 REFUSED ............................................................... -7
                                 DON'T KNOW ......................................................... -8

**QA09_E18**     How many operations have you had to remove a lump that wasn't cancer?  암이
#아니라고₩ 판명된 혹을 제거하기 위해몇 번이나 수술을 했습니까?

AD22

                                 _____ NUMBER OF OPERATIONS                     **[GO TO QA09_E20]**

                                 REFUSED ............................................................... -7     **[GO TO QA09_E20]**
                                 DON'T KNOW ......................................................... -8     **[GO TO QA09_E20]**

**QA09_E19**    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

**QA09_E20**    Did you have any other tests and/or surgery when your mammogram was not normal?
유방 X 선 검사 결과가 정상이 #아니었을₩ 때 다른 검사 및/또는 수술을 받았습니까?

**AD23**

YES ..........................................................................1
NO............................................................................2          **[GO TO QA09_E22]**
REFUSED ............................................................... -7          **[GO TO QA09_E22]**
DON'T KNOW ......................................................... -8          **[GO TO QA09_E22]**

**QA09_E21**    What additional tests and/or surgery did you have?
어떤 검사 및/또는 수술을 추가로 받았습니까?

**AD24**

**[INTERVIEWER NOTE: CODE ALL THAT APPLY.  IF NEEDED, SAY: "Any others? 다른 사람도 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 QA09_E22:**
**IF QA09_E10 = 2 OR QA09_E11 = 0 OR QA09_E12 > 2 YEARS CONTINUE WITH QA09_E22;**
**ELSE GO TO PROGRAMMING NOTE QA09_E23**

---

**QA09_E22**     In the past 2 years, has a doctor recommended that you have a mammogram? 지난 2 년 동안, 의사가 유방 X 선 검사(매모그램)를 받으라고 권한 적이 있습니까?

AD26

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

---

**PROGRAMMING NOTE QA09_E23:**
**IF QA09_E22 = 1 (YES, DOCTOR RECOMMENDED A MAMMOGRAM) AND (QA09_E10 = 2 OR QA09_E11 = 0 OR QA09_E12 > 2 years), CONTINUE WITH QA09_E23;**
**IF QA09_E12 = 3, 4, 5, OR -8 (MOST RECENT MAMMOGRAM > 2 YEARS OR DK), DISPLAY "NOT had a mammogram in the past 2 years";**
**IF QA09_E10 = 2 (NEVER HAD MAMMOGRAM), DISPLAY "NEVER had a mammogram";**
**ELSE GO TO PROGRAMMING NOTE QA09_E24**

---

**QA09_E23**     What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram in the past 2 years}?지난 2 년 동안 유방 X 선 검사를 받지 #않은₩ 가장 중요한 #한₩ 가지 이유는 무엇입니까?

AD25

```
                         NO REASON/NEVER THOUGHT ABOUT IT ..........1
                         DIDN'T KNOW I NEEDED THIS TYPE OF
                         TEST .......................................................................2
                         DOCTOR DIDN'T TELL ME I NEEDED IT ..............3
                         HAVEN'T HAD ANY PROBLEMS............................4
                         PUT IT OFF/LAZINESS .........................................5
                         TOO EXPENSIVE/NO INSURANCE/COST ............6
                         TOO PAINFUL, UNPLEASANT,
                         EMBARRASSING ..................................................7
                         TOO YOUNG ........................................................8
                         DON'T HAVE A DOCTOR ......................................9
                         OTHER................................................................. 91
                         REFUSED .............................................................. -7
                         DON'T KNOW ......................................................... -8
```

**Hormone Replacement Therapy**

---
**PROGRAMMING NOTE QA09_E24:**
**IF AGE > 39 AND QA09_E3 ≠ 1 (NOT PREGNANT) THEN CONTINUE WITH QA09_E24;**
**ELSE GO TO PROGRAMMING NOTE QA09_E28**

---

**QA09_E24**     Have you ever taken hormone replacement therapy or HRT for menopausal symptoms? 폐경기
증상에 대해 호르몬 대체 요법(HRT)을 사용한 적이 있습니까?

**AF47**

YES ........................................................................1
NO ..........................................................................2          **[GO TO PN QA09_E28]**
REFUSED ............................................................... -7          **[GO TO PN QA09_E28]**
DON'T KNOW ......................................................... -8          **[GO TO PN QA09_E28]**


**QA09_E25**     Are you currently taking hormone replacement therapy? 현재 호르몬대체요법을 받고 계십니까?

**AD28**

**[IF NEEDED, SAY: "This is a pill, patch or treatment that gives women more of the female
hormone, estrogen. 이것은 여성들에게 여성 호르몬인 에스트로겐을 더 많이 제공하기 위한 알약,
패치 또는 치료를 말합니다"]**

YES ........................................................................1          **[GO TO QA09_E27]**
NO ..........................................................................2
REFUSED ............................................................... -7          **[GO TO QA09_E27]**
DON'T KNOW ......................................................... -8          **[GO TO QA09_E27]**

**QA09_E26**     About how long ago did you stop using Hormone Replacement Therapy – was
it…호르몬대체요법의 사용을 대략 얼마나 오래 전에 중지하셨습니까?

**AF48**

**[IF NEEDED, SAY: "또는 HRT?"]**

2 years ago or less,..................................................1
More than 2 years up to 5 years ago, or...................2
More than 5 years ago? ...........................................3
2 년 미만……………………………………………1
2 년 이상 5 년 미만…………………………………2
5 년 이상……………………………………………3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8

**QA09_E27**     Some women go on and off hormone replacement therapy.  Altogether, how long have you taken HRT? 일부 여성들은 가끔 호르몬 대체 요법(HRT)을 받습니다. HRT 를 처음 시작한 때부터 모두 합해서 얼마나 오래 동안 복용하셨습니까?

**AE84**

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

---

**PROGRAMMING NOTE QA09_E28:**
**IF AGE > 44 CONTINUE WITH QA09_E28;**
**ELSE GO TO PROGRAMMING NOTE QA09_E30**

---

**QA09_E28 INTRO**     Are you taking any of the following medications? 다음과 같은 약을 복용하고 계십니까?

**QA09_E28**     Tamoxifen or Nolvadex? Tamoxifen 또는 Nolvadex

**AE51**

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

**QA09_E29**     Raloxifene or Evista? Evista 또는 Raloxifene

**AE52**

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

**Birth Control Medications**

---

**PROGRAMMING NOTE QA09_E30:**
**IF AGE < 55 CONTINUE WITH QA09_E30;**
**IF AGE < 45 DISPLAY "Are you taking any of the following medications:";**
**ELSE GO TO QA09_F1**

---

**QA09_E30**     {Are you taking any of the following medications:} Birth control pills, the patch, or birth control shots? 다음의 약을 복용하고 계십니까: 피임약, 피임용 패치, 또는 피임주사
{피임약, 패치 또는 피임주사}

**AE53**

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

# Section F – Mental Health

**K6 Mental Health Assessment**

**QA09_F1**     The next questions are about how you have been feeling during the past 30 days.  다음의 질문들은 지난 30 일 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 30 일 동안 대략 얼마나 자주 신경이 예민하다고 느꼈습니까? 항상 느꼈음, 대부분의 기간 동안 느꼈음, 약간의 기간 동안 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오

**AJ29**

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

**QA09_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 30 일 동안 대략 얼마나 자주 희망이 없다고 느꼈습니까? 항상 느꼈음, 대부분의 기간 동안 느꼈음, 약간의 기간 동안 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

**AJ30**

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

**QA09_F3**     During the past 30 days, about how often did you feel restless or fidgety? 지난 30 일 동안 대략 얼마나 자주 초조함이나 불안함을 느꼈습니까?

**AJ31**

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

74

**QA09_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 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

**QA09_F5**     During the past 30 days, about how often did you feel that everything was an effort? 지난 30 일
동안 모든 일상생활을 영위하는 것에 대한 정신적 어려움을 대략 얼마나 자주 느꼈습니까?

**AJ33**

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

**QA09_F6**     During the past 30 days, about how often did you feel worthless? 지난 30 일 동안 자신이
쓸모없는 사람이라는 것을 대략 얼마나 자주 느꼈습니까?

**AJ34**

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

**Repeated K6**
**QA09_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 12 개월 동안, 이러한 느낌이 지난 30 일 간보다 더 자주 발생했던 달이 있었습니까?

AF62

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

---

**PROGRAMMING NOTE QA09_F8:**
**IF QA09_F7 = 1 THEN CONTINUE WITH QA09_F8;**
**ELSE SKIP TO PROGRAMMING NOTE QA09_F14**

---

**QA09_F8**     The next questions are about the one month in the past 12 months when you were at your worst emotionally. 다음의 질문들은 지난 12 개월 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
```

**QA09_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
```

**QA09_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 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
```

**QA09_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 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
```

**QA09_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 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
```

**QA09_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 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
```

**Sheehan Scale**

**Add reverse coding of K6 calculation as temporary variable here:**
**PROGRAMMING NOTE QA09_F14:**
**IF (QA09_F1 + QA09_F2 + QA09_F3 + QA09_F4 + QA09_F5 + QA09_F6 > 5) OR**
**(QA09_F8 + QA09_F9 + QA09_F10 + QA09_F11 + QA09_F12 + QA09_F13 > 5) OR**
**(IF QA09_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 4) OR**
**(IF QA09_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 4) THEN CONTINUE WITH QA09_F14;**
**IF QA09_F7 = 1 THEN DISPLAY "again, please";**
**ELSE SKIP TO QA09_F19**

**QA09_F14intro**    Think {again, please} about the month in the past 12 months when you were at your worst emotionally.
지난 12 개월 동안 정서 상태가 최악이었던 달을 떠올려 주십시오.

**PROGRAMMING NOTE QA09_F14:**
**IF AGE > 70 GO TO QA09_F15;**
**ELSE CONTINUE WITH QA09_F14**

**QA09_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.

**AF69**

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

**QA09_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.

**AF70**

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

**QA09_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.

**AF71**

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

**QA09_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.

AF72

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

**QA09_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 12 개월 동안에 대해 생각해 보십시오. 지난 365 일 중에서 신경과민, 우울한 기분 또는 감정적인 스트레스 때문에 일이나 정상적인 활동을 #전혀 할 수 없었던₩ 날은 대략 며칠이나 됩니까?

**AF73**

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

_____NUMBER OF DAYS

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

**Access & Utilization**
**QA09_F19**     Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs? 지난 12 개월 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 QA09_F21]**
REFUSED ............................................................. -7     **[GO TO QA09_F21]**
DON'T KNOW ....................................................... -8     **[GO TO QA09_F21]**

**QA09_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

**QA09_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 12 개월 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

**QA09_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 12 개월 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 QA09_F23:**
**IF QA09_F21 = 1 OR QA09_F22 = 1 THEN CONTINUE WITH QA09_F23;**
**ELSE SKIP TO QA09_F28**

---

**QA09_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 QA09_F24:**
**IF QA09_F23 = 1, DISPLAY: "mental or emotional health";**
**IF QA09_F23 = 2, DISPLAY: "use of alcohol or drugs";**
**IF QA09_F23 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";**
**ELSE SKIP TO QA09_F25**

---

**QA09_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 12 개월 동안, 정신 또는 정서적인 건강과 관련된 문제로 의료 전문가를 몇 번이나 방문하셨습니까?병원에서 1 박한 경우는 제외하십시오.

**AF77**

    _____ NUMBER OF VISITS

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

**QA09_F25**     Are you still receiving treatment for these problems from one or more of these providers? 귀하는 아직도 이러한 의료 제공자 중 1 명 이상으로부터 이러한 문제에 대해 치료를 받고 있습니까?

**AF78**

        YES ...........................................................................1    **[GO TO QA09_F28]**
        NO.............................................................................2
        REFUSED ............................................................... -7    **[GO TO QA09_F28]**
        DON'T KNOW ......................................................... -8    **[GO TO QA09_F28]**

**QA09_F26**     Did you complete the recommended full course of treatment? 귀하는 권고 받은 전체 치료 과정을 완료하셨습니까?

**AF79**

        YES ...........................................................................1    **[GO TO QA09_F28]**
        NO.............................................................................2
        REFUSED ............................................................... -7    **[GO TO QA09_F28]**
        DON'T KNOW ......................................................... -8    **[GO TO QA09_F28]**

**QA09_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:_____)..............................8
REFUSED .......................................................... -7
DON'T KNOW ...................................................... -8
```

**QA09_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 2 주 이상 동안 거의 매일 복용한 적이 있습니까?

| AJ5 |
|---|

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

**Stigma**

> **PROGRAMING NOTE QA09_F29:**
> **IF QA09_F19 = 1 AND (QA09_F21 ≠ 1 AND QA09_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)**
> **CONTINUE WITH QA09_F29;**
> **ELSE SKIP TO QA09_G1**

**QA09_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
```

**QA09_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
```

**QA09_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

**QA09_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

**Country of Birth (Self, Parents)**
**QA09_G1**        Now a few more questions about you.

AH33

In what country were you born? 개인적인 질문을 몇 가지 더 하겠는데요, 우선 어느 나라에서 출생하셨습니까?

### [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 QA09_G2:**
**IF QA09_G1 ≠ 1 (NOT BORN IN US) GO TO QA09_G4;**
**ELSE IF QA09_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA09_G2**

---

**QA09_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 |

**QA09_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 |

**Language Spoken at Home**
**QA09_G4**          What languages do you speak at home?  집에서는 어떤 언어를 사용하십니까?

**AH36**

**[CODE ALL THAT APPLY.][PROBE:  "Any others? 다른 사람도 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 |

**Additional Language Use**

---

**PROGRAMMING NOTE QA09_G5 AND QA09_G6:**
**IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA09_G5;**
**IF INTERVIEW CONDUCTED IN ENGLISH AND QA09_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09_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 QA09_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA09_G8**

---

**QA09_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 언어를사용하는지 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

**QA09_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 QA09_G7:**
**IF INTERVIEW CONDUCTED IN ENGLISH AND QA09_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09_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, CONTINUE WITH QA09_G7.**
**ELSE GO TO PROGRAMMING NOTE QA09_G8**

---

**QA09_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
                    Well, .....................................................................2
                    Not well, or ...........................................................3
                    Not at all? ..............................................................4
                    아주 잘 한다고 생각하십니까………………………… 1
                    잘 한다고 생각하십니까, 아니면………………… 2
                    잘 못한다고 생각하십니까? ……………………… 3
                    REFUSED ............................................................. -7
                    DON'T KNOW ....................................................... -8

**Citizenship and Immigration**

---
**PROGRAMMING NOTE QA09_G8:**
**IF QA09_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PN QA09_G11;**
**ELSE CONTINUE WITH QA09_G8**
---

**QA09_G8**      The next questions are about citizenship and immigration. 다음 질문은 시민권과 이민에 대한 겁니다. 대답해주신 내용에 대해서는 철저하게 비밀이 유지되며,

Are you a citizen of the United States?물론 이민국에 보고되지 않습니다. 미국 시민이십니까?

**AH39**

YES ........................................................................1     **[GO TO QA09_G10]**
NO .........................................................................2
APPLICATION PENDING .......................................3
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8

**QA09_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."]**

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

**QA09_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

**Spouse**

| |
|---|
| **PROGRAMMING NOTE QA09_G11:**<br>**IF QA09_A16 = 1 (MARRIED) CONTINUE WITH QA09_G11;**<br>**IF QA09_A16 = 2 (LIVING WITH PARTNER), GO TO QA09_G12;**<br>**ELSE GO TO PROGRAMMING NOTE QA09_G13** |

**QA09_G11**     Is your spouse also living in your household? {배우자}께서도 함께 살고 계십니까}?

**AH44**

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

**QA09_G12**     May I have your {spouse/partner}'s first name and age? {배우자}의 퍼스트네임과 나이를 말씀해 주시겠습니까}?

**SC11A**

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

```
                 SPOUSE/PARTNER NAME _____
                 SPOUSE/PARTNER AGE _____
                 SPOUSE/PARTNER SEX _____
```

**Living with Parents**

| |
|---|
| **PROGRAMMING NOTE QA09_G13:**<br>**IF AAGE < 30 OR QA09_A4 = 1 (AGE 18-29) AND QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA09_G13;**<br>**IF AAGE < 30 OR QA09_A4 =1 (AGE 18-29) AND QA09_A16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09_G13;**<br>**IF AAGE < 30 OR QA09_A4 = 1 (AGE 18-29) AND QA09_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09_G13;**<br>**ELSE GO TO QA09_G14** |

**QA09_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
```

**Child and Teen Selection**

PROGRAMMING NOTE QA09_G14:
IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA09_G20;
ELSE CONTINUE WITH QA09_G14

QA09_G14    Are there any children under the age of 18 living in the household, including babies? {댁의
거주자 중 아기들을 포함한 18 세 미만의 어린이가 있습니까}?

SC12

YES ........................................................................1
NO..........................................................................2     **[GO TO QA09_G22]**
REFUSED ............................................................. -7     **[GO TO QA09_G22]**
DON'T KNOW ....................................................... -8     **[GO TO QA09_G22]**

QA09_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 18 세 미만 어린이들의
퍼스트네임하고 나이만 말씀해 주십시오

SC13A

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

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

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

QA09_G16     (CHILD) 이 …

SC15A

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

QA09_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 18 세 미만의 거주자가 없다고
기록했습니다.이 집에 주로 살지만 임시로 다른 곳에 가있는 분 중 저희가 빠뜨린 18 세 미만의
거주자가 있습니까?

SC13

NO ONE MISSED -- ROSTER IS CORRECT ..........1
RETURN TO ROSTER ............................................2     **[GO BACK TO QA09_G15]**

---

**PROGRAMMING NOTE QA09_G18:**
**IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA09_G18 ABOUT EACH PERSON UNDER 18**

---

**QA09_G18**      (PERSON NAME/AGE/SEX) 의 부모 또는 법적 보호자이십니까?

**SC14A**

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

---

**PROGRAMMING NOTE QA09_G19:**
**IF ANY PEOPLE IN HH UNDER AGE 18 AND [QA09_G11 = 1 OR QA09_A16 =2], ASK QA09_G19 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;**
**ELSE SKIP TO QA09_G20**

---

**QA09_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
```

**Paid Child Care**

PROGRAMMING NOTE QA09_G20:
IF QA09_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA09_G15 ARE AGE 13 OR
LESS, CONTINUE WITH QA09_G20;
ELSE GO TO QA09_G22;
IF ANY CHILD IN ROSTER QA09_G15 < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF QA09_A16 = 1 (MARRIED) AND QA09_G11 =1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse";
IF QA09_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA09_G20    In the past month, did you use any paid childcare {for any children under age 14} while {you or
your spouse/partner/you} worked, were in school, or looked for work 지난 달에, {}께서 일하거나,
학교 다니거나, 일자리를 알아보시는 동안, 돈을 받고 애 봐주는 데에 {}을/를 맡겨놓으신 적이
있으셨습니까?

AH44A

[IF NEEDED, SAY: "This includes Head Start, day care centers, before- or after-school care
programs, and any baby-sitting arrangements 여기엔 헤드스타트, 데이케어 센터 탁아소, 수업
전이나 방과 후의 탁아 프로그램 그리고 애를 봐주는 베이비–시팅 등이 포함됩니다."]

```
YES ............................................................1
NO...............................................................2    [GO TO QA09_G22]
REFUSED ............................................... -7    [GO TO QA09_G22]
DON'T KNOW ......................................... -8    [GO TO QA09_G22]
```

QA09_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 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
```

**Educational Attainment**

**QA09_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
```

**Veteran Status**

**QA09_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 QA09_G26]
                REFUSED ................................................ -7        [GO TO QA09_G26]
                DON'T KNOW ........................................... -8        [GO TO QA09_G26]
```

**QA09_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

**QA09_G25**     Altogether, how long did you serve 모두 합쳐서, 얼마나 오래 복무하셨습니까?

AG25

                                _____ YEARS

                                _____ MONTHS

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

**Employment**
**QA09_G26**     Which of the following were you doing last week 다음 중 지난 주에 하신 일을 골라
주시겠습니까?

AK1

                                Working at a job or business,...................................1     **[GO TO QA09_G30]**
                                With a job or business but not at work,....................2
                                Looking for work, or ..............................................3
                                Not working at a job or business?...........................4
                                직장이나 사업체에서 일을 하셨습니까…………···1
                                직업이나 사업체에 소속되어 있긴 했지만 일은 하지 않으셨습니까? ···2
                                일자리를 구하고 계셨습니까, 아니면·················3
                                직장이나 사업체에서 일하지 않으셨습니까? ······  4
                                REFUSED ........................................................ -7     **[GO TO QA09_G30]**
                                DON'T KNOW ..................................................... -8     **[GO TO QA09_G30]**

**QA09_G27**     What is the <u>main reason</u> you did not work last week 지난 주에 일을 하지 않은 주요 이유₩는 무엇입니까?

> **AK2**

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

```
TAKING CARE OF HOUSE OR FAMILY .................1
ON PLANNED VACATION ......................................2
COULDN'T FIND A JOB .........................................3
GOING TO SCHOOL/STUDENT ............................4
RETIRED ..............................................................5      [GO TO PN QA09_G29]
DISABLED ............................................................6      [GO TO PN QA09_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
```

**QA09_G28**     Do you usually work 귀하는 보통 일을 하십니까?

> **AG10**

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

---

**PROGRAMMING NOTE QA09_G29:**
**IF AAGE = -7 OR -8 OR AAGE < 65 AND QA09_G28 = 2 (NO) CONTINUE WITH QA09_G29;**
**IF AAGE = -7 OR -8 OR AAGE < 65 AND QA09_G27 = 5 (RETIRED) OR 6 (DISABLED) CONTINUE WITH**
**QA09_G29;**
**ELSE GO TO PROGRAMMING NOTE QA09_G30**

---

**QA09_G29**     Are you receiving Social Security Disability Insurance or SSDI SSDI 라고 하는 장애 보험 보조 혜택을 받고 계십니까?

> **AL22**

```
YES.......................................................................1      [GO TO PN QA09_G31]
NO.........................................................................2      [GO TO PN QA09_G31]
REFUSED ............................................................. -7      [GO TO PN QA09_G31]
DON'T KNOW ...................................................... -8      [GO TO PN QA09_G31]
```

---

**PROGRAMMING NOTE QA09_G30:**
**IF QA09_G26 = 1, 2, -7, OR -8 OR QA09_G28 = 1, CONTINUE WITH QA09_G30;**
**ELSE GO TO PROGRAMMING NOTE QA09_G31**

---

**QA09_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 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

**Employment (Spouse)**

---

**PROGRAMMING NOTE QA09_G31:**
**IF QA09_ A16 = 1 (MARRIED), CONTINUE WITH QA09_G31;**
**ELSE GO TO QA09_H1**

---

**QA09_G31**     Which of the following was your spouse doing last week다음 중에서 배우자께서 지난 주에 하신 일을 골라 주시겠습니까?

> **AG8**

          Working at a job or business,....................................1    **[GO TO QA09_G33]**
          With a job or business but not at work,.....................2    **[GO TO QA09_G33]**
          Looking for work, or ................................................3
          Not working at a job/business? ...............................4
          직장이나 사업체에서 일을 하셨습니까………… 1
          직업이나 사업체에 소속되어 있긴 했지만 일은 하지 않으셨습니까? …2
          일자리를 구하고 계셨습니까, 아니면………… 3
          직장이나 사업체에서 일하지 않으셨습니까? … 4
          REFUSED ............................................................... -7
          DON'T KNOW ......................................................... -8

**QA09_G32**     Does your spouse usually work귀하의 배우자는 보통 일을 하십니까?

> **AG11**

          YES .......................................................................1
          NO..........................................................................2    **[GO TO QA09_H1]**
          LOOKING FOR WORK............................................3    **[GO TO QA09_H1]**
          REFUSED ............................................................... -7    **[GO TO QA09_H1]**
          DON'T KNOW ......................................................... -8    **[GO TO QA09_H1]**

**QA09_G33**     On your spouse's <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm배우자분의 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 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

**Usual Source of Care**

**QA09_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**

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

YES ........................................................................1
NO ..........................................................................2      **[GO TO QA09_H3]**
DOCTOR/MY DOCTOR ........................................3
KAISER ..................................................................4
MORE THAN ONE PLACE .....................................5
REFUSED .............................................................. -7      **[GO TO QA09_H3]**
DON'T KNOW ........................................................ -8      **[GO TO QA09_H3]**

---

**PROGRAMMING NOTE QA09_H2:**
**IF QA09_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";**
**ELSE IF QA09_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";**
**ELSE IF QA09_H1 = 4 (KAISER) CIRCLE "1" FOR QA09_H2 AND GO TO QA09_H3**

---

**QA09_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

**Emergency Room Visits**

---

**PROGRAMMING NOTE QA09_H3:**
**IF QA09_B6 = 1 OR QA09_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA09_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA09_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA09_H4;**
**ELSE CONTINUE WITH QA09_H3**

---

**QA09_H3**      During the past 12 months, did you visit a hospital emergency room for your own health 지난 12 개월 동안 자신의 건강 때문에 병원 응급실을 찾아가신 적이 있습니까?

> **AH12**

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

**Medicare Coverage**

**QA09_H4**     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 65 세 이상이거나 특정 장애자분들을 위한 건강 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

| AI1 |

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

YES ...........................................................1      **[GO TO QA09_H7]**
NO.............................................................2
REFUSED ............................................... -7      **[GO TO QA09_H14]**
DON'T KNOW .......................................... -8      **[GO TO QA09_H14]**

---

**POST-NOTE QA09_H4:**
**IF QA09_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1**

---

**PROGRAMMING NOTE QA09_H5:**
**IF [AAGE > 64 OR QA09_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA09_H4= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA09_H5;**
**ELSE GO TO PROGRAMMING NOTE QA09_H7**

---

**QA09_H5**     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 65 세 문제가지만 메디케어 혜택을 받지 않고 있다고 하셨습니까?

| AI2 |

CORRECT, NOT COVERED BY MEDICARE ..........1      **[GO TO PN QA09_H14]**
NOT CORRECT, R IS COVERED BY MEDICARE ..2      **[GO TO PN QA09_H7]**
AGE IS INCORRECT............................................ 93
REFUSED ............................................... -7      **[GO TO PN QA09_H14]**
DON'T KNOW .......................................... -8      **[GO TO PN QA09_H14]**

---

**POST-NOTE QA09_H5:**
**IF QA09_H5 =2, SET ARMCARE = 1 AND SET ARINSURE = 1**

---

**QA09_H6**     What is your age, please 연세가(or 연령은) 어떻게 되십니까?

| AI3 |

_____ YEARS OF AGE          [HR:  18-105]              **[GO TO PN QA09_H14]**

REFUSED ............................................... -7      **[GO TO PN QA09_H14]**
DON'T KNOW .......................................... -8      **[GO TO PN QA09_H14]**

---

**POST NOTE QA09_H6: AIDATE**
**SET AIDATE = CURRENT DATE (YYYYMMDD);**
**SET AAGE = QA09_H6;**
**IF AAGE < 18, CODE AS IA AND TERMINATE**

---

---

**PROGRAMMING NOTE QA09_H7:**
**IF ARMCARE = 1, CONTINUE WITH QA09_H7;**
**ELSE GO TO PROGRAMMING NOTE QA09_H14**

---

**QA09_H7**     Is your MediCARE coverage provided through an HMO 귀하의 MediCARE 보상은 HMO 를 통해서 제공됩니까?

> AH49

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

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

> YES ........................................................................1
> NO ..........................................................................2     **[GO TO QA09_H9]**
> REFUSED ............................................................. -7     **[GO TO QA09_H9]**
> DON'T KNOW ........................................................ -8     **[GO TO QA09_H9]**

---

**POST-NOTE QA09_H7:**
**IF QA09_H7 = 1, SET ARMHMO = 1**

---

**QA09_H8**     What is the name of your MediCARE HMO plan 귀하의 MediCARE HMO 플랜의 이름은 무엇입니까?

> AH50

> AETNA US HEALTHCARE ............................................................................... 1
> AIDS HEALTHCARE FOUNDATION, LA ......................................................... 2
> ALAMEDA ALLIANCE FOR HEALTH ............................................................... 3
> ALTAMED HEALTH SERVICES ....................................................................... 4
> BLUE CROSS/CALIFORNIACARE .................................................................. 5
> BLUE SHIELD/CAREAMERICA ....................................................................... 6
> CALIFORNIA MEDICARE ................................................................................. 7
> CALKIDS ......................................................................................................... 8
> CALOPTIMA ..................................................................................................... 9
> CARE 1ST HEALTH PLAN/UHP ...................................................................... 10
> CAREMORE INSURANCE SERVICES, INC .................................................... 11
> CENTER FOR ELDERS INDEPENDENCE ...................................................... 12
> CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY ........................... 13
> CHINESE COMMUNITY HEALTH PLAN .......................................................... 14
> CHINESE COMMUNITY HEALTH PLAN SENIOR ........................................... 15
> CIGNA HEALTHCARE OF CALIFORNIA .......................................................... 16
> CITIZENS CHOICE HEALTHPLAN .................................................................. 17
> COMMUNITY HEALTH GROUP (SAN DIEGO CO) ........................................ 18
> COMMUNITY HEALTH PLAN OF LA ............................................................... 19
> CONTRA COSTA HEALTH PLAN .................................................................... 20
> GOLDEN MEDICARE ...................................................................................... 21
> HEALTH ADVANTAGE ..................................................................................... 22
> HEALTH NET/FOUNDATION ........................................................................... 23
> INLAND EMPIRE HEALTH PLAN .................................................................... 24
> INTER VALLEY HEALTH PLAN ....................................................................... 25
> KAISER FOUNDATION HEALTH PLAN ........................................................... 26
> KERN HEALTH SYSTEMS .............................................................................. 27
> LA CARE HEALTH PLAN ................................................................................. 28
> MOLINA HEALTHCARE OF CALIFORNIA ....................................................... 29

```
ON LOK SENIOR HEALTH SERVICES ........................................................... 30
ONE HEALTH PLAN OF CALIFORNIA.......................................................... 31
PACIFICARE/FHP.............................................................................................. 32
SAN FRANCISCO HEALTH DEPT./FAMILY MOSAIC PROJECT ................. 33
SAN FRANCISCO HEALTH PLAN ................................................................. 34
SAN JOAQUIN HEALTH PLAN ....................................................................... 35
SAN MATEO HEALTH COMMISSION............................................................. 36
SANTA BARBARA HEALTH PLAN ................................................................ 37
SANTA CLARA FAMILY HEALTH PLAN ...................................................... 38
SCAN HEALTH PLAN...................................................................................... 39
SECURE HORIZONS ...................................................................................... 40
SENIOR ADVANTAGE .................................................................................... 41
SENIOR SECURE............................................................................................ 42
SENIORITY PLUS............................................................................................ 43
SERVICE TO SENIORS .................................................................................. 44
SHARP HEALTH PLAN ................................................................................... 45
SOLANO/NAPA COUNTY NETWORK ........................................................... 46
SUTTER SENIOR CARE ................................................................................. 47
UNIVERSAL CARE/HEALTHMAX .................................................................. 48
VALLEY HEALTH PLAN, SANTA CLARA ..................................................... 49
VENTURA COUNTY HEALTH CARE PLAN................................................... 50
WESTERN HEALTH ADVANTAGE ................................................................ 51
WESTERN HEALTH ADVANTAGE CARE+ ................................................... 52
65 PLUS........................................................................................................... 53
MEDI-CAL ........................................................................................................ 54
OTHER.............................................................................................................. 91
OTHER (SPECIFY:_____) ....................................................... 92
REFUSED .........................................................................................................-7
DON'T KNOW ...................................................................................................-8
```

---

**POST-NOTE FOR QA09_H8:**
**ALL ANSWERS GO TO PROGRAMMING NOTE QA09_H10**

---

**QA09_H9**     Some people who are eligible for MediCARE also have private insurance that is sometimes called
Medigap or Medicare Supplement.  Do you have this type of health insurance MediCARE 에
대한 자격이 있는 일부 사람들도 Medigap 또는 Medicare Supplement 라고 하는 민간 보험에
가입할 수 있습니다. 이러한 종류의 의료보험을 가지고 있습니까?

**AI4**

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

```
YES .......................................................................1
NO..........................................................................2      [GO TO QA09_H14]
REFUSED ............................................................. -7      [GO TO QA09_H14]
DON'T KNOW ........................................................ -8      [GO TO QA09_H14]
```

---

**POST-NOTE FOR QA09_H9:**
**IF QA09_H9 = 1, SET ARSUPP = 1**

---

> **PROGRAMMING NOTE QA09_H10:**
> **IF QA09_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA09_H10 AND DISPLAY "MediCARE HMO";**
> **IF QA09_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA09_H10 AND DISPLAY "MediCARE Supplement plan";**
> **ELSE GO TO PROGRAMMING NOTE QA09_H14**

**QA09_H10**      For the {MediCARE HMO/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way {MediCARE Supplement plan}의 경우, 귀하는 이 보험에 직접 가입하셨습니까? 또는 현재의 고용주, 이전의 고용주, 노동조합, 가족 기업, AARP, 또는 다른 방법으로 제공 받으셨습니까?

> **AH52**

     **[IF NEEDED, SAY: "AARP stands for the American Association of Retired Persons AARP 란 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
```

**QA09_H11**      Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay. 귀하는 이 건강 플랜의 보험료나 비용의 전부 혹은 일부를 지불하십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(co-pay)이나공제액(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 공동 부담액이란 건강플랜이 귀하의의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는의료비의 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
```

**QA09_H12**      Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan 고용주, 노동조합, 또는 전문직 단체와 같은

다른 사람이 이 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

**AH54**

| | | |
|---|---|---|
| YES ........................................................................1 | |
| NO.........................................................................2 | **[GO TO PN QA09_H14]** |
| REFUSED .............................................................. -7 | **[GO TO PN QA09_H14]** |
| DON'T KNOW ......................................................... -8 | **[GO TO PN QA09_H14]** |

다른 사람이 이 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

**QA09_H13**     Who is that 위의 사람을 제외한 다른 누가 이 의료보험에 대한 비용의 전부 또는 일부를
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? 다른 사람도 있습니까?"]

```
              CURRENT EMPLOYER .........................................1
              FORMER EMPLOYER ..........................................2
              UNION.............................................................3
              SPOUSE'S CURRENT EMPLOYER ........................4
              SPOUSE'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 QA09_H13:
IF QA09_H13 = 7, SET ARMCAL = 1;
IF QA09_H13 = 8, SET ARHFAM = 1
```

**Medi-Cal Coverage**

```
PROGRAMMING NOTE QA09_H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"
```

**QA09_H14**     {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 메디캘이란 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 QA09_H16]
              NO..........................................................................2
              REFUSED .............................................................. -7
              DON'T KNOW ........................................................ -8
```

```
POST-NOTE FOR QA09_H14:
IF QA09_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA09_H14 = 2, SET ARMCAL = 0
```

**Healthy Families Coverage**

> **PROGRAMMING NOTE QA09_H15:**
> **IF AAGE > 18 OR [QA09_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO PN QA09_H16;**
> **ELSE IF [AAGE = 18 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA09_H15 AND DISPLAY "Is it correct, then, that you are";**
> **ELSE IF [AAGE = 18 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA09_H15 AND DISPLAY: "Are you"**

QA09_H15     {Is it correct, then, that you are/Are you} covered by the Healthy Families Program 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

**AI7**

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

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

> **POST-NOTE FOR QA09_H15:**
> **IF QA09_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;**
> **IF ARHFAM = 1 AND QA09_H15 = 2, SET ARHFAM = 0**

**Employer-Based Coverage**

> **PROGRAMMING NOTE QA09_H16:**
> **IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" AND "any other";**
> **IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about"**

QA09_H16     {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?
{말씀해 주신 메디케어 보조 프로그램 이외에/ 말씀해 주신 메디케어 어드밴티지 플랜 이외에}, 귀하께서는 지금 예전 직장이나 현재 직장, 또는 노조를 통해 가입한 또 다른 의료 보험이 있으십니까?

**AI8**

> **[IF NEEDED, SAY: "…either through your own or someone else's employment?"]**
> **[IF NEEDED, SAY: "...귀하의 직장에서 또는 다른 분의 직장에서요?"]**

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

> **POST-NOTE FOR QA09_H16:**
> **IF QA09_H16 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1**

**Private Coverage**

> **PROGRAMMING NOTE QA09_H17:**
> **IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER),**
> **CONTINUE WITH QA09_H17;**
> **ELSE GO TO QA09_H18**

**QA09_H17**     Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO 자신께서 직접 보험회사 또는 HMO 를 통해 가입하신 의료보험 혜택을 받고 계십니까? 암이나 중풍과 같은 몇몇 질병의 경우에만 보상되거나, 병원에 입원했을 경우에만?

**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 추가 현금(extra cash)"이 지불되는 방식의 보험은 포함하지 마십시오."]**

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

> **POST-NOTE FOR QA09_H17:**
> **IF QA09_H17 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1**

> **PROGRAMMING NOTE FOR QA09_H18:**
> **IF QA09_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09_H17 = 1 (PURCHASED OWN COVERAGE),**
> **CONTINUE WITH QA09_H18;**
> **ELSE GO TO PROGRAMMING NOTE QA09_H23**

**QA09_H18**     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 같이 살고 있지 않은 분이라도 포함하십시오."]**

IN OWN NAME ..........................................................1     **[GO TO PN QA09_H20]**
IN SOMEONE ELSE'S NAME ..................................2
REFUSED ............................................................... -7     **[GO TO PN QA09_H20]**
DON'T KNOW ....................................................... -8     **[GO TO PN QA09_H20]**

> **POST-NOTE FOR QA09_H18:**
> **IF QA09_H16 = 1 AND QA09_H18 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;**
> **IF QA09_H16 = 1 AND QA09_H18 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;**
> **IF QA09_H17 = 1 AND QA09_H18 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;**
> **IF QA09_H17 = 1 AND QA09_H18 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1**

```
PROGRAMMING NOTE QA09_H19:
IF QA09_A16 = 1 (R HAS SPOUSE) OR IF QA09_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 25,
CONTINUE WITH QA09_H19;
ELSE GO TO PROGRAMMING NOTE QA09_H20;
IF QA09_A16 = 1 AND R IS MALE, DISPLAY "wife's";
IF QA09_A16 = 1 AND R IS FEMALE, DISPLAY "husband's";
IF QA09_G13 = 1 OR AAGE < 25, DISPLAY "parent's";
IF QA09_A16 = 1 AND QA09_G13 = 1, DISPLAY "or"
```

**QA09_H19**     Is the plan in your {husband's/wife's} {or} {parent's} name 이 보험이 선생님 {} 이름으로 되어 있습니까?

> **AI9A**

> IN HUSBAND'S/WIFE NAME ...................................1
> IN PARENT'S NAME ............................................2
> IN SOMEONE ELSE'S NAME  ...............................3
> REFUSED ............................................................. -7
> DON'T KNOW ...................................................... -8

```
POST-NOTE FOR QA09_H19:
IF QA09_H16 = 1 AND QA09_H19 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA09_H16 = 1 AND QA09_H19 = 2 SET AREMPAR =1 AND AREMPOTH = 0;
IF QA09_H17 = 1 AND QA09_H19 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA09_H17 = 1 AND QA09_H19 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0
```

```
PROGRAMMING NOTE QA09_H20:
IF QA09_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09_H17 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA09_H20;
ELSE GO TO PROGRAMMING NOTE QA09_H23
```

**QA09_H20**     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 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 QA09_H22]**
> REFUSED ............................................................. -7
> DON'T KNOW ...................................................... -8

**QA09_H21**      Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan 고용주, 노동조합, 또는 전문직 단체와 같은 다른 사람이 이 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

**AH58**

YES ..........................................................................1
NO.............................................................................2      **[GO TO PN QA09_H23]**
REFUSED ............................................................... -7      **[GO TO PN QA09_H23]**
DON'T KNOW ......................................................... -8      **[GO TO PN QA09_H23]**

---

**PROGRAMMING NOTE QA09_H22:**
**IF QA09_H20 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for that plan";**
**ELSE DISPLAY "Who is that"**

---

**QA09_H22**     {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}
위의 사람을 제외한 누가 이 의료보험에 대한 비용의 전부 또는 일부를 지불합니까?

**AH56**

**[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?]**
**[IF NEEDED, SAY: "귀하 이외에, 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까?]**

**[CODE ALL THAT APPLY]  [PROBE: "Any others? 다른 사람도 있습니까?"]**

```
                    CURRENT EMPLOYER ...........................................1
                    FORMER EMPLOYER ...........................................2
                    UNION.................................................................3
                    SPOUSE'S CURRENT EMPLOYER ........................4
                    SPOUSE'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 QA09_H22:**
**IF QA09_H22 = 1, 2, OR 3, THEN SET AREMPOWN = 1;**
**IF QA09_H22 = 4 OR 5, THEN SET AREMPSP = 1;**
**IF QA09_H22 = 6, THEN SET AROTHER = 1;**
**IF QA09_H22 = 10, THEN SET ARHKID =1;**
**IF QA09_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;**
**IF QA09_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;**
**IF QA09_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0;**
**IF QA09_H22 = 91, THEN SET AROTHER = 1**

---

**Employer Offer of Health Insurance**

---
**PROGRAMMING NOTE QA09_H23:**
**IF [QA09_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA09_G28 = 1 (R USUALLY WORKS)] AND**
**QA09_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE),**
**CONTINUE WITH QA09_H23;**
**ELSE GO TO PROGRAMMING NOTE QA09_H27**
---

**QA09_H23**    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 QA09_H27]
REFUSED ............................................................ -7     [GO TO PN QA09_H27]
DON'T KNOW ....................................................... -8     [GO TO PN QA09_H27]
```

**QA09_H24**    Are you eligible to be in this plan 이 보험에 들 자격이 되십니까?

> **AI14**

```
YES ........................................................................1
NO.........................................................................2     [GO TO QA09_H26]
REFUSED ............................................................ -7     [GO TO PN QA09_H27]
DON'T KNOW ....................................................... -8
```

**QA09_H25**    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 QA09_H27]
TOO EXPENSIVE ...................................................2     [GO TO PN QA09_H27]
DIDN'T LIKE PLAN OFFERED ...............................3     [GO TO PN QA09_H27]
DON'T NEED OR BELIEVE IN
HEALTH INSURANCE..........................................4     [GO TO PN QA09_H27]
OTHER (SPECIFY: _____) . 91     [GO TO PN QA09_H27]
REFUSED ............................................................ -7     [GO TO PN QA09_H27]
DON'T KNOW ....................................................... -8     [GO TO PN QA09_H27]
```

**QA09_H26**    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
```

**CHAMPUS/CHAMP-VA, TRICARE, VA Coverage**

> **PROGRAMMING NOTE QA09_H27:**
> **IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA09_H27;**
> **ELSE GO TO PN QA09_H28**

**QA09_H27**     Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

> **AI16**

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

> **POST-NOTE QA09_H27:**
> **IF QA09_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1**

**Healthy Kids**

> **PROGRAMMING NOTE QA09_H28:**
> **IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND R_AGE = 18, CONTINUE WITH QA09_H28 AND DISPLAY "Healthy Kids";**
> **IF COUNTY= SAN FRANCISCO AND AGE < 25, DISPLAY "Healthy Kids & Young Adults";**
> **IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO AND AGE = 18, DISPLAY "Healthy Kids, Healthy Futures";**
> **ELSE GO TO PNPROGRAMMING NOTE QA09_H29**

**QA09_H28**     Are you covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} program Healthy Kids 프로그램에 가입하셨습니까?

> **AH70**

        **[IF NEEDED, SAY:  "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county** Healthy Kids 는 카운티에서 자녀들을 위해 운영하는 프로그램입니다**."]**

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

> **POST-NOTE QA09_H28:**
> **IF QA09_H28 = 1, SET ARHKID = 1 AND SET ARINSURE = 1**

**AIM, MRMIP, Family PACT, Other Government Coverage**

---
**PROGRAMMING NOTE QA09_H29:**
**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA09_H29;**
**ELSE GO TO PROGRAMMING NOTE QA09_H31**
---

**QA09_H29**     Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, or something else AIM 이나 "Mister MIP", 또는 the Family Pact Program 과 같은 정부보조의료보험이나, 또는 어떤 다른 혜택을 받고 계십니까?

**AI17**

**[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; and Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men** AIM 이란 '신생아 및 산모를 위한 기회'라는 뜻이며, 'Mister MIP' 또는 MRMIP 는 '중대한 질병 및 사고 관련 의료보험 프로그램'이란 뜻이고 'Family Pact'는 보험이 없는 저소득층 남녀를 위해 피임과 생식기능과 관련된 의료 비용을 지불하는 주정부 프로그램입니다**."]**

YES........................................................................1
NO..........................................................................2        **[GO TO PN QA09_H31]**
REFUSED ............................................................. -7        **[GO TO PN QA09_H31]**
DON'T KNOW ....................................................... -8        **[GO TO PN QA09_H31]**

---
**POST-NOTE QA09_H29:**
**IF QA09_H29 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1**
---

**AI17A**

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

**Other Coverage**

---
**PROGRAMMING NOTE QA09_H31:**
**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEATHLY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA09_H31;**
**ELSE GO TO PROGRAMMING NOTE QA09_H35**
---

**QA09_H31**     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 QA09_H35]**
REFUSED ............................................................. -7        **[GO TO PN QA09_H35]**
DON'T KNOW ....................................................... -8        **[GO TO PN QA09_H35]**

**QA09_H32**          What type of health insurance do you have 어떤 종류의 의료보험을 가지고 있습니까?

AI19

[CODE ALL THAT APPLY.  CTRL-P TO EXIT.]
[PROBE: "Any others? 다른 사람도 있습니까?"]
[IF NEEDED, SAY: "현재 또는 이전의 고용주가 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다."]
[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 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 QA09_H32:
IF QA09_H32 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 8, SET ARIHS = 1;
IF QA09_H32 = 9, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA09_H33:
IF QA09_H32 = 1, 2, OR 3 CONTINUE WITH QA09_H33;
ELSE GO TO PROGRAMMING NOTE QA09_H35

QA09_H33     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 이 가구 내에 거주하는 사람이
아니라도 상관 없습니다"]

IN OWN NAME ........................................................1      [GO TO PN QA09_H35]
IN SOMEONE ELSE'S NAME .................................2
REFUSED ............................................................... -7     [GO TO PN QA09_H35]
DON'T KNOW ........................................................ -8     [GO TO PN QA09_H35]

POST-NOTE QA09_H33:
IF [QA09_H32 = 1 OR 2] AND QA09_H33 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND
SET ARINSURE = 1;
IF QA09_H32 = 3 AND QA09_H33 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET
ARINSURE = 1;
IF [QA09_H32 = 1 OR 2] AND QA09_H33 = 2, -7, OR -8 SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET
ARINSURE = 1;
IF QA09_H32 = 3 AND QA09_H33 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET
ARINSURE = 1

PROGRAMMING NOTE QA09_H34:
IF QA09_A16 = 1 (R HAS SPOUSE) OR IF QA09_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 25,
CONTINUE WITH QA09_H34;
ELSE GO TO PROGRAMMING NOTE QA09_H34 AND;
IF QA09_A16 = 1 AND R IS MALE, DISPLAY "wife's";
IF QA09_A16 = 1 AND R IS FEMALE, DISPLAY "husband's";
IF QA09_G13 = 1, DISPLAY "parent's";
IF QA09_A16 = 1 AND QA09_G13 = 1, DISPLAY "or";
ELSE GO TO PROGRAMMING NOTE QA09_H35

QA09_H34     Is the plan in your {husband's/wife's} {or} {parent's} name? 이 의료보험은 귀하의 {husband's or
wife's or parent's}의 이름으로 가입했습니까?

AH60

IN HUSBAND'S/WIFE'S NAME ...............................1
IN PARENT'S NAME ...............................................2
IN SOMEONE ELSE'S NAME  ...............................3
REFUSED ............................................................... -7
DON'T KNOW ........................................................ -8

POST-NOTE QA09_H34:
IF QA09_H34 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA09_H34 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

**Indian Health Service Participation**

> **PROGRAMMING NOTE QA09_H35:**
> **IF ARIHS ≠ 1 AND QA09_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA09_H35;**
> **ELSE GO TO PROGRAMMING NOTE QA09_H36_INTRO**

**QA09_H35**     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 QA09_H35:**
> **IF QA09_H35 = 1, SET ARIHS = 1**

**Spouse's Insurance Coverage Type & Eligibility**

> **PROGRAMMING NOTE QA09_H36_INTRO:**
> **IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (LIVING WITH A PARTNER) CONTINUE WITH QA09_H36_INTRO;**
> **ELSE GO TO PROGRAMMING NOTE QA09_H56**

**QA09_H36_INTRO**     These next questions are about the type of health insurance your spouse may have. {본인께서 메디케어 혜택을 받으신다고 하셨는데요.} (귀하의 배우자/동거인){도} 메디케어를 받으십니까?

**AI37intro**

> **PROGRAMMING NOTE QA09_H36:**
> **IF SPOUSE 65 OR OLDER THEN**
> **IF ARMCARE ≠ 1, CONTINUE WITH QA09_H36 WITHOUT DISPLAY**
> **ELSE IF ARMCARE = 1, CONTINUE WITH QA09_H36 AND DISPLAY "You said that you are covered by Medicare." AND "also";**
> **ELSE GO TO PROGRAMMING NOTE QA09_H39**

**QA09_H36**     {You said that you are covered by Medicare.}  Is (SPOUSE) {also} covered by Medicare? {}도 메디케어 혜택을 받습니까

**AI37**

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

> **POST-NOTE QA09_H36:**
> **IF QA09_H36 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA09_H37:**
**IF QA09_H36 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA09_H37 WITHOUT DISPLAY;**
**ELSE IF QA09_H36 = 1 AND ARMHMO = 1, CONTINUE WITH QA09_H37 AND DISPLAY "You said that your**
** Medicare coverage is provided through an HMO." AND "also";**
**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN**
**CONTINUE WITH QA09_H37 AND IF QA09_A5 = 1 (MALE) DISPLAY "wife"; IF QA09_A5 = 2 (FEMALE)**
**DISPLAY "husband"; ELSE DISPLAY "spouse";**
**ELSE GO TO PROGRAMMING NOTE QA09_H38**

**QA09_H37**     {You said that your Medicare coverage is provided through an HMO.}  Is your
{husband's/wife's/spouse's} Medicare {also} provided through an HMO 귀하의 배우자의
Medicare 는 HMO 를 통해서 제공됩니까?

**AH61**

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

**POST-NOTE QA09_H37:**
**IF QA09_H37 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA09_H38:**
**IF SPHMO = 1, THEN SKIP TO PN QA09_H39;**
**ELSE IF QA09_H36 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA09_H38 WITHOUT DISPLAY;**
**ELSE IF QA09_H36 = 1 AND ARSUPP = 1, CONTINUE WITH QA09_H38 AND DISPLAY "You said that you**
**have a Medicare Supplement plan." AND "also";**
**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN**
**CONTINUE WITH QA09_H38 AND IF QA09_A5 = 1 (MALE) DISPLAY "wife"; IF QA09_A5 = 2 (FEMALE)**
**DISPLAY "husband"; ELSE DISPLAY "spouse";**
**ELSE GO TO PROGRAMMING NOTE QA09_H39**

**QA09_H38**     {You said that you have a Medicare Supplement plan.}  Does your {husband/wife/spouse} {also}
have a Medicare supplemental policy 메디케어 혜택을 받고 계시다고 하셨는데요. {}도 메디케어
혜택을 받습니까? {} 是否也能享受 Medicare 保賠.?

**AI37A**

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

**POST-NOTE QA09_H38:**
**IF QA09_H38 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1**

---

**PROGRAMMING NOTE QA09_H39:**
**IF ARMCAL = 1, CONTINUE WITH QA09_H39;**
**IF ARMCARE = 1, THEN DISPLAY "also";**
**ELSE GO TO PROGRAMMING NOTE QA09_H40**

---

**QA09_H39**     You said you {also} have Medi-Cal.  Is (SPOUSE) 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 QA09_H39:**
**IF QA09_H39 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1**

---

**PROGRAMMING NOTE QA09_H40:**
**IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA09_H40;**
**IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also";**
**ELSE GO TO PROGRAMMING NOTE QA09_H41**

---

**QA09_H40**     You said you {also} have Healthy Families.  Is (SPOUSE) 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 QA09_H40:**
**IF QA09_H40 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1**

---

**PROGRAMMING NOTE QA09_H41:**
**IF AREMPOWN = 1, CONTINUE WITH QA09_H41;**
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also";**
**ELSE GO TO PROGRAMMING NOTE QA09_H42**

---

**QA09_H41**     You said you have insurance from your current or former employer or union.  Is (SPOUSE) {also} covered by the insurance from your employer {} 현재나 과거의 직장이나 노동조합을 통한 보험이 있다고 하셨는데요. {}도 그런 직장 보험 혜택을 받습니까?

**AI40**

```
            YES ........................................................................1     [GO TO PN QA09_H43]
            NO .........................................................................2
            OTHER.....................................................................3
            REFUSED ............................................................. -7
            DON'T KNOW ........................................................ -8
```

---

**POST-NOTE QA09_H41:**
**IF QA09_H41 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

---

---

**PROGRAMMING NOTE QA09_H42:**
**IF QA09_G31 = 1 OR 2 (SPOUSE EMPLOYED) OR QA09_G32 = 1 (USUALLY WORKS), CONTINUE WITH**
**QA09_H42;**
**IF AREMPSP = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";**
**IF SPINSURE = 1, THEN DISPLAY "also";**
**ELSE GO TO PROGRAMMING NOTE QA09_H43**

---

**QA09_H42**     {You said you have insurance from your spouse's employer or union.}  Does (SPOUSE) {also}
             have coverage through {his/her} <u>own</u> employer {} {}이/가 {} 자신의 직장에서 자기 보험이
             있습니까?

<div>

**AI40A**

</div>

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

---

**POST-NOTE QA09_H42:**
**IF QA09_H42 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1**

---

**PROGRAMMING NOTE QA09_H43:**
**IF ARDIRECT = 1, CONTINUE WITH QA09_H43;**
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";**
**ELSE GO TO PROGRAMMING NOTE QA09_H44**

---

**QA09_H43**     You said you {also} have a plan you purchased directly from the insurer.  Is (SPOUSE) {also}
             covered by this plan {} 보험 회사에 직접 보험료를 내고 가입한 건강 보험이 있다고 하셨는데요.
             {}도 그 보험에 들어 있습니까?

<div>

**AI41**

</div>

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

---

**POST-NOTE QA09_H43:**
**IF QA09_H43 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

---

---

**PROGRAMMING NOTE QA09_H44:**
**IF ARMILIT = 1, CONTINUE WITH QA09_H44;**
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY**
**"also";**
**ELSE GO TO PROGRAMMING NOTE QA09_H45**

---

**QA09_H44**      You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or
some other military healthcare.  Is (SPOUSE) 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 QA09_H44:**
**IF QA09_H44 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

---

PROGRAMMING NOTE QA09_H45:
IF AROTHGOV = 1, CONTINUE WITH QA09_H45;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H46

**QA09_H45**    You said you {also} have health insurance through some government health plan like AIM or Mister MIP.  Is (SPOUSE) also covered by this plan {} 정부 건강 보험을 통해 AIM이나 미스터 MIP같은 건강 보험을 갖고 계신다고 k하셨는데요.{}도 이 보험 혜택을 받습니까?

AI42A

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

POST-NOTE QA09_H45:
IF QA09_H45 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA09_H46:
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

**QA09_H46**    Does (SPOUSE) have {any} health insurance coverage {through any other source}{}이/가 건강 보험을 가지고 있습니까?

AI46

> YES ......................................................................1
> NO..........................................................................2    **[GO TO QA09_H48]**
> REFUSED ............................................................. -7    **[GO TO QA09_H52]**
> DON'T KNOW ....................................................... -8    **[GO TO QA09_H52]**

**QA09_H47**     What type of health insurance does {he/she} have {그분은} 어떤 종류의 의료보험을 가지고 있습니까?

AI47

**[CODE ALL THAT APPLY.]**

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

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

```
POST-NOTE QA09_H47:
IF QA09_H47 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 8, SET SPIHS = 1;
IF QA09_H47 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1
```

---

**PROGRAMMING NOTE QA09_H48:**
**IF SPINSURE ≠ 1, CONTINUE WITH QA09_H48;**
**ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA09_H50;**
**ELSE GO TO PROGRAMMING NOTE QA09_H52**

---

**QA09_H48**      You said that (SPOUSE) 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 QA09_H52]
                  NO ..........................................................................2
                  REFUSED ............................................................... -7      [GO TO PN QA09_H52]
                  DON'T KNOW ......................................................... -8      [GO TO PN QA09_H52]
```

**QA09_H49**      What type of health insurance does {he/she} have{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

**AI49**

**[CODE ALL THAT APPLY]**

**[PROBE: "Any others? 다른 사람도 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** {그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?**"]**

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

---

**POST-NOTE QA09_H49:**
**IF QA09_H49 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;**

---

**IF QA09_H49 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 8, SET SPIHS = 1;**
**IF QA09_H49 = 9, SET SPKID = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;**
**IF QA09_H49 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;**

PROGRAMMING NOTE QA09_H50:
IF QA09_H47 = 1, 2, OR 3 OR QA09_H49 = 1, 2, OR 3 THEN CONTINUE WITH QA09_H50;
ELSE SKIP TO QA09_H52

QA09_H50      Was this plan obtained in your spouse's name or in the name of someone else 이 의료보험을
              귀하의 배우자의 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

AH62

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

                    IN SPOUSE'S NAME ................................................1      **[GO TO PN QA09_H52]**
                    IN SOMEONE ELSE'S NAME ................................2
                    REFUSED .............................................................. -7      **[GO TO PN QA09_H52]**
                    DON'T KNOW ....................................................... -8      **[GO TO PN QA09_H52]**

POST-NOTE QA09_H50:
IF QA09_H50 = 1 (SPOUSE'S NAME), SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;

QA09_H51      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 QA09_H51:
IF QA09_H51 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA09_H51 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA09_H52:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA09_H56;
ELSE IF [QA09_G31 = 1 OR 2 (SPOUSE EMPLOYED) OR QA09_G32 = 1 (USUALLY WORKS)] AND
QA09_G33 ≠ 3 (SPOUSE NOT SELF EMPLOYED), CONTINUE WITH QA09_H52;
ELSE GO TO QA09_H56

QA09_H52      Does your spouse's employer offer health insurance to any of its employees 배우자 님의
              직장에서는 그 직장에 다니는 사람들에게 건강 보험을 해 줍니까?

AI43

                    YES ........................................................................1
                    NO ..........................................................................2      **[GO TO PN QA09_H56]**
                    REFUSED .............................................................. -7      **[GO TO PN QA09_H56]**
                    DON'T KNOW ....................................................... -8      **[GO TO PN QA09_H56]**

**QA09_H53**     Is {he/she} eligible to be in this plan {}이/가 이 보험에 들 자격이 됩니까?

AI44

YES ........................................................................1
NO ..........................................................................2          **[GO TO QA09_H55]**
REFUSED ............................................................... -7          **[GO TO PN QA09_H56]**
DON'T KNOW ......................................................... -8          **[GO TO PN QA09_H56]**

**QA09_H54**     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 QA09_H56]**
TOO EXPENSIVE ...................................................2          **[GO TO PN QA09_H56]**
DOESN'T LIKE PLAN OFFERED ............................3          **[GO TO PN QA09_H56]**
DOESN'T NEED OR BELIEVE IN
HEALTH INSURANCE .............................................4          **[GO TO PN QA09_H56]**
OTHER (SPECIFY: _____)......................... 91          **[GO TO PN QA09_H56]**
REFUSED ............................................................... -7          **[GO TO PN QA09_H56]**
DON'T KNOW ......................................................... -8          **[GO TO PN QA09_H56]**

**QA09_H55**     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?

AI45A

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

**Managed-Care Plan Characteristics**

| |
|---|
| **PROGRAMMING NOTE QA09_H56:** <br> **IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA09_H58;** <br> **IF ARHFAM = 1 OR ARHKID = 1; GO TO QA09_H57;** <br> **IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA09_H56;** <br> **IF QA09_A16 = 1 (MARRIED) DISPLAY "Next, I have some questions about your own main health plan."** <br> **IF ARMCAL = 1 DISPLAY "Medi-Cal"** <br> **ELSE GO TO QA09_H69** |

**QA09_H56**      {Next, I have some questions about your own main health plan.}
다음에는 귀하의 주된 의료 보험에 대해 몇 가지 여쭤보겠습니다

Is your {Medi-Cal} health plan an HMO? 귀하의 {주된 건강} 보험은 HMO(Health Maintenance Organization)입니까?

AI22C

**[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization.  With an HMO, you must use the doctors and hospitals belonging to its network.  If you go outside the network, generally it will not be paid for unless it's an emergency.** 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 "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 건강 플랜."]**

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

> **PROGRAMMING NOTE QA09_H57:**
> **IF (ARMCAL = 1 AND QA09_H55 = 1) OR (AROTHGOV = 1 AND QA09_H30 = 1) THEN list HMO Medi-Cal by county;**
> **ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA09_H56 = 1 THEN list HMO Healthy Families by county;**
> **ELSE IF QA09_H56 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09_H30 = 2)] THEN list HMO Commercial by county;**
> **ELSE IF QA09_H56 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09_H30 = 2)] THEN list Non-HMO by county**

**QA09_H57**     What is the name of your main health plan주된 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 it보험 이름이 나와 있는 보험 카드 같은 것이 있습니까?"]**

| | |
|---|---|
| Aetna Us Healthcare | 1 |
| Aids Healthcare Foundation, LA | 2 |
| Alameda Alliance For Health | 3 |
| Altamed Health Services | 4 |
| Blue Cross/Californiacare | 5 |
| Blue Shield/Careamerica | 6 |
| California Medicare | 7 |
| CalKids | 8 |
| Caloptima | 9 |
| Care 1st Health Plan/UHP | 10 |
| Caremore Insurance Services, Inc. | 11 |
| Center For Elders Independence | 12 |
| Central Coast Alliance/Santa Cruz-Monterey | 13 |
| Chinese Community Health Plan | 14 |
| Chinese Community Health Plan Senior | 15 |
| Cigna Healthcare Of California | 16 |
| Citizens Choice Healthplan | 17 |
| Community Health Group (San Diego Co) | 18 |
| Community Health Plan of LA | 19 |
| Contra Costa Health Plan | 20 |
| Golden Medicare | 21 |
| Health Advantage | 22 |
| Health Net/Foundation | 23 |
| Inland Empire Health Plan | 24 |
| Inter Valley Health Plan | 25 |
| Kaiser Foundation Health Plan | 26 |
| Kern Health Systems | 27 |
| LA Care Health Plan | 28 |
| Molina Healthcare of California | 29 |
| On Lok Senior Health Services | 30 |
| One Health Plan Of California | 31 |
| Pacificare/FHP | 32 |
| San Francisco Health Dept./Family Mosaic Project | 33 |
| San Francisco Health Plan | 34 |
| San Joaquin Health Plan | 35 |
| San Mateo Health Commission | 36 |
| Santa Barbara Health Plan | 37 |

**PROGRAMMING NOTE QA09_H58:**
**IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA09_A16 = 1 (R IS MARRIED), DISPLAY "Next I have some questions about your own main health plan."**

QA09_H58     {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 처방약의 경우, 보험 혜택을 받으십니까? 다시 말해서, 어떤 보험에서 비용의 일부라도 지불해줍니까?

AI25

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

**High Deductible Health Plans**

---
**PROGRAMMING NOTE QA09_H59:**
**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN**
**CONTINUE WITH QA09_H59;**
**ELSE GO TO QA09_H62**

---

**QA09_H59**      Does your health plan have a deductible that is more than $1,000 건강보험 플랜의 공제 금액이 $1,000 이 넘습니까?

**AH71**

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

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

**QA09_H60**      Does your health plan have a deductible for all covered persons that is more than $2,000 모든 가입자에 대한 건강보험 플랜의 공제 금액이 $2,000 이 넘습니까?

**AH72**

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

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

PROGRAMMING NOTE QA09_H61:
IF QA09_H59 = 1 OR 3 OR QA09_H60 = 1 OR 3, CONTINUE WITH QA09_H61;
ELSE SKIP TO QA09_H62

QA09_H61    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** 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

**Coverage Over Past 12 Months**
QA09_H62    Thinking about your current health insurance, did you have this same insurance for <u>all</u> 12 of the past 12 months 지난 12 개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

AI31

YES.........................................................................1      **[GO TO PN QA09_H79]**
NO...........................................................................2
REFUSED ............................................................. -7      **[GO TO QA09_H65]**
DON'T KNOW ...................................................... -8

QA09_H63    During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance 지난 12 개월 동안 지금의 그 건강 보험이 없었던 때에는, 다른 어떤 건강 보험이 있으셨습니까?

AI32

YES.........................................................................1
NO...........................................................................2      **[GO TO QA09_H66]**
REFUSED ............................................................. -7      **[GO TO QA09_H65]**
DON'T KNOW ...................................................... -8      **[GO TO QA09_H65]**

**QA09_H64**     Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan 보험이 메디캘, 건강가족프로그램, 또는 선생님의 직장 보험, 아니면 다른 어떤 보험이었습니까?

**AI33**

**[CODE ALL THAT APPLY]**
**[PROBE: "Any others? 다른 사람도 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
```

**QA09_H65**     During the past 12 months, was there any time when you had no health insurance at all 지난 12 개월 동안, 의료보험이 전혀 없었던 때가 있었습니까?

**AI34**

```
YES .....................................................................1
NO ........................................................................2     [GO TO PN QA09_H79]
REFUSED .......................................................... -7     [GO TO PN QA09_H79]
DON'T KNOW ..................................................... -8     [GO TO PN QA09_H79]
```

**QA09_H66**     For how many months of the past 12 months did you have no health insurance at all 의료보험이 전혀 없던 기간이 몇 개월이었습니까?

**AI35**

```
_____ NUMBER OF MONTHS          [HR: 0-11]     [IF 0 GO TO PN QA09_H79]

REFUSED .......................................................... -7     [GO TO PN QA09_H79]
DON'T KNOW ..................................................... -8     [GO TO PN QA09_H79]
```

**Reasons for Lack of Coverage**
**QA09_H67**     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
```

**QA09_H68**　　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 QA09_H75]**
NO ...............................................................................2　　**[GO TO PN QA09_H75]**
REFUSED ............................................................... -7　　**[GO TO PN QA09_H75]**
DON'T KNOW ......................................................... -8　　**[GO TO PN QA09_H75]**

**QA09_H69**　　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

**QA09_H70**　　During the time that you have been uninsured, have you tried to find health insurance on your own 건강보험이 없던 기간 동안, 자력으로 보험에 가입하려고 노력했습니까?

**AH75**

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

**QA09_H71**　　Were you covered by health insurance at any time during the past 12 months 지난 12 개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

**AI27**

YES .............................................................................1　　**[GO TO QA09_H73]**
NO ...............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ....................................................... -8

**QA09_H72**    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 QA09_H75]**
MORE THAN 3 YEARS AGO ..................................2    **[GO TO PN QA09_H75]**
NEVER HAD HEALTH INSURANCE.......................3    **[GO TO PN QA09_H75]**
REFUSED .............................................................. -7    **[GO TO PN QA09_H75]**
DON'T KNOW ........................................................ -8    **[GO TO PN QA09_H75]**

**QA09_H73**    For how many months out of the last 12 months did you have health insurance 지난 12 개월 중 몇 개월 동안 의료보험에 들어 있었습니까?

**AI29**

**[IF LESS THAN ONE MONTH, ENTER 0]**

_____ MONTHS        [HR: 0-12]

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

**QA09_H74**    During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan 가입하신 의료보험이 메디캘, 건강가족프로그램, 선생님의 직장 보험, 아니면 다른 어떤 보험이었습니까?

**AI30**

**[CODE ALL THAT APPLY]**
**[PROBE: "Any others? 다른 사람도 있습니까?"]**

MEDI-CAL ................................................................1
HEALTHY FAMILIES ...............................................2
THROUGH CURRENT OR FORMER
EMPLOYER OR UNION ..........................................3
HEALTHY KIDS .......................................................4
OTHER HEALTH PLAN......................................... 91
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8

**Partial Scope Medi-Cal**

> **PROGRAMMING NOTE FOR QA09_H75:**
> **IF ARINSURE ≠ 1 OR QA09_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), CONTINUE WITH QA09_H75;**
> **ELSE SKIP TO PROGRAMMING NOTE FOR QA09_H79**

**QA09_H75**  During the past 12 months, were you a patient in a hospital overnight or longer 지난 12 개월 동안, 귀하의 배우자가 환자로서 병원에 하룻밤 이상 입원한 적이 있습니까?

   **AH14**

       YES ........................................................................1
       NO ..........................................................................2  **[GO TO QA09_H77]**
       REFUSED ............................................................. -7  **[GO TO QA09_H77]**
       DON'T KNOW ........................................................ -8  **[GO TO QA09_H77]**

**QA09_H76**  Was any of that hospital care paid for by Medi-Cal 그러한 병원비 중에서 Medi-Cal 이 지불한 금액이 있습니까?

   **AH76**

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

PROGRAMMING NOTE FOR QA09_H77:
IF [ARINSURE ≠ 1 OR QA09_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA09_A5 = 2 (FEMALE) AND [QA09_E3 = 1 (PREGNANT) OR QA09_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA09_H77; ELSE SKIP TO PROGRAMMING NOTE FOR QA09_H79

**QA09_H77**    During the last 12 months, did you get prenatal care that you didn't have to pay for 지난 12 개월 동안, 비용을 지불할 필요가 없는 출산 전 진료를 받았습니까?

**AH77**

YES ........................................................................1
NO...........................................................................2      **[GO TO QA09_H79]**
REFUSED ............................................................. -7      **[GO TO QA09_H79]**
DON'T KNOW ....................................................... -8      **[GO TO QA09_H79]**

**QA09_H78**    Was it paid for by Medi-Cal 그 비용을 Medi-Cal 이 지불했습니까?

**AH78**

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

**Medical Debt**

PROGRAMMING NOTE QA09_H79:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 (CURRENTLY HAVE EMPLOYER-BASED COVERAGE) OR ARMCARE = 1 (CURRENTLY HAVE MEDICARE), CONTINUE WITH QA09_H79;
AND IF QA09_H62 DO NOT DISPLAY "The following questions are about your current health plan."
ELSE IF ARMCAL = 1 (CURRENTLY HAVE MEDI-CAL) OR ARINSURE ≠ 1 (CURRENTLY UNINSURED), SKIP TO QA09_H81;
ELSE IF ARINSURE = 1 SKIP TO PROGRAMMING NOTE QA09_I1

**QA09_H79**    {The following questions are about your current health plan.} 다음의 질문들은 귀하가 현재 가입하고 있는 건강보험플랜에 관한 것입니다

While you've had your current health plan, have you reached the limit of what your insurance company would pay for 현재의 건강보험 플랜에 가입하고 있는 동안 보험회사가 지불하는 의료비 상한선에 도달한 적이 있습니까?
{현재의 건강플랜에 가입해 있는 동안 보험회사가 지불하는 치료비 상한선에 도달한 적이 있습니까?}

**AH79**

**[IF NEEDED, SAY: "EVER for your current health plan 현재의 건강보험 플랜에서 #단 한 번이라도."]**

YES ........................................................................1
NO...........................................................................2      **[GO TO QA09_H81]**
REFUSED ............................................................. -7      **[GO TO QA09_H81]**
DON'T KNOW ....................................................... -8      **[GO TO QA09_H81]**

**QA09_H80**     Did this happen in the past 12 months 이러한 경우는 지난 12 개월 동안에 발생했습니까?

**AH80**

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

**QA09_H81**     During the past 12 months, did you have medical bills that you had problems paying or were
                 unable to pay, either for yourself or any family member in your household 지난 12 개월 동안,
                 귀하나 가족의 의료비를 지불할 수 없었거나 지불하는 데 문제가 있었던 의료비 청구서가
                 있었습니까?

**AH81**

                 **[IF NEEDED, SAY: "Dental bills should be included 치과 청구서도 포함시켜야 합니다."]**

                         YES ...................................................................1
                         NO.....................................................................2     **[GO TO PN QA09_I1]**
                         REFUSED ........................................................ -7     **[GO TO PN QA09_I1]**
                         DON'T KNOW .................................................. -8     **[GO TO PN QA09_I1]**

**QA09_H82**     What is the total amount of medical bills 의료비 청구서의 총액은 얼마나 됩니까?

**AH83**

                 **[IF NEEDED, SAY: "The bills can be from earlier years as well as this year 이러한
                 의료비에는 이전에 발생한것과 금년에 발생한 것이 모두 포함됩니다."]**

                         LESS THAN $1,000 ...........................................1
                         $1,000 TO LESS THAN $2,000 ...............................2
                         $2,000 TO LESS THAN $4,000 ...............................3
                         $4,000 TO LESS THAN $8,000 ...............................4
                         $8,000 OR MORE ..............................................5
                         NONE.................................................................6
                         DON'T KNOW ........................................................ -7
                         DON'T KNOW .................................................. -8

**QA09_H83**     Were you or your family member uninsured at the time care was provided 진료를 받았을 때
                 귀하나 가족에게 보험이 없었습니까?

**AH84**

                         YES ...................................................................1
                         NO.....................................................................2
                         MORE THAN ONE PERSON WITH MEDICAL BILL
                         PROBLEMS AND ONE PERSON UNINSURED AND
                         THE OTHER INSURED ...........................................3
                         REFUSED ........................................................ -7
                         DON'T KNOW .................................................. -8

**QA09_H84**     Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent 이러한 의료비 때문에 식품비, 난방비, 임대료와 같은 기본적인 필수 생활비를 지불할 수 없었습니까?

**AH85**

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

**QA09_H85**     Because of these medical bills, did you take on credit card debt 이러한 의료비 때문에 신용카드 빚을 졌습니까?

**AH86**

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

**QA09_H86**     Did you take out a loan or use up your savings 대출을 받거나 저축을 헐었습니까?

**AH87**

**[IF NEEDED, SAY: "Because of these medical bills 이러한 의료비 때문에."]**

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

**QA09_H87**     Did you have to declare bankruptcy 파산을 선언했습니까?

**AH88**

**[IF NEEDED, SAY: "Because of these medical bills 이러한 의료비 때문에."]**

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

# Section I – Child and Adolescent Health Insurance

**Child's Health Insurance**

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**PROGRAMMING NOTE QA09_I1:**
**IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA09_I35 TO ASK ABOUT SELECTED ADOLESCENT;**
**IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA09_I2;**
**ELSE CONTINUE WITH QA09_I1**

---

**QA09_I1**      These next questions are about health insurance (CHILD) may have.

다음은 (CHILD)(이)의 의료 보험에 대한 질문입니다

Does (CHILD) have the same insurance as you {}이/가 선생님과 같은 보험을 갖고 있습니까?

**CF10A**

```
YES .......................................................................1      [GO TO QA09_I29]
NO .........................................................................2
REFUSED ............................................................. -7
DON'T KNOW ...................................................... -8
```

---

**POST-NOTE QA09_I1:**
**IF QA09_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**
**IF QA09_I1 = 1 AND ARIHS = 1, SET CHIHS = 1**

---

---

**PROGRAMMING NOTE QA09_I2:**
**IF SPINSURE ≠ 1, THEN SKIP TO QA09_I3;**
**ELSE IF QA09_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA09_I3;**
**ELSE CONTINUE WITH QA09_I2**

---

QA09_I2      Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME} {}이/가 선생님의 {}와/과 같은 보험을 갖고 있습니까?

**MA1**

> YES ........................................................................1   **[GO TO QA09_I18]**
> NO ..........................................................................2
> REFUSED ............................................................... -7
> DON'T KNOW ........................................................ -8

---

**POST-NOTE QA09_I2:**
**IF QA09_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
**IF QA09_I2 = 1 AND SPIHS = 1, SET CHIHS = 1**

---

**Medi-Cal Coverage (Child)**
QA09_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 people메디-캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]**

> YES ........................................................................1   **[GO TO QA09_I5]**
> NO ..........................................................................2
> REFUSED ............................................................... -7
> DON'T KNOW ........................................................ -8

---

**POST-NOTE QA09_I3:**
**IF QA09_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1**

---

**Healthy Families Coverage (Child)**

QA09_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 19건강가족프로그램은 어린이가 19세가 될 때까지 의료보험료를 지불해주는
주정부 프로그램입니다."]**

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

POST-NOTE QA09_I4:
IF QA09_I4 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1

**Employer-Based Coverage (Child)**

QA09_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 QA09_I7]**
NO................................................................2
REFUSED ............................................... -7
DON'T KNOW ....................................... -8

POST-NOTE QA09_I5:
IF QA09_I5 = 1, SET CHEMP = 1 AND CHINSURE = 1

**Private Coverage (Child)**

QA09_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 QA09_I10]**
REFUSED  ............................................... -7          **[GO TO PN QA09_I10]**
DON'T KNOW ....................................... -8          **[GO TO PN QA09_I10]**

POST-NOTE QA09_I6:
IF QA09_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

**QA09_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. 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
```

**QA09_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 QA09_I10]
REFUSED ........................................................ -7     [GO TO PN QA09_I10]
DON'T KNOW ................................................... -8     [GO TO PN QA09_I10]
```

**QA09_I9**     Who else pays all or some portion of the cost for (CHILD)'s health plan 위의 사람을 제외한 다른 누가 {CHILD NAME/AGE/SEX}의 의료보험에 대한 비용의 전부 또는 일부를 지불합니까?

**AI51**

```
CURRENT EMPLOYER ...........................................1
FORMER EMPLOYER ...........................................2
UNION...................................................................3
SPOUSE'S CURRENT EMPLOYER ......................4
SPOUSE'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 QA09_I9:**
**IF QA09_I9 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;**
**IF QA09_I9 = 8, SET CHHFAM = 1;**
**IF QA09_I9 = 7, SET CHMCAL = 1**
**IF QA09_I9 = 9, SET CHHKID = 1**

**CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child)**

**PROGRAMMING NOTE QA09_I10:**
**IF CHINSURE = 1, GO TO PN QA09_I18;**
**ELSE CONTINUE WITH QA09_I10**

**QA09_I10**    Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care자녀분이 CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

> **CF6**

|   |   |   |   |
|---|---|---|---|
| YES | .................................................................... | 1 | **[GO TO PN QA09_I18]** |
| NO | ....................................................................... | 2 | |
| REFUSED | ............................................................. | -7 | |
| DON'T KNOW | ....................................................... | -8 | |

**POST-NOTE QA09_I10:**
**IF QA09_I10 = 1, SET CHMILIT = 1 AND CHINSURE = 1**

**Healthy Kids (Child)**

**PROGRAMMING NOTE QA09_I11:**
**IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA09_ I13 AND DISPLAY "Healthy Kids";**
**IF COUNTY= SAN FRANCISCO DISPLAY "Healthy Kids & Young Adults";**
**IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY "Healthy Kids, Healthy Futures"**

**QA09_I11**    Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} program 자녀분이 에임(AIM)이나 미스터 밉("Mister MIP") 등과 같은 정부보조의료보험이나, 다른 어떤 혜택을 받고 계십니까?

> **AI70**

**[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county.** AIM 이란 신생아 및 산모를 위한 기회라는 뜻이며, Mister MIP 또는 MRMIP 는 큰 질병과 사고를  위한 의료보험 프로그램이란 뜻입니다.**"]**

|   |   |   |   |
|---|---|---|---|
| YES | ........................................................... | 1 | **[GO TO PN QA09_I18]** |
| NO | .............................................................. | 2 | |
| REFUSED | ............................................................. | -7 | |
| DON'T KNOW | ....................................................... | -8 | |

| POST-NOTE QA09_I11: |
|---|
| **IF QA09_I11 = 1, SET CHHKID = 1 AND SET CHINSURE = 1** |

**AIM, MRMIP, Family PACT (Child)**

**QA09_I12**      Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else 자녀분이, 지금까지  말씀드리지 않은 다른 어떤 보험에 들어 있습니까?

**CF7**

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

> AIM...........................................................................1        **[GO TO PN QA09_I18]**
> "MISTER MIP"/MRMIP..............................................2        **[GO TO PN QA09_I18]**
> NO OTHER PLAN......................................................3
> SOMETHING ELSE (SPECIFY: _____) ........ 91        **[GO TO PN QA09_I18]**
> REFUSED ................................................................ -7
> DON'T KNOW ......................................................... -8

| POST-NOTE QA09_I12: |
|---|
| **IF QA09_I12 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1** |

**Other Coverage (Child)**

**QA09_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 QA09_I18]**
> REFUSED ................................................................ -7        **[GO TO PN QA09_I18]**
> DON'T KNOW ......................................................... -8        **[GO TO PN QA09_I18]**

**QA09_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 source자녀분이 어떤 종류의 건강 보험에 가입되어 있습니까? 그 보험은 메디캘이나 건강 가족프로그램, 또는 직장/노동조합 등 다른 어떤 단체나 기관을 통한 것입니까?

CF9

**[CIRCLE ALL THAT APPLY.] [PROBE: "Any others? 다른 사람도 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
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 QA09_I14:**
**IF QA09_I14 = 1, SET CHEMP = 1 AND CHINSURE = 1**
**IF QA09_I14 = 2, SET CHEMP = 1 AND CHINSURE = 1**
**IF QA09_I14 = 3, SET CHDIRECT = 1 AND CHINSURE = 1**
**IF QA09_I14 = 4, SET CHMCARE = 1 AND CHINSURE = 1**
**IF QA09_I14 = 5, SET CHMCAL = 1 AND CHINSURE = 1**
**IF QA09_I14 = 6, SET CHHFAM = 1 AND CHINSURE = 1**
**IF QA09_I14 = 7, SET CHMILIT = 1 AND CHINSURE = 1**
**IF QA09_I14 = 8, SET CHIHS = 1**
**IF QA09_I14 = 9, SET CHHKID = 1 AND CHINSURE = 1**
**IF QA09_I14 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1**
**IF QA09_I14 = 92, SET CHOTHER = 1 AND CHINSURE = 1**
**IF QA09_I14 = -7 OR -8, SET CHINSURE = 1**

---

**PROGRAMMING NOTE QA09_I15:**
**IF QA09_I14 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA09_I15;**
**ELSE SKIP TO PROGRAMMING NOTE QA09_I16**

---

**QA09_I15**       Just to verify, you said that (CHILD) gets health insurance through Medicare? 자녀분이 어떤 종류의 건강 보험에 가입되어 있습니까? 그 보험은 메디캘이나 건강 가족프로그램, 또는 직장/노동조합 등 다른 어떤 단체나 기관을 통한 것입니까?

**CF9VER**

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

---

**PROGRAMMING NOTE QA09_I16:**
**IF CHINSURE ≠ 1 CONTINUE WITH QA09_I16;**
**ELSE GO TO QA09_I18;**

---

**QA09_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
```

**QA09_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

**Managed-Care Plan Characteristics (Child)**

> **PROGRAMMING NOTE QA09_I18:**
> **IF QA09_I1 = 1 AND ARMCARE = 1, THEN QA09_I18 = QA09_H7 AND QA09_I19 = QA09_H8 AND SKIP TO QA09_I20;**
> **ELSE IF QA09_I1 = 1, THEN QA09_I18 = QA09_H56 AND QA09_I19 = QA09_H57 AND GO TO QA09_I20;**
> **ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA09_I18;**
> **ELSE GO TO PN QA09_I21**

QA09_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?

**[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.** HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO플랜에서는 네트워크에 속한 의사와 병원만을 사용해야합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가지불하지 않습니다.**"]**

**[NOTE: IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{his or her}  #주요 건강보험.**"]**

MA3

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

> **PROGRAMMING NOTE QA09_I19:**
> **IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA09_I19;**
> **IF CHMCARE = 1 AND QA09_I18 = 1 THEN list HMO MediCare by county;**
> **ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA09_I12 = 1) AND QA09_I18 = 1 THEN list HMO MEDI-CAL by county;**
> **ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA09_I18 = 1 THEN list HMO Healthy Families by county;**
> **ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA09_I12 = 2) OR CHOTHER = 1) AND QA09_I18 = 1 THEN list HMO Commercial by county;**
> **ELSE IF (CHEMP = 1 OR CHDIRECT =1 OR CHOTHER = 1) AND QA09_I18 = 2 THEN list Non-HMO by county**

QA09_I19     What is the name of (CHILD)'s main health plan {}의 주된 건강 보험의 이름이 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?"** {}이/가 보험 이름이 나와 있는 보험 카드 같은 것을 가지고 있습니까?**]**

AETNA US HEALTHCARE .............................................................. 1
AIDS HEALTHCARE FOUNDATION, LA............................................ 2
ALAMEDA ALLIANCE FOR HEALTH ............................................... 3
ALTAMED HEALTH SERVICES ...................................................... 4
BLUE CROSS/CALIFORNIACARE................................................... 5
BLUE SHIELD/CAREAMERICA...................................................... 6
CALIFORNIA MEDICARE ............................................................. 7
CALKIDS.................................................................................... 8
CALOPTIMA ............................................................................... 9

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CARE 1ST HEALTH PLAN/UHP ................................................................. 10
CAREMORE INSURANCE SERVICES, INC ................................................ 11
CENTER FOR ELDERS INDEPENDENCE .............................................. 12
CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY .......................... 13
CHINESE COMMUNITY HEALTH PLAN .................................................. 14
CHINESE COMMUNITY HEALTH PLAN SENIOR .................................... 15
CIGNA HEALTHCARE OF CALIFORNIA ................................................ 16
CITIZENS CHOICE HEALTHPLAN ........................................................ 17
COMMUNITY HEALTH GROUP (SAN DIEGO CO)  ................................ 18
COMMUNITY HEALTH PLAN OF LA ...................................................... 19
CONTRA COSTA HEALTH PLAN ......................................................... 20
GOLDEN MEDICARE ........................................................................... 21
HEALTH ADVANTAGE ......................................................................... 22
HEALTH NET/FOUNDATION ................................................................. 23
INLAND EMPIRE HEALTH PLAN ......................................................... 24
INTER VALLEY HEALTH PLAN ............................................................. 25
KAISER FOUNDATION HEALTH PLAN ................................................. 26
KERN HEALTH SYSTEMS ................................................................... 27
LA CARE HEALTH PLAN ...................................................................... 28
MOLINA HEALTHCARE OF CALIFORNIA .............................................. 29
ON LOK SENIOR HEALTH SERVICES ................................................. 30
ONE HEALTH PLAN OF CALIFORNIA .................................................. 31
PACIFICARE/FHP ................................................................................ 32
SAN FRANCISCO HEALTH DEPT./FAMILY MOSAIC PROJECT ................ 33
SAN FRANCISCO HEALTH PLAN ....................................................... 34
SAN JOAQUIN HEALTH PLAN ............................................................ 35
SAN MATEO HEALTH COMMISSION.................................................... 36
SANTA BARBARA HEALTH PLAN........................................................ 37
SANTA CLARA FAMILY HEALTH PLAN ............................................... 38
SCAN HEALTH PLAN .......................................................................... 39
SECURE HORIZONS ........................................................................... 40
SENIOR ADVANTAGE .......................................................................... 41
SENIOR SECURE................................................................................. 42
SENIORITY PLUS................................................................................. 43
SERVICE TO SENIORS ....................................................................... 44
SHARP HEALTH PLAN ........................................................................ 45
SOLANO/NAPA COUNTY NETWORK .................................................... 46
SUTTER SENIOR CARE ...................................................................... 47
UNIVERSAL CARE/HEALTHMAX ......................................................... 48
VALLEY HEALTH PLAN, SANTA CLARA .............................................. 49
VENTURA COUNTY HEALTH CARE PLAN............................................ 50
WESTERN HEALTH ADVANTAGE ....................................................... 51
WESTERN HEALTH ADVANTAGE CARE+ ............................................ 52
65 PLUS.............................................................................................. 53
MEDI-CAL ........................................................................................... 54
OTHER................................................................................................ 91
OTHER (SPECIFY:_____) ....................................................... 92
REFUSED ...........................................................................................-7
DON'T KNOW .....................................................................................-8

**QA09_I20**      Is (CHILD) covered for prescription drugs (자녀 이름/나이/성별)의 처방약도 의료보험으로 받을
수 있습니까?

CF14

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

**High Deductible Plans (Child)**

---

**PROGRAMMING NOTE FOR QA09_I21:**
**IF (ARINSURE ≠ 1 OR QA09_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN**
**CONTINUE WITH QA09_I21;**
**ELSE SKIP TO PN QA09_I24**

---

**QA09_I21**    Does (CHILD)'s health plan have a deductible that is more than $1,000 {CHILD
NAME/AGE/SEX}이(가) 가입한 건강플랜의 공제금액이 $1,000가 넘습니까?

AI79

**[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to
pay for your medical care. 공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가
부담해야 하는 금액을 말합니다."]**

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

**QA09_I22**    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. 공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가
부담해야 하는 금액을 말합니다."]**

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

---

**PROGRAMMING NOTE QA09_I23:**
**IF QA09_I21 = 1 OR 3 OR QA09_I22 = 1 OR 3, CONTINUE WITH QA09_I23;**
**ELSE SKIP TO PROGRAMMING NOTE QA09_I24**

---

**QA09_I23**          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. 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

**Reasons for Lack of Coverage (Child)**

| PROGRAMMING NOTE QA09_I24: |
| IF CHINSURE = 1, GO TO QA09_I29; |
| ELSE CONTINUE WITH QA09_I24 |

**QA09_I24**     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
```

**Coverage Over Past 12 Months (Child)**

**QA09_I25**     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 QA09_I27]
                    NO............................................................................2
                    REFUSED .............................................................. -7
                    DON'T KNOW ......................................................... -8
```

**QA09_I26**     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 QA09_I35]
                    MORE THAN 3 YEARS AGO ...................................2    [GO TO PN QA09_I35]
                    NEVER HAD HEALTH INSURANCE COVERAGE ..3         [GO TO PN QA09_I35]
                    REFUSED .............................................................. -7    [GO TO PN QA09_I35]
                    DON'T KNOW ......................................................... -8    [GO TO PN QA09_I35]
```

**QA09_I27**     For how many of the last 12 months did {he/she} have health insurance? 지난 12 개월중 몇 개월 동안 의료보험에 들어 있었습니까?

CF22

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

_____ MONTHS [HR: 0-12]

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

**QA09_I28**     During those months when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan? (자녀 이름/나이/성별)가 들어있던 의료보험이 메디캘, 건강가족프로그램, 선생님의 직장을 통해 가입된 보험, 또는 다른 보험이었습니까?

CF23

**[CIRCLE ALL THAT APPLY]**
**[PROBE: "Any others? 다른 사람도 있습니까?"]**

MEDI-CAL .......................................................................1     **[GO TO PN QA09_I35]**
HEALTHY FAMILIES ...............................................2     **[GO TO PN QA09_I35]**
THROUGH CURRENT OR FORMER EMPLOYER
UNION...........................................................................3     **[GO TO PN QA09_I35]**
HEALTHY KIDS ........................................................4     **[GO TO PN QA09_I35]**
OTHER HEALTH PLAN....................................... 91     **[GO TO PN QA09_I35]**
REFUSED ................................................................ -7     **[GO TO PN QA09_I35]**
DON'T KNOW ........................................................ -8     **[GO TO PN QA09_I35]**

**QA09_I29**     Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

CF24

YES.................................................................................1     **[GO TO PN QA09_I35]**
NO..................................................................................2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ...3
REFUSED ................................................................ -7
DON'T KNOW ........................................................ -8

**QA09_I30**     When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance? 지난 12개월 동안 한 달도 빠짐없이 (자녀 이름/나이/성별)가 동일한 보험에 들어 있었습니까?

CF25

YES.................................................................................1
NO..................................................................................2     **[GO TO QA09_I32]**
REFUSED ................................................................ -7     **[GO TO QA09_I32]**
DON'T KNOW ........................................................ -8     **[GO TO QA09_I32]**

**QA09_I31**      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? 다른 사람도 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
```

**QA09_I32**      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 QA09_I35]
REFUSED .............................................................. -7     [GO TO PN QA09_I35]
DON'T KNOW ........................................................ -8     [GO TO PN QA09_I35]
```

**QA09_I33**      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
```

**QA09_I34**      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

**Teen's Health Insurance**

---
**PROGRAMMING NOTE QA09_I35:**
**IF NO TEEN SELECTED, GO TO PN QA09_J1;**
  **IF ARINSURE = 1, CONTINUE WITH QA09_I35;**
  **IF ARINSURE = 0, GO TO PN QA09_I36;**
  **ELSE CONTINUE WITH QA09_I35**
---

QA09_I35     These next questions are about health insurance (TEEN) may have.
             다음은 (TEEN)(이)의 의료 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 QA09_I63]**
             NO...............................................................2
             REFUSED ............................................................. -7
             DON'T KNOW ....................................................... -8

---
**POST-NOTE QA09_I35:**
**IF QA09_I35 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;**
**IF QA09_I35 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;**
**IF QA09_I35  = 1 AND ARIHS = 1, SET TEIHS = 1**
---

---

**PROGRAMMING NOTE QA09_I36:**
**IF SPINSURE ≠ 1 THEN SKIP TO QA09_I37;**
**ELSE IF QA09_I35 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA09_I37;**
**ELSE CONTINUE WITH QA09_I36**

---

**QA09_I36**      Does (TEEN) have the same insurance as your spouse? {}이/가 선생님의 {}과 같은 보험을
갖고 있습니까?

| MA5 |

```
                         YES ........................................................1      [GO TO QA09_I52]
                         NO............................................................2
                         REFUSED ............................................... -7
                         DON'T KNOW ......................................... -8
```

---

**POST-NOTE QA09_I36:**
**IF QA09_I36 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;**
**IF QA09_I36 = 1 AND SPIHS = 1, SET TEIHS = 1**

---

**PROGRAMMING NOTE QA09_I37:**
**IF CHINSURE ≠ 1, THEN SKIP TO QA09_I38;**
**ELSE IF (QA09_I35=2 AND ARSAMECH =1) OR (QA09_I36 = 2 AND SPSAMECH = 1), THEN SKIP TO QA09_I38;**
**ELSE CONTINUE WITH QA09_I37;**

---

**QA09_I37**      Does (TEEN) have the same insurance as (CHILD)? {}이/가 {}과 같은 보험을 갖고 있습니까?

| MA6 |

```
                         YES ........................................................1      [GO TO PN QA09_I63]
                         NO............................................................2
                         REFUSED ................................................... -7
                         DON'T KNOW ......................................... -8
```

---

**POST-NOTE QA09_I37:**
**IF QA09_I37 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;**
**IF QA09_I37 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;**
**IF QA09_I37 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;**
**IF QA09_I37 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;**
**IF QA09_I37 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**
**IF QA09_I37 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;**
**IF QA09_I37 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;**
**IF QA09_I37 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;**
**IF QA09_I37= 1 AND CHIHS = 1, SET TEIHS = 1**

**Medi-Cal Coverage (Teen)**

**QA09_I38**    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. 메디–캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다".]**

YES .........................................................................1    **[GO TO QA09_I40]**
NO ............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

**POST-NOTE QA09_I38:**
**IF QA09_I38 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1**

**Healthy Families Coverage (Teen)**

**QA09_I39**    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.** 건강가족프로그램은 어린이가 19세가 될 때까지 건강보험료를 지불해주는 주정부 프로그램입니다.**"]**

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

**POST-NOTE QA09_I39:**
**IF QA09_I39 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1**

**Employer-Based Coverage (Teen)**

**QA09_I40**    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 QA09_I42]**
NO ............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

**POST-NOTE QA09_I40:**
**IF QA09_I40 = 1, SET TEEMP = 1 AND SET TEINSURE = 1**

**Private Coverage (Teen)**

**QA09_I41**    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 QA09_I45]**
REFUSED .............................................................. -7    **[GO TO PN QA09_I45]**
DON'T KNOW ........................................................ -8    **[GO TO PN QA09_I45]**

---

**POST-NOTE QA09_I41:**
**IF QA09_I41 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**

---

**QA09_I42**    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. 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

**QA09_I43**    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 QA09_I45]**
REFUSED .............................................................. -7    **[GO TO PN QA09_I45]**
DON'T KNOW ........................................................ -8    **[GO TO PN QA09_I45]**

**QA09_I44**        Who else pays all or some portion of the cost for (TEEN)'s health plan 고용주, 노동조합, 또는 전문직 단체와 같은 다른 누가 {CHILD NAME/AGE/SEX  }의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

[**PROBE**: "다른 사람이 또 있습니까?"]

AI53

        CURRENT EMPLOYER ..........................................1
        FORMER EMPLOYER ..........................................2
        UNION.................................................................3
        SPOUSE'S CURRENT EMPLOYER .......................4
        SPOUSE'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 QA09_I44:**
**IF QA09_I44 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;**
**IF QA09_I44 = 7, SET TEMCAL = 1;**
**IF QA09_I44 = 8, SET TEHFAM = 1;**
**IF QA09_I44 = 9, SET TEHKID = 1 AND SET TEINSURE = 1**

**CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)**

**PROGRAMMING NOTE QA09_I45:**
**IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA09_I52;**
**ELSE CONTINUE WITH QA09_I45**

**QA09_I45**        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 QA09_I52]**
        NO.............................................................................2
        REFUSED ...............................................................-7
        DON'T KNOW ..........................................................-8

**POST-NOTE QA09_I45:**
**IF QA09_I45 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1**

**Healthy Kids (Teen)**

> **PROGRAMMING NOTE FOR QA09_I46:**
> **IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER,**
> **PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA09_ I48 AND DISPLAY "Healthy Kids";**
> **IF COUNTY = SAN FRANCISCO DISPLAY "Healthy Kids & Young Adults";**
> **IF COUNTY = EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY "Healthy Kids, Healthy Futures"**

**QA09_I46**     Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} program? {CHILD NAME/AGE/SEX}(이)는 Healthy Kids 프로그램에 가입했습니까?

**AI71**

> **[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county.** Healthy Kids 는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

|                                                     |        |                          |
|-----------------------------------------------------|--------|--------------------------|
| YES .............................................................1 | **[GO TO PN QA09_I52]** |
| NO.................................................................2 | |
| REFUSED ................................................. -7 | |
| DON'T KNOW ......................................... -8 | |

> **POST-NOTE QA09_I46:**
> **IF QA09_I46 = 1, SET TEHKID = 1 AND SET TEINSURE = 1**

**AIM, MRMIP, Family PACT (Teen)**
**QA09_I47**     Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else {}이/가 AIM(에임)이나 미스터 MIP(밉)같은 정부 건강 보험이나 그 밖의 다른 보험에 들어 있습니까?

**IA7**

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

|                                                     |                          |
|-----------------------------------------------------|--------------------------|
| AIM..........................................................1 | **[GO TO PN QA09_I52]** |
| "MISTER MIP"/MRMIP.............................2 | **[GO TO PN QA09_I52]** |
| NO OTHER PLAN....................................3 | |
| SOMETHING ELSE (SPECIFY:_____) ........... 91 | **[GO TO PN QA09_I52]** |
| REFUSED ............................................... -7 | |
| DON'T KNOW........................................ -8 | |

> **POST-NOTE QA09_I47:**
> **IF QA09_I47 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1**

**Other Coverage (Teen)**

**QA09_I48**     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 QA09_I52]
            REFUSED ............................................................... -7     [GO TO PN QA09_I52]
            DON'T KNOW ......................................................... -8     [GO TO PN QA09_I52]
```

**QA09_I49**     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: "이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서였습니까, 학교를 통해서였습니까, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서였습니까, 아니면 의료 보험회사로부터 직접 구입하셨습니까?"]**

**[CIRCLE ALL THAT APPLY]  [PROBE: "Any others? 다른 사람도 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 QA09_I49:
IF QA09_I49_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA09_I49_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA09_I49_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA09_I49_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1;
IF QA09_I49_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA09_I49_8 = 1, SET TEIHS = 1;
```

---

**IF QA09_I49_9 = 1, SET TEHKID = 1 AND TEINSURE = 1;**
**IF QA09_I49_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;**
**IF QA09_I49_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;**
**IF QA09_I49 = -7 OR -8, SET TEINSURE = 1**

---

**PROGRAMMING NOTE QA09_I50:**
**IF TEINSURE ≠ 1 CONTINUE WITH QA09_I50;**
**ELSE GO TO QA09_I52;**

---

**QA09_I50**    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

**QA09_I51**    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

**Managed-Care Plan Characteristics (Teen)**

---

**PROGRAMMING NOTE QA09_I52:**
**IF QA09_I35 = 1 AND ARMCARE = 1, THEN QA09_I52 = QA09_H7 AND QA09_I53 = QA09_H8 AND SKIP TO QA09_I54;**
**ELSE IF QA09_I35 = 1, THEN QA09_I52 = QA09_H56 AND QA09_I53 = QA09_H57 AND GO TO QA09_I54;**
**ELSE IF QA09_I37 = 1, THEN QA09_I52 = QA09_I18 AND QA09_I53 = QA09_I19 AND GO TO QA09_I54;**
**ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA09_I52;**
**ELSE GO TO PROGRAMMING NOTE QA09_I55**

---

QA09_I52     Is (TEEN)'s {Medi-Cal} health plan an HMO? {CHILD NAME /AGE/SEX}(이)의 {Medi-Cal} 건강보험은 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.** HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO플랜에서는 네트워크에 속한 의사와 병원만을 사용해야합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가지불하지 않습니다."**]**

**[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan**. {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 QA09_I53:**
**IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA09_I53;**
**IF TEMCARE = 1 AND QA09_I52 = 1 THEN list HMO MediCare by county;**
**ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA09_I12 = 1) AND QA09_I52 = 1 THEN list HMO MEDI-CAL by county;**
**ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA09_I52 = 1 THEN list HMO Healthy Families by county;**
**ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA09_I47 = 2) OR TEOTHER = 1) AND QA09_I52 = 1 THEN list HMO Commercial by county;**
**ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA09_I52 = 2 THEN list Non-HMO by county**

---

QA09_I53     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?** {}이/가 보험 이름이 나와 있는 보험 카드 같은 것을 가지고 있습니까?"**]**

```
AETNA US HEALTHCARE  ............................................................... 1
AIDS HEALTHCARE FOUNDATION, LA .......................................... 2
ALAMEDA ALLIANCE FOR HEALTH .............................................. 3
ALTAMED HEALTH SERVICES ....................................................... 4
BLUE CROSS/CALIFORNIACARE ................................................... 5
```

BLUE SHIELD/CAREAMERICA .......................................................................... 6
CALIFORNIA MEDICARE ................................................................................. 7
CALKIDS ........................................................................................................ 8
CALOPTIMA .................................................................................................... 9
CARE 1ST HEALTH PLAN/UHP ...................................................................... 10
CAREMORE INSURANCE SERVICES, INC ...................................................... 11
CENTER FOR ELDERS INDEPENDENCE ........................................................ 12
CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY ........................... 13
CHINESE COMMUNITY HEALTH PLAN ........................................................... 14
CHINESE COMMUNITY HEALTH PLAN SENIOR ........................................ 15
CIGNA HEALTHCARE OF CALIFORNIA ...................................................... 16
CITIZENS CHOICE HEALTHPLAN ................................................................ 17
COMMUNITY HEALTH GROUP (SAN DIEGO CO)  .................................... 18
COMMUNITY HEALTH PLAN OF LA ............................................................ 19
CONTRA COSTA HEALTH PLAN .................................................................. 20
GOLDEN MEDICARE ................................................................................... 21
HEALTH ADVANTAGE ................................................................................. 22
HEALTH NET/FOUNDATION ........................................................................ 23
INLAND EMPIRE HEALTH PLAN ................................................................. 24
INTER VALLEY HEALTH PLAN .................................................................... 25
KAISER FOUNDATION HEALTH PLAN ......................................................... 26
KERN HEALTH SYSTEMS ............................................................................ 27
LA CARE HEALTH PLAN ............................................................................. 28
MOLINA HEALTHCARE OF CALIFORNIA ..................................................... 29
ON LOK SENIOR HEALTH SERVICES .......................................................... 30
ONE HEALTH PLAN OF CALIFORNIA .......................................................... 31
PACIFICARE/FHP .......................................................................................... 32
SAN FRANCISCO HEALTH DEPT./FAMILY MOSAIC PROJECT ................. 33
SAN FRANCISCO HEALTH PLAN ................................................................ 34
SAN JOAQUIN HEALTH PLAN ..................................................................... 35
SAN MATEO HEALTH COMMISSION ........................................................... 36
SANTA BARBARA HEALTH PLAN ............................................................... 37
SANTA CLARA FAMILY HEALTH PLAN ....................................................... 38
SCAN HEALTH PLAN ................................................................................... 39
SECURE HORIZONS .................................................................................... 40
SENIOR ADVANTAGE ................................................................................. 41
SENIOR SECURE .......................................................................................... 42
SENIORITY PLUS .......................................................................................... 43
SERVICE TO SENIORS ................................................................................. 44
SHARP HEALTH PLAN ................................................................................. 45
SOLANO/NAPA COUNTY NETWORK ........................................................... 46
SUTTER SENIOR CARE ............................................................................... 47
UNIVERSAL CARE/HEALTHMAX ................................................................. 48
VALLEY HEALTH PLAN, SANTA CLARA ..................................................... 49
VENTURA COUNTY HEALTH CARE PLAN ................................................... 50
WESTERN HEALTH ADVANTAGE ................................................................ 51
WESTERN HEALTH ADVANTAGE CARE+ ................................................... 52
65 PLUS ....................................................................................................... 53
MEDI-CAL ..................................................................................................... 54
OTHER .......................................................................................................... 91
OTHER (SPECIFY:_____) ..................................................... 92
REFUSED .....................................................................................................-7
DON'T KNOW ...............................................................................................-8

**QA09_I54**     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
```

**High Deductible Health Plans (Teen)**

> **PROGRAMMING NOTE FOR QA09_I55:**
> **IF [(ARINSURE ≠ 1 OR QA09_I35 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA09_I55;**
> **ELSE SKIP TO PN QA09_I58**

**QA09_I55**     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.** 공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다"]**

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

**QA09_I56**     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 $2,000 가 넘습니까?

**AI83**

**[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.** 공제금액이란 건강플랜이 치료비의 지불을 시작하기 전에 가입자가 부담해야 하는 금액을 말합니다."]**

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

PROGRAMMING NOTE QA09_I57:
IF QA09_I55 = 1 OR 3 OR QA09_I56 = 1 OR 3, CONTINUE WITH QA09_I57;
ELSE SKIP TO QA09_I58

QA09_I57　　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.** 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
```

**Reasons for Lack of Coverage (Teen)**

PROGRAMMING NOTE QA09_I58:
IF TEINSURE = 1, GO TO QA09_I63;
ELSE CONTINUE WITH QA09_I58

QA09_I58　　What is the one main 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
```

**Coverage Over Past 12 Months (Teen)**

**QA09_I59**     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 QA09_I61]**
                                    NO.................................................................2
                                    REFUSED .............................................. -7
                                    DON'T KNOW ........................................ -8

**QA09_I60**     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 QA09_I69]**
                                    MORE THAN 3 YEARS AGO ..................................2          **[GO TO QA09_I69]**
                                    NEVER HAD HEALTH INSURANCE COVERAGE ..3          **[GO TO QA09_I69]**
                                    REFUSED .............................................. -7          **[GO TO QA09_I69]**
                                    DON'T KNOW/NOT SURE ..................................... -8          **[GO TO QA09_I69]**

**QA09_I61**     For how many of the last 12 months did {he/she} have health insurance? 지난 12 개월 중 몇 개월 동안이나 {}가 건강 보험이 있었습니까?

---
**IA22**
---

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

                 _____ MONTHS [HR: 0-12]

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

**QA09_I62**     During those months when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan? {어린이 이름/나이/성별}가 들어있던 건강보험이 메디칼, 건강가족프로그램, 귀하의 직장을 통해 가입된 보험, 또는 다른 보험이었습니까?

**IA23**

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

MEDI-CAL ..............................................................1          **[GO TO QA09_I69]**
HEALTHY FAMILIES ............................................2          **[GO TO QA09_I69]**
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ...............................................3          **[GO TO QA09_I69]**
HEALTHY KIDS ......................................................4          **[GO TO QA09_I69]**
OTHER HEALTH PLAN........................................ 91          **[GO TO QA09_I69]**
REFUSED ............................................................ -7          **[GO TO QA09_I69]**
DON'T KNOW ...................................................... -8          **[GO TO QA09_I69]**

**QA09_I63**     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 QA09_I69]**
NO........................................................................2
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8

**QA09_I64**     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 QA09_I66]**
REFUSED ............................................................ -7          **[GO TO QA09_I66]**
DON'T KNOW ...................................................... -8          **[GO TO QA09_I66]**

**QA09_I65**     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? 다른 사람도 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

**QA09_I66**     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 QA09_I69]**
REFUSED ............................................................. -7     **[GO TO QA09_I69]**
DON'T KNOW ....................................................... -8     **[GO TO QA09_I69]**

**QA09_I67**     For how many of the past 12 months did {he/she} have no health insurance? 지난 12 개월 중 몇
개월 동안이나 {}가 건강 보험이 없었습니까?

**IA28**

**[IF < 1 MONTH, ENTER "1"]**

_____ MONTHS [RANGE: 1-12]

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

**QA09_I68**     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

**Country of Birth (Teen)**

PROGRAMMING NOTE QA09_I69:
IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE) THEN SKIP TO QA09_I73;
ELSE CONTINUE WITH QA09_I69

**QA09_I69**      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 |

**Citizenship and Immigration (Teen)**

PROGRAMMING NOTE QA09_I70:
IF QA09_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA09_I73;
ELSE CONTINUE WITH QA09_I70

**QA09_I70**      Is (TEEN) a citizen of the United States? 귀하는 미국 시민권자이십니까?

AI58T

| | | |
|---|---|---|
| YES | 1 | **[GO TO PN QA09_I72]** |
| NO | 2 | |
| APPLICATION PENDING | 3 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |

**QA09_I71**　　　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."]**

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

**QA09_I72**　　　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

**Country of Birth (Parents)**

**PROGRAMMING NOTE QA09_I73:**
**IF QA09_A5 = 1 (R IS MALE), DISPLAY "mother";**
**IF QA09_A5 = 2 (R IS FEMALE), DISPLAY "father";**

**QA09_I73**     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 |

**Citizenship and Immigration (Parents)**

---

**PROGRAMMING NOTE QA09_I74:**
**IF QA09_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA09_I78;**
**ELSE CONTINUE WITH QA09_I74;**
**IF QA09_A5 = 1 (R IS MALE), DISPLAY "mother";**
**IF QA09_A5 = 2 (R IS FEMALE), DISPLAY "father"**

---

**QA09_I74**    Does (TEEN)'s {mother/father} now live in the U.S.? {CHILD            }의 어머니는 현재
미국에 살고 계십니까?
[{CHILD            }의 아버지는 현재 미국에 살고 계십니까?]

**AI57**

YES .........................................................................1
NO ...........................................................................2
MOTHER/FATHER DECEASED ............................3
MOTHER/FATHER NEVER LIVED IN US ..............4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

---

**PROGRAMMING NOTE QA09_I75:**
**IF QA09_A5 = 1 (R IS MALE), DISPLAY "mother";**
**IF QA09_A5 = 2 (R IS FEMALE), DISPLAY "father";**
**IF QA09_I74 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";**
**ELSE DISPLAY "Is"**

---

**QA09_I75**    {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 QA09_I77]**
NO ...........................................................................2
APPLICATION PENDING ......................................3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

---

**PROGRAMMING NOTE QA09_I76:**
**IF QA09_A5 = 1 (R IS MALE), DISPLAY "mother";**
**IF QA09_A5 = 2 (R IS FEMALE), DISPLAY "father";**
**IF QA09_I74 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";**
**ELSE DISPLAY "Is"**

---

**QA09_I76**      {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.** 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 QA09_I77:**
**IF QA09_A5 = 1 (R IS MALE), DISPLAY "mother";**
**IF QA09_A5 = 2 (R IS FEMALE), DISPLAY "father"**

---

**QA09_I77**      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

**Country of Birth (Child)**

---
**PROGRAMMING NOTE QA09_I78:**
**IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE) THEN SKIP TO PN QA09_J1;**
**ELSE CONTINUE WITH QA09_I78**

---

**QA09_I78**     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 |

**Citizenship and Immigration (Child)**

> **PROGRAMMING NOTE QA09_I79:**
> **IF QA09_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO PN QA09_J1;**
> **ELSE CONTINUE WITH QA09_I79**

**QA09_I79**      Is (CHILD) a citizen of the United States? (자녀 이름/나이/성별)는 미국 시민권자입니까?

---
**AI58C**
---

                    YES ........................................................................1     **[GO TO PN QA09_I81]**
                    NO .........................................................................2
                    APPLICATION PENDING .......................................3
                    REFUSED ............................................................ -7
                    DON'T KNOW ....................................................... -8

**QA09_I80**      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."]**

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

**QA09_I81**      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, Violence

**Visits to Medical Doctor**

| |
|---|
| **PROGRAMMING NOTE QA09_J1:**<br>**IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";**<br>**ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"** |

**QA09_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 QA09_J2:**<br>**IF QA09_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA09_J2;**<br>**ELSE GO TO PROGRAMMING NOTE QA09_J3** |

**QA09_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

**Personal Doctor**

> **PROGRAMMING NOTE QA09_J3:**
> **IF QA09_H1 = 1, 3, 4, OR 5 (HAVE A PLACE USUALLY GO WHEN SICK OR NEED ADVICE ABOUT HEALTH) AND [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA09_J3;**
> **ELSE GO TO PROGRAMMING NOTE QA09_J4**

**QA09_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. 여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 다른 의료제공자가 포함될 수 있습니다"]**

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

**Patient-Centered Care: Information**

**PROGRAMMING NOTE QA09_J4:**
**IF [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B37 = 1 (HAS HEART DISEASE)] AND [QA09_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA09_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)] CONTINUE WITH QA09_J4;**
**ELSE GO TO PROGRAMMING NOTE FOR QA09_J6**

**QA09_J4**     During the past 12 months, did you phone or e-mail the doctor's office with a medical question?
지난 12 개월 동안, 병원으로 전화하거나 이메일을 보내어 치료에 대한 질문을 한 적이
있습니까?

AJ78

YES ........................................................................1
NO.........................................................................2     **[GO TO QA09_J6]**
REFUSED ............................................................ -7     **[GO TO QA09_J6]**
DON'T KNOW ....................................................... -8     **[GO TO QA09_J6]**

**QA09_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
Sometimes, ...........................................................2
Usually, or .............................................................3
Always? ..................................................................4
1. 전혀 없었음
2. 가끔
3. 보통
4. 항상
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8

**Care Coordination**

**PROGRAMMING NOTE FOR QA09_J6:**
**IF QA09_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA09_J3 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA09_J6;**
**ELSE GO TO PROGRAMMING NOTE FOR QA09_J7**

**QA09_J6**     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

**Communication with Doctor**

> **PROGRAMMING NOTE QA09_J7:**
> **IF QA09_J1 > 0 OR QA09_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),**
> **CONTINUE WITH QA09_J7;**
> **ELSE GO TO QA09_J12**

**QA09_J7**  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 QA09_J9]
NO...................................................................2
REFUSED ...................................................... -7      [GO TO QA09_J12]
DON'T KNOW ............................................... -8      [GO TO QA09_J12]
```

> **PROGRAMMING NOTE QA09_J8:**
> **IF QA09_J7 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT**
> **CONDUCTED IN ENGLISH OR QA09_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],**
> **CONTINUE WITH QA09_J8;**
> **ELSE SKIP TO QA09_J12**

**QA09_J8**  In what language does your doctor speak to you? 의사가 귀하와 대화할 때 어떤 언어를
사용하십니까?

> **AJ50**

```
ENGLISH ..........................................................1      [GO TO QA09_J10]
SPANISH ..........................................................2      [GO TO QA09_J12]
CANTONESE.....................................................3      [GO TO QA09_J12]
VIETNAMESE ...................................................4      [GO TO QA09_J12]
TAGALOG .........................................................5      [GO TO QA09_J12]
MANDARIN .......................................................6      [GO TO QA09_J12]
KOREAN ...........................................................7      [GO TO QA09_J12]
ASIAN INDIAN LANGUAGES................................8      [GO TO QA09_J12]
RUSSIAN ..........................................................9      [GO TO QA09_J12]
OTHER (SPECIFY:_____)..................... 91      [GO TO QA09_J12]
REFUSED ...................................................... -7      [GO TO QA09_J12]
DON'T KNOW ............................................... -8      [GO TO QA09_J12]
```

**QA09_J9**  Was this because you and the doctor spoke different languages? 그게 선생님과 의사가 서로
다른 언어를 사용하기 때문이었습니까?

> **AJ9**

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

**QA09_J10**     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 QA09_J12]**
REFUSED ........................................................... -7     **[GO TO QA09_J12]**
DON'T KNOW ...................................................... -8     **[GO TO QA09_J12]**


**QA09_J11**     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

**Delays in Care**
**QA09_J12**     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 QA09_J17]**
REFUSED ........................................................... -7     **[GO TO PN QA09_J17]**
DON'T KNOW ...................................................... -8     **[GO TO PN QA09_J17]**


**QA09_J13**     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

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**PROGRAMMING NOTE FOR QA09_J14:**
**IF [QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) AND QA09_J13 = 1 (COST/LACK OF INSURANCE**
**REASON FOR DELAY)] CONTINUE WITH QA09_J14;**
**ELSE GO TO PROGRAMMING NOTE FOR QA09_J15**

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**QA09_J14**      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 FOR QA09_J15:
IF QA09_B18 = 1 (HAS DIABETES) AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09_J15;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J16

QA09_J15        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 FOR QA09_J16:
IF QA09_B37 = 1 (HAS HEART DISEASE) AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09_J16;
ELSE GO TO QA09_J17

QA09_J16        Was this prescription for your heart disease? 이 처방은 귀하의 심장병에 대한 것이었습니까?

AJ83

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

QA09_J17        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 PN QA09_J22]**
                        REFUSED ............................................................. -7   **[GO TO PN QA09_J22]**
                        DON'T KNOW ...................................................... -8   **[GO TO PN QA09_J22]**

QA09_J18        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 QA09_J19:
IF [QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)] AND QA09_J18 = 1 (COST/LACK OF INSURANCE
REASON FOR DELAY) CONTINUE WITH QA09_J19;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J20

**QA09_19**       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 QA09_J20:
IF QA09_B18 = 1 (HAS DIABETES) AND QA09_J18 = 1 (COST/LACK OF INSURANCE REASON FOR
DELAY) CONTINUE WITH QA09_J20;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J21

**QA09_J20**       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 QA09_J21:
IF QA09_B37 = 1 (HAS HEART DISEASE) AND QA09_J18 = 1 (COST/LACK OF INSURANCE REASON FOR
DELAY) CONTINUE WITH QA09_J21;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J22

**QA09_J21**       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

**Interpersonal Violence**

PROGRAMMING NOTE QA09_J22:
IF AGE > 65 GO TO QA09_J34;
ELSE CONTINUE WITH QA09_J22

The next questions are about relationships with intimate partners and safety.  An intimate partner is *any* husband,
wife, boyfriend, girlfriend, or someone you lived with or dated.  I'll ask about being slapped, hit, and about
unwanted sex.  Your answers will be kept private.  If any question upsets you, you don't have to answer it.
다음의 질문들은 친밀한 파트너와 안전에 대한 것입니다. 친밀한 파트너란 남편, 아내, 남자 친구, 여자 친구, 또는
귀하가 동거하였거나 데이트를 한 #모든₩ 사람을 말합니다. 지금부터는 손바닥으로 때리거나, 구타를 하거나,
원치 않는 성관계를 갖는 것에 대한 질문을 드리겠습니다. 귀하는 어떤 질문에 대해서도 답변을 거부할 수
있습니다.

**QA09_J22**    Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way? 귀하가 18 세가 된 이후에 귀하의 현재 또는 과거의 친밀한 파트너가 구타를 하거나, 뺨을 때리거나, 밀거나, 발로 차거나, 또는 다른 방법으로 신체적 상해를 입힌 적이 있습니까?

**AJ57**

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

**QA09_J23**    Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you? 귀하가 18 세가 된 이후에 귀하의 현재 또는 과거의 친밀한 파트너가 힘을 사용하거나 귀하에게 해를 입히겠다고 위협하여 강제로 원치 않는 질내 성교, 구강 성교, 항문 성교 또는 물체를 사용하는 성교를 한 적이 있으십니까?

**AJ58**

**[IF NEEDED, SAY: "Unwanted" means you did not consent or agree. 원치 않는다'는 것은 허락 또는 동의하지 않았다는 것을 의미합니다."]**

**[ONLY IF RESPONDENT ASKS WHAT "unwanted sex" stands for, SAY: "Unwanted sexual intercourse."]**

**[ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your vagina, rectum or buttocks with their mouth or tongue, or a male put his penis in your mouth. 구강 성교란 입이나 혀를 여성의 질, 직장 또는 둔부에 대거나, 남성이 성기를 여성의 입에 넣는 것을 말합니다."]**

**[ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your rectum or buttocks with their mouth or tongue or a male put his penis in your mouth. 구강 성교란 입이나 혀를 직장 또는 둔부에 대거나, 남성이 성기를 상대방의 입에 넣는 것을 말합니다"]**

**[ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: "By anal sex, we mean that a male put his penis in your rectum or buttocks. 항문 성교란 남성이 성기를 상대방의 직장이나 둔부에 넣는 것을 말합니다"]**

**[ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your vagina, rectum or buttocks or touched your breast. 물체를 사용하는 성교란 여성의 질, 직장 또는 둔부에 손가락이나 물체를 넣는 것을 말합니다"]**

**[ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your rectum or buttocks or touched your penis. 물체를 사용하는 성교란 상대방의 직장 또는 둔부에 손가락이나 물체를 것을 말합니다"]**

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

---

**PROGRAMMING NOTE QA09_J24;**
**IF QA09_J22 = 1 (YES TO PHYSICAL VIOLENCE), CONTINUE WITH QA09_J24;**

**IF QA09_J22 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND IF QA09_J23 = 1 (YES) [IE. NO PHYSICAL VIOLENCE, YES TO SEXUAL VIOLENCE], GO TO PN QA09_J28;**

**IF QA09_J22 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND IF QA09_J23 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) [IE. NO PHYSICAL AND NOSEXUAL VIOLENCE], SKIP TO QA09_J34;**

**IF 18 YEARS OLD, DISPLAY "Since you turned 18";**
**ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months"**

---

**QA09_J24**        {Since you turned 18/In the past 12 months} did <u>any</u> intimate partner do any of the following: Throw something at you that could hurt you? 지난 12 개월 동안, #어떤₩ 친밀한 파트너가 다음과 같은행위를 한 적이 있습니까? 귀하를 다치게 할 수 있는 물건을 던지는 행위

**AJ59**

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

**QA09_J25**        Push, grab, or slap you? 귀하를 다치게 할 수 있는 물건을 던지는 행위 {귀하를 밀거나, 붙잡거나, 손바닥으로 때렸습니까}

**[IF NEEDED, SAY: {Since you turned 18/In the past 12 months}, did <u>any</u> intimate partner push, grab or slap you? 귀하가 18 세가 된 이후에, #어떤₩ 친밀한 파트너가다음과 같은 행위를 한 적이 있으십니까?]**

**AJ60**

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

**QA09_J26**        Kick, bite, hit, choke, or beat you up? 발로 차거나, 이로 물거나, 목을 조르거나, 마구 때리는 행위?

**AJ61**

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

**QA09_J27**    Threaten you with or use a gun, knife, or other weapon on you? 발로 차거나, 이로 물거나, 목을 조르거나, 마구 때리는 행위

**AJ64**

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

> **PROGRAMMING NOTE QA09_J28:**
> **IF QA09_J23= 2, -7, OR -8 (NO SEXUAL VIOLENCE), SKIP TO QA09_J29;**
> **ELSE IF QA09_J22= 2, -7, OR -8 (NO PHYSICAL VIOLENCE) AND QA09_J23 = 1 (YES TO SEXUAL VIOLENCE), CONTINUE WITH QA09_J28;**
> **ELSE IF QA09_J22 = 1 (YES, PHYSICAL VIOLENCE) AND QA09_J23 = 1 (YES, SEXUAL VIOLENCE), CONTINUE WITH QA09_J28;**
> **IF 18 YEARS OLD, DISPLAY "Since you turned 18, did any intimate partner";**
> **ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months, did any intimate partner"**

**QA09_J28**     {In the past 12 months, did any intimate partner/Since you turned 18, did any intimate partner} Physically force you to have unwanted sex?  18 세가 된 이후, #어떤₩ 친밀한 파트너가 물리적인 힘을 사용하여 원치 않는 성행위를 했습니까?
**{**지난 12 개월 동안, #어떤₩ 친밀한 파트너가 물리적인 힘을 사용하여 원치 않는 성행위를 했습니까?**}**

> **AJ66**

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

> **PROGRAMMING NOTE QA09_J29:**
> **IF QA09_J22 TO QA09_J28 = 1 (YES TO ANY 12 MONTH PHYSICAL OR SEXUAL VIOLENCE), CONTINUE WITH QA09_J29;**
> **ELSE SKIP TO QA09_J34;**
> **IF QA09_J22 - QA09_J28 = MORE THAN ONE YES RESPONSE, DISPLAY, "any of these things";**
> **ELSE IF QA09_J22 - QA09_J28 = ONE YES RESPONSE, DISPLAY "this";**
> **IF 18 YEARS OLD, DISPLAY "Since you turned 18";**
> **ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months" AND "IN PAST 12 MONTHS"**

**QA09_J29**     How many times has <u>any</u> intimate partner done {this/any of these things} to you {since you turned 18/in the past 12 months}?귀하가 18 세가 된 이후에 #모든₩ 친밀한 파트너가 이러한 행위를 몇 번이나 했습니까?

> **AJ67**

          _____NUMBER OF TIMES {IN PAST 12 MONTHS}

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

**QA09_J30**     Thinking about the most recent incident, what was this person's relationship to you?  {If more than one person was involved, please tell me all of them.} 가장 최근에 발생한 상황에 대해 생각해 볼 때, 그 사람은 귀하와 어떤 관계였습니까?

> **AJ69**

          **[IF R ASKS WHAT AN INCIDENT IS SAY, "An incident is an event or something that happened.** 상황이란 발생한 일이나 사건을 말합니다.**"]  [CODE ALL THAT APPLY.]**

          CURRENT SPOUSE ...............................................1
          FORMER OR EX-SPOUSE .....................................2
          CURRENT PARTNER ............................................3
          FORMER PARTNER ..............................................4
          CURRENT BOYFRIEND ........................................5
          FORMER BOYFRIEND ..........................................6
          CURRENT GIRLFRIEND........................................7

FORMER GIRLFRIEND............................................8
A DATE ................................................................9
OTHER (SPECIFY:_____) ............... 91
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8

PROGRAM NOTE QA09_J31:
IF QA09_J30 = 5, 6, 7, 8, -7, OR -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), SKIP TO QA09_J32;
ELSE IF QA09_J30 = 1, 2, 3, 4, 9, OR 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN
IF QA09_D15 = 1 (HETEROSEXUAL), SKIP TO QA09_J32;
ELSE IF QA09_D15 > 1 (NOT HETEROSEXUAL), CONTINUE WITH QA09_J31
AND IF QA09_J30 HAS ONLY ONE RESPONSE DISPLAY "was" AND "person" IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY "BOTH";
IF QA09_J30 HAS MORE THAN ONE RESPONSE OR -7 OR -8 (REF/DK), DISPLAY "were" AND "people"

QA09_J31    {Were/Was} the {people/person} male{s} or female{s}? 그 사람은 남성이었습니까? 또는 여성이었습니까?

AJ70

```
                    MALE(S)....................................................1
                    FEMALE(S) ..............................................2
                    {BOTH. ................................................. 3}
                    REFUSED ............................................. -7
                    DON'T KNOW ....................................... -8
```

PROGRAM NOTE QA09_J32:
IF RESPONDENT INDICATES MORE THAN 1 PERSON IN QA09_J31 DISPLAY "people";
ELSE DISPLAY "person"

QA09_J32    When this happened, did the {person/people} who did this to you appear to have been drinking or using drugs? 이러한 상황이 발생했을 때 귀하에게 이러한 행위를 한사람이 음주를 했거나 약물을 사용한 것처럼 보였습니까?

AJ72

**[IF NEEDED, SAY: "By drinking, I mean drinking alcohol**. 음주란 술을 마시는 것을말합니다."]

**[INTERVIEWER NOTE: IF MORE THAN ONE PERSON WAS INVOLVED, AND R SAYS ONLY ONE PERSON APPEARED TO BE DRINKING OR USING DRUGS, CODE "YES".]**

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

**QA09_J33**

AJ76b

---

**PROGRAMMING NOTE QA09_J33:**

**A.) IF QA09_J24 THROUGH QA09_J28 = 1 (YES TO ADULT EXPERIENCING PAST 12 MONTH PHYSICAL OR SEXUAL VIOLENCE) OR IF 18 YEARS AND IF QA09_J22 THROUGH QA0_J28 = 1 (18 YRS AND YES TO ANY DOMESTIC VIOLENCE EVER), SAY:**

"We have a toll free number if you'd like to talk about these issues.  Would you like the toll-free number? 저희는 귀하가 이 문제에 대해 상담할 수 있는 무료 전화번호를 가지고 있습니다. 이 무료 전화번호를 알려 드릴까요?"
**[IF R SAYS "YES", SAY:** Someone is available 24 hours a day to provide information. 담당자가 하루 24 시간 정보를 제공합니다 **GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER.  THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]**

**B.) ELSE IF QA09_J24 THROUGH QA09_J28 = -7 (DON'T KNOW) OR -8 (REFUSED) SAY:**

"Someone is available 24 hours a day to listen and provide information.  GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER.  THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

---

**Long-term Care (LTC)/Caregiving**

**QA09_J34**     Now I'd like to ask about care giving. 지금부터는 돌보는 것에 대해 질문을 드리겠습니다.

Some people provide help to a family member or friend who has a long-term illness or disability. This may include help with things they can no longer do for themselves. 어떤 사람들은 장기적인 질환이나 장애가 있는 가족 또는 친구에게 도움을 제공합니다. 여기에는 더 이상 혼자서 할 수 없는 일들을 돕는 것이 포함됩니다.

AJ87

During the past 12 months, did you provide any such help to a family member or friend? 지난 12 개월 동안, 가족이나 친구에게 이러한 도움을 제공한 적이 있습니까?

**[IF NEEDED, SAY: This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, or just checking in to see how they are doing.** 여기에는 목욕, 약 복용, 집안일, 청구서 지불, 병원 또는 식품점까지 차로 데려다 주기 또는 단순히 그들이 어떻게 지내는지 확인하는 것이 포함됩니다.**]**

```
YES .........................................................................1
NO......................................................... ……2        [GO TO PN QA09_K1]
REFUSED ..............................................................-7   [GO TO PN QA09_K1]
DON'T KNOW .......................................................-8   [GO TO PN QA09_K1]
```

**QA09_J35**     How many people have you provided care for in the past 12 months? 지난 12 개월 동안 몇 사람을 돌보아 주었습니까?

AJ88

```
ONE ........................................................................1
TWO........................................................................2
THREE OR MORE ...................................................3
REFUSED ...............................................................-7
DON'T KNOW .......................................................-8
```

---

**PROGRAMMING NOTE QA09_J36:**
**IF QA09_J35 = 1 (PROVIDE CARE FOR 1 PERSON) DISPLAY "Has this person";**
**ELSE IF QA09_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE) DISPLAY "Have any of these people"**

---

**QA09_J36**    {Has this person/Have any of these people} needed help for more than three months? 그 사람은 3 개월 이상 도움이 필요했습니까?

{그 사람들 중 3 개월 이상 도움이 필요했던 사람이 있었습니까?}

**AJ89**

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

---

**PROGRAMMING NOTE QA09_J37;**
**IF QA09_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE), DISPLAY "Think about the person you give the most care to."**

---

**QA09_J37**    {Think about the person you give the most care to.}

What is this person's relationship to you? 이 사람은 귀하와 어떤 관계입니까?

{귀하가 가장 많이 돌보는 사람에 대해 답변해 주십시오. 이 사람은 귀하와 어떤 관계입니까?}

**AJ90**

> HUSBAND/WIFE/SPOUSE/PARTNER ....................1
> FATHER/FATHER-IN-LAW ......................................2
> MOTHER/MOTHER-IN-LAW ...................................3
> BROTHER/BROTHER-IN-LAW ................................4
> SISTER/SISTER-IN-LAW ........................................5
> GRANDPARENT......................................................6
> SON/DAUGHTER ...................................................7
> SON-IN-LAW/DAUGHTER-IN-LAW ........................8
> GRANDCHILD .......................................................9
> UNCLE/AUNT ...................................................... 10
> NEPHEW/NIECE .................................................. 11
> OTHER RELATIVE ............................................... 12
> FRIEND/NEIGHBOR ............................................ 13
> OTHER NON-RELATIVE....................................... 14
> REFUSED ............................................................ -7
> DON'T KNOW ....................................................... -8

**QA09_J38**    Do you currently provide care for {INSERT RELATIONSHIP FROM QA09_J37}?
귀하는 현재 {INSERT RELATIONSHIP FROM AJ90}을(를) 돌보고 계십니까?
{귀하는 현재 이 사람을(를) 돌보고 계십니까?}

**AJ101**

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

---

**PROGRAMMING NOTE QA09_J39;**
**IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "Does", ELSE DISPLAY "Did" and "when you were taking care of (him/her)";**

---

**QA09_J39**　　{Does/Did} your {INSERT RELATIONSHIP FROM QA09_J37} live with you {when you were taking care of (him/her)}? {INSERT RELATIONSHIP FROM AJ90}은(는) 귀하와 함께 살고 있습니까?
{이 사람은 귀하와 함께 살고 있습니까?}
{이 사람은 귀하가 돌보고 있는 동안 함께 살았습니까?}
{INSERT RELATIONSHIP FROM AJ90}은(는) 귀하가 돌보고 있는 동안 함께 살았습니까?}

**AJ91**

```
          YES ........................................................................1      [GO TO QA09_J41]
          NO ..........................................................................2
          REFUSED ............................................................. -7
          DON'T KNOW ...................................................... -8
```

---

**PROGRAMMING NOTE QA09_J40;**
**IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "Does", ELSE DISPLAY "Did" and "when you were taking care of (him/her)";**

---

**QA09_J40**　　{Does/Did} your {INSERT RELATIONSHIP FROM QA09_J37} live in a skilled nursing home or assisted living residence {when you were taking care of (him/her)}?
{INSERT RELATIONSHIP FROM AJ90}은(는) 요양원 또는 유료양로시설에 거주하고 있습니까?
{이 사람은 전문요양시설(skilled nurs}ing home) 또는 생활지원거주시설(assisted living residence)에 살고 있습니까?
{이 사람은 귀하가 돌보고 있는 동안 전문요양원(skilled nursing home)이나 보조주거시설(assisted living residence)에 거주했습니까?}
{{INSERT RELATIONSHIP FROM AJ90}은(는) 귀하가 돌보고 있는 동안 전문요양원(skilled nursing home)이나 보조주거시설(assisted living residence)에 거주했습니까?}

**[IF NEEDED, SAY: "Is it a nursing home or assisted living residence? 그곳은 요양원 또는 보조주거시설입니까?"]**

**AJ92**

```
          NURSING HOME.......................................................1
          ASSISTED LIVING ...................................................2
          NEITHER ..................................................................3
          REFUSED ............................................................. -7
          DON'T KNOW ...................................................... -8
```

---

**PROGRAMMING NOTE QA09_J41;**
**IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "do", ELSE DISPLAY "did";**

---

**QA09_J41**　　In a typical week, about how many hours {do/did} you spend, on average, helping your {INSERT RELATIONSHIP FROM QA09_J37}?
보통 한 주 동안, {INSERT RELATIONSHIP}을(를) 돕기 위해 평균 몇 시간을 소비합니까?
{보통 한 주 동안, 이 사람을 돕기 위해 평균 몇 시간을 소비합니까?}
{평상적인 한 주에, 귀하는 이 사람을 돕기 위해 평균적으로 얼마나 많은 시간을 소비했습니까?}
{평상적인 한 주에, 귀하는 {INSERT RELATIONSHIP}을(를 돕기 위해 평균적으로 얼마나 많은 시간을 소비했습니까?}

**AJ93**

_____HOURS OR

_____DAYS

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

---

**PROGRAMMING NOTE QA09_J42;**
**IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "Do" AND "spend", ELSE DISPLAY "Did" AND "spent";**

---

**QA09_J42**    {Do/Did} you get paid for any of the time you {spend/spent} helping your {INSERT RELATIONSHIP FROM QA09_J37}?
{INSERT RELATIONSHIP FROM AJ90}을(를) 돕기 위해 소비한 시간에 대해 지불을 받습니까?
{이 사람을 돕기 위해 소비한 시간에 대해 지불을 받습니까?}
{귀하는 이 사람을 돕기 위해 소비한 시간에 대해 보수를 받았습니까?}
{귀하는 {INSERT RELATIONSHIP FROM AJ90}을(를) 돕기 위해 소비한 시간에 대해 보수를 받았습니까?}

**AJ94**

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

196

> **PROGRAMMING NOTE QA09_J43;**
> **IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "have you been taking", ELSE DISPLAY "did you take";**

**QA09_J43**    How long {have you been taking/did you take} care of your {INSERT RELATIONSHIP FROM QA09_J37} because of {his/her} disability or illness?
장애 또는 질환이 있는 {INSERT RELATIONSHIP FROM AJ90}을(를) 얼마나 오래 돌보아 왔습니까?
{장애 또는 질환이 있는 이 사람을 얼마나 오래 돌보았 습니까?}
{귀하는 이 사람을 장애나 질병 때문에 얼마나 오래 돌보았습니까?}
{귀하는 {INSERT RELATIONSHIP FROM AJ90}을(를) 장애나 질병 때문에 얼마나 오래 돌보았습니까?}

**AJ95**

_____MONTHS
_____YEARS

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

**QA09_J44**    Have you ever used a service for respite care to temporarily take care of your {INSERT RELATIONSHIP FROM QA09_J37} so you could get some time away?
귀하가 잠시 휴식을 취하는 동안 {INSERT RELATIONSHIP FROM AJ90}을(를) 일시적으로 돌보기 위해 임시간호 서비스를 이용한 적이 있습니까?
{귀하가 잠시 휴식을 취하는 동안 이 사람을 일시적으로 돌보기 위해 임시간호 서비스를 이용한 적이 있습니까?}

**[IF NEEDED, SAY: "Respite care is short term care that helps a family take a break from the daily routine and stress of helping with the care of another.  It can be given in the person's home or in a choice of out of home settings.  It can range from a couple hours per week to a few weeks. 임시간호란 가족이 다른 가족을 돌보는 일상생활이나 스트레스에서 벗어나서 휴식을 취하도록 도와주는 단기간호를 말합니다.  이 서비스는 그 사람의 집 또는 그 사람이 선택하는 다른 장소에서 제공할 수 있습니다. 이 서비스는 주 당 한두 시간에서 몇 주까지 제공할 수 있습니다"]**

**AJ96**

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

---

**PROGRAMMING NOTE QA09_J45;**
**IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "is" AND "do", ELSE DISPLAY "was" AND "did";**

---

QA09_J45    If you were unable to help your {INSERT RELATIONSHIP FROM QA09_J37}, {is/was} there someone else who would do the things you {do/did}?

귀하가 {INSERT RELATIONSHIP AJ90}에게 도움을 줄 수 없는 경우, 귀하 대신에 도움을 줄 다른 사람이 있습니까?

{귀하가 이 사람에게 도움을 줄 수 없는 경우, 귀하 대신에 도움을 줄 다른 사람이 있습니까?}

{귀하가 이 사람을 도울 수 없었더라면 이 사람을 도울 다른 사람이 있었습니까?}

{귀하가 {INSERT RELATIONSHIP AJ90}을(를) 도울 수 없었더라면 이 사람을 도울 다른 사람이 있었습니까?}

| AJ97 |
|------|

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

---

**PROGRAMMING NOTE QA09_J46;**
**IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "last month", ELSE DISPLAY "when you were providing care";**

---

QA09_J46    Was your {INSERT RELATIONSHIP FROM QA09_J37} receiving Medi-Cal {last month/when you were providing care}?

귀하의 {INSERT RELATIONSHIP FROM AJ90}은(는) 지난 달에 Medi-Cal 혜택을 받고 있었습니까?

{이 사람은 지난 달에 Medi-Cal 혜택을 받고 있었습니까?}

{이 사람은 귀하가 돌보고 있는 동안 Medi-Cal 혜택을 받고 있었습니까?}

{{INSERT RELATIONSHIP FROM AJ90}은(는) 귀하가 돌보고 있는 동안 Medi-Cal 혜택을 받고 있었습니까?}

| AJ98 |
|------|

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

**QA09_J47**     Have you attended any Medi-Cal trainings for long-term caregivers? 귀하는 장기 간병인들을 위한 Medi-Cal 교육 프로그램에 참석한 적이 있습니까?

**AJ99**

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

**QA09_J48**     In the past month, how much of your own money have you spent taking care of {INSERT RELATIONSHIP FROM QA09_J37}?  Would you say…
지난 한 달 동안, {INSERT RELATIONSHIP FROM AJ90}을(를) 돌보기 위해 귀하의 비용을 얼마나 많이 지출했습니까?
{지난 한 달 동안, 이 사람을 돌보기 위해 귀하의 비용을 얼마나 많이 지출했습니까?}

**AJ100**

```
None,.................................................................1
$1-$250,...........................................................2
$251-$500,.......................................................3
$501-$1000,.....................................................4
$1001-$3000, or..............................................5
Over $3000? ....................................................6
없음……………………………………………… 1
$1 – $250…………………………………….  2
$251 – $500…………………………………… 3
$501 – $1000…………………………….   4
$1001 – $3000……………………………   5
$3000 초과…………………………………·6
REFUSED .........................................................-7
DON'T KNOW ..................................................-8
```

# Section K – Employment, Income, Poverty Status, Food Security

**Hours Worked**

PROGRAMMING NOTE QA09_K1:
IF QA09_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA09_G28 = 1 (R USUALLY WORKS) CONTINUE WITH QA09_K1;
ELSE GO TO PROGRAMMING NOTE QA09_K5

**QA09_K1**     The next questions are about your employment. 다음의 질문들은 귀하의 고용에 관한 것입니다. {귀하는 앞에서 직장을 다니거나 사업을 하고 있었으나 지금은 일을 하고 있지 않다고 말씀하셨습니다.}

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? {귀하는 직장 또는 사업체에서 #보통₩ #모두₩ 주 당 몇 시간이나 일하셨습니까?}

**AK3**

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

_____ HOURS          [HR: 0-95]

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

**QA09_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 <u>current</u> employer."]**

_____ MONTHS          [HR: 0-12]
_____ YEARS           [HR: 0-50]

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

---

**PROGRAMMING NOTE QA09_K3:**
**IF QA09_G30 = 2 (GOVERNMENT EMPLOYEE), CODE QA09_K3 = 5 AND GO TO QA09_K4;**
**IF QA09_G30 = 3 (SELF-EMPLOYED), CONTINUE WITH QA09_K3 AND DISPLAY "Including yourself, about" and "you";**
**ELSE CONTINUE WITH QA09_K3 AND DISPLAY "About" and "your employer";**

---

**QA09_K3**      {Including yourself, about/About} how many people are employed by {your employer/you} at all locations? 지금 일하시는 직장의 경우, 소속 사무소나 사업장을 통틀어 전체 직원이 대략 몇 명이나 됩니까?

**AK8**

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

FEWER THAN 10 ....................................................1
10-50 .....................................................................2
51-99 .....................................................................3
100-999 .................................................................4
1,000 OR MORE ....................................................5
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8

**Income Last Month**

---

**PROGRAMMING NOTE QA09_K4:**
**IF QA09_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA09_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA09_K4;**
**ELSE SKIP TO PROGRAMMING NOTE QA09_K5**

---

**QA09_K4**     What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions? 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 QA09_K5;**
**IF QA09_G31 = [1 (SPOUSE WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA09_G32 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA09_K5 AND:**
  **IF QA09_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA09_G28 ≠ 1 ( R DOES NOT USUALLY WORK), DISPLAY "The next question is about your spouse's employment."**
**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN IF QA09_A5 = 1 (MALE) DISPLAY "wife"; IF QA09_A5 =2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";**
**ELSE SKIP TO QA09_K7**

---

**QA09_K5**     {The next question is about your spouse's employment.}

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

**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 QA09_K6:**
**IF QA09_K5 > 0 CONTINUE WITH QA09_K6;**
**ELSE GO TO QA09_K7**

---

**QA09_K6**     What is your best estimate of all your spouse's earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions? 배우자의 소득에 관한 질문인데요. 시간당 임금, 봉급, 팁이나 수수료 등을 모두 포함해서 배우자의 경우 지난 달에 모든 직장과 사업체에서 나온 수입이 모두 얼마나 되시는지요? 최선으로 추정해 말씀해 주시겠습니까? 단, 세금을 공제하기 전의 액수입니다.

**AK10A**

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

$_____ AMOUNT    [HR: 0-999995]

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

**Annual Household Income**

**QA09_K7**    What is your best estimate of your <u>household's total annual</u> income from all sources <u>before taxes</u> in 2008? #세금을 공제하기 전₩의 모든 수입을 포함할 때,2008 년도에 #귀 가정의 1 년 총₩ 수입은 얼마나 됩니까?최선으로 추정해 말씀해 주시겠습니까?

> **AK22**

**[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth.  Also include income from interest, dividends, net income from business, farm, or rent and any other money income. 직장 봉급, 소셜 시큐리티, 퇴직수당, 실업 수당, 정부 지원 등을 포함해 주십시오. 아울러,이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의현금 수입도 포함해 주십시오"]**

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

$_____ AMOUNT    [HR: 0-999995]

REFUSED ............................................................. -7    **[GO TO PN QA09_K9]**
DON'T KNOW ........................................................ -8    **[GO TO PN QA09_K9]**

**QA09_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? {귀하의 가구소득을 백만 달러 이상이라고 기록했는데,맞게 기록된 숫자입니까?}

> **AK22A**

YES .........................................................................1    **[GO TO PN QA09_K15]**
NO ...........................................................................2    **[GO BACK TO QA09_K7]**

**PROGAMMING NOTE QA09_K9:**
**IF QA09_K7 = -7 OR -8 CONTINUE WITH QA09_K9;**
**ELSE GO TO PROGRAMMING NOTE QA09_K15**

**QA09_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? 댁의 세금 공제전 연간 가구당 총수입이 $20,000 이상입니까, 이하입니까?

> **AK11**

MORE ......................................................................1    **[GO TO QA09_K11]**
EQUAL TO $20K OR LESS....................................2
REFUSED ................................................................ -7    **[GO TO PN QA09_K15]**
DON'T KNOW ........................................................ -8    **[GO TO PN QA09_K15]**

**QA09_K10**    Is it …수입이…

> **AK12**

$5,000 or less,.......................................................1    **[GO TO PN QA09_K15]**
$5,001 to $10,000, ...............................................2    **[GO TO PN QA09_K15]**
$10,001 to $15,000, or.........................................3    **[GO TO PN QA09_K15]**
$15,001 to 20,000? ..............................................4    **[GO TO PN QA09_K15]**
REFUSED ................................................................ -7    **[GO TO PN QA09_K15]**
DON'T KNOW ........................................................ -8    **[GO TO PN QA09_K15]**

**QA09_K11**    Is it more or less than $70,000 per year? 수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?

> **AK13**

MORE .......................................................1  **[GO TO QA09_K13]**
EQUAL TO $70K OR LESS.....................................2
REFUSED ............................................. -7  **[GO TO PN QA09_K15]**
DON'T KNOW ....................................... -8  **[GO TO PN QA09_K15]**

**QA09_K12**        Is it …수입이…

AK14

      $20,001 to $30,000, ...............................................1 **[GO TO PN QA09_K15]**
      $30,001 to $40,000, ...............................................2 **[GO TO PN QA09_K15]**
      $40,001 to $50,000, ...............................................3 **[GO TO PN QA09_K15]**
      $50,001 to $60,000, or ............................................4 **[GO TO PN QA09_K15]**
      $60,001 to $70,000? .................................................5 **[GO TO PN QA09_K15]**
      REFUSED .............................................................-7 **[GO TO PN QA09_K15]**
      DON'T KNOW ........................................................-8 **[GO TO PN QA09_K15]**

**QA09_K13**        Is it more or less than $135,000 per year? 수입이 연 $135,000 이상입니까, 이하입니까?

AK15

      MORE .....................................................................1 **[GO TO PN QA09_K15]**
      EQUAL TO $135K OR LESS...................................2
      REFUSED .............................................................-7 **[GO TO PN QA09_K15]**
      DON'T KNOW ........................................................-8 **[GO TO PN QA09_K15]**

**QA09_K14**        Is it …수입이…

AK16

      $70,001 to $80,000, ...............................................1
      $80,001 to $90,000, ...............................................2
      $90,001 to $100,000, or ..........................................3
      $100,001 to $135,000? ............................................4
      REFUSED .............................................................-7
      DON'T KNOW ........................................................-8

**Number of Persons Supported**

**PROGRAMMING NOTE QA09_K15:**
**IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA09_K17;**
**ELSE CONTINUE WITH QA09_K15**

**QA09_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 QA09_K16:
QA09_K16 MUST BE LESS THAN QA09_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) =
QA09_K15 GO TO PROGRAMMING NOTE QA09_K17;
ELSE CONTINUE WITH QA09_K16
```

**QA09_K16**    How many of these {INSERT NUMBER FROM QA09_K15} people are children under the age of
18? {K17 의 인원수 입력} 중 몇 명이 18 세 미만의 자녀분이십니까?

**AK18**

_____ NUMBER OF CHILDREN (UNDER AGE 18)     [HR: 0-20]

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

**Poverty Level Test**

```
PROGRAMMING NOTE QA09_K17:
OBTAIN THE FEDERAL POVERTY 100%, 130%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE
2008 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF
CHILDREN FROM QA09_K15 AND QA09_K16 RESPECTIVELY.
(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2008
THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS
BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS.  REFER TO
SPECIFICATIONS ADDENDUM "Poverty Level 2008" DOCUMENT FOR THE TABLE OF VALUES.  THE
100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY
CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI
VARIABLE POVRT300).
IF EITHER QA09_K15 OR QA09_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 QA09_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

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

IF QA09_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A
RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14 OR QA09_K9 = -7 OR QA09_K11 = -7 OR
QA09_K13 = -7, ASK QA09_K17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA09_K18
```

**QA09_K17**    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 QA09_K21]**
MORE ......................................................................2
REFUSED ............................................................... -7     **[GO TO PN QA09_K21]**
DON'T KNOW ........................................................ -8     **[GO TO PN QA09_K21]**

> **PROGRAMMING NOTE QA09_K18:**
> **IF QA09_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14 OR IF QA09_K9 = -7 OR QA09_K11 = -7 OR QA09_K13= -7, CONTINUE WITH QA09_K18 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);**
> **ELSE GO TO PROGRAMMING NOTE QA09_K20**

**QA09_K18**    [I need to ask just one or two more questions about income.]  Was your total annual household income before taxes less than or more than ${POVRT200}? ${XX,XXX}이하입니까, 이상입니까?

**AK18B**

|   |   |   |
|---|---|---|
| EQUAL TO OR LESS | ...............................................1 | |
| MORE | ..................................................................2 | **[GO TO PN QA09_K20]** |
| REFUSED | ............................................................. -7 | **[GO TO PN QA09_K21]** |
| DON'T KNOW | ......................................................... -8 | **[GO TO PN QA09_K21]** |

> **PROGRAMMING NOTE QA09_K19:**
> **IF QA09_K18 = 1 (≤ 200% FPL), CONTINUE WITH QA09_K19 USING POVRT130 (130% POVERTY CUTOFF DISPLAY AMOUNT);**
> **ELSE SKIP TO QA09_K20**

**QA09_K19**    [I need to ask just one or two more questions about income.]  Was your total annual household income before taxes less than or more than ${POVRT130}? ${XX,XXX}이하입니까, 이상입니까?

**AK18D**

|   |   |   |
|---|---|---|
| EQUAL TO OR LESS | ...............................................1 | **[GO TO PN QA09_K21]** |
| MORE | ..................................................................2 | **[GO TO PN QA09_K21]** |
| REFUSED | ............................................................. -7 | **[GO TO PN QA09_K21]** |
| DON'T KNOW | ......................................................... -8 | **[GO TO PN QA09_K21]** |

> **PROGRAMMING NOTE QA09_K20:**
> **IF QA09_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14 OR IF QA09_K9 = -7 OR QA09_K11= -7 OR QA09_K13 = -7, CONTINUE WITH QA09_K20 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT) AND:**
> **IF NEITHER QA09_K17 OR QA09_K18 WAS ASKED, DISPLAY "I need to ask just one or two more questions about income. Was your total annual household income before taxes";**
> **ELSE DISPLAY "Was it";**
> **ELSE GO TO QA09_K21**

**QA09_K20**    {I need to ask just one or two more questions about income}  Was your total annual household income before taxes less than or more than ${POVRT300}? ${XX,XXX}이하입니까, 이상입니까?

**AK18C**

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

**Availability of Food in Household**

---
PROGRAMMING NOTE QA09_K21:
IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA09_K21;
ELSE GO TO QA09_L1
---

**QA09_K21**     These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food. 다음 질문들은 지난 12 개월 동안 댁에서 드신 음식에 대해, 그리고식비를 부담하실 수 있었는지의 경제적 형편에 관한 겁니다.

I'm going to read two statements that people have made about their food situation.  For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is: 사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 선생님 자신과 선생님 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.

**AM1**

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

Was that often true, sometimes true, or never true for you and your household in the last 12 months? 첫번째 문장은 "{}이/가 산 음식은 금방 떨어졌고, {}은/는 더 살 돈이 없었다"입니다.이 말이 지난 12 개월 동안의 선생님 자신과 선생님 가정의 경우에, 흔히 맞는 말입니까,   가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

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

**QA09_K22**     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 12 개월 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
```

**QA09_K23**     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 12 개월 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 QA09_K25]
                REFUSED ............................................................. -7     [GO TO QA09_K25]
                DON'T KNOW ...................................................... -8     [GO TO QA09_K25]
```

**QA09_K24**     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, 2 개월 동안만 있었습니까?

**AM3A**

ALMOST EVERY MONTH.........................................1
SOME MONTHS BUT NOT EVERY MONTH ..........2
ONLY IN 1 OR 2 MONTHS......................................3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8

**Hunger**
**QA09_K25**    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 12 개월 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

**QA09_K26**    In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? 지난 12 개월 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 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL
CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L;
ELSE GO TO PROGRAMMING NOTE QA09_DMAINTR1

**TANF/CalWORKS**
**QA09_L1**     Are you now receiving TANF or CalWORKS? 현재 TANF 나 CalWORKS 를 받고 있습니까?

**AL2**

**[IF NEEDED, SAY:  "TANF means Temporary Assistance to Needy Families; and
CalWORKS means California Work Opportunities and Responsibilities to Kids.  Both
replaced AFDC, California's old welfare entitlement program.** TANF 는 빈곤 가정 임시 지원
프로그램의 약자이고 CalWORKS 는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의
약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC 를 대체한
것입니다.**"]**

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

PROGRAMMING NOTE QA09_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA09_L2;
ELSE GO TO QA09_L3;

**QA09_L2**     Is (TEEN) now receiving TANF or CalWORKS? {}이/가 AFDC 나 TANF 나 칼워크스를 현재
받고 있습니까?

**IAP1**

**[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and
CalWORKS means California Work Opportunities and Responsibilities to Kids.  Both
replaced AFDC, California's old welfare entitlement program.** AFDC 는 부양해야할 자녀가
있는 가족들을 위한 지원입니다. TANF 는 도움이 필요한 가족을 위한 임시 보조를 의미합니다.
그리고 칼워크스는 캘리포니아 프로그램으로서 부모의 취업과 어린 자녀의 양육을 아울러
지원해주는 것입니다**"]**

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

**Food Stamps**
**QA09_L3**          Are you receiving Food Stamp benefits? 푸드스탬프를 받고 계십니까?

AL5

**[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card.  EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]**
**[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT 는 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

---

**PROGRAMMING NOTE QA09_L4:**
**IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA09_L4;**
**ELSE GO TO PROGRAMMING NOTE QA09_L5**

---

**QA09_L4**        Is (TEEN) receiving Food Stamp benefits? {}이/가 푸드스탬프를 받고 있습니까?

IAP2

> **[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card.  EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.']**
> **[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT 는 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
```

**Supplemental Security Income**
**QA09_L5**        Are you receiving SSI? SSI 를 받고 계십니까?

AL6

> **[IF NEEDED, SAY: "SSI means Supplemental Security Income.  This is different from Social Security" "SSI 는  생활보조금을 말합니다".]**

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

---

**PROGRAMMING NOTE QA09_L6:**
**IF QA09_A5 = 2 (FEMALE) AND [QA09_E3 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA09_L6;**
**ELSE GO TO QA09_L7**

---

**WIC**
**QA09_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. WIC 는 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다"]**

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

**Assets**

> **PROGRAMMING NOTE QA09_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 QA09_K15.**
>
> **IF QA09_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).**
>
> **IF QA09_K15 = 1 DISPLAY $3000;**
> **IF QA09_K15 = 2 DISPLAY $3000;**
> **IF QA09_K15 = 3 DISPLAY $3150;**
> **IF QA09_K15 = 4 DISPLAY $3300;**
> **IF QA09_K15 = 5 DISPLAY $3450;**
> **IF QA09_K15 = 6 DISPLAY $3600;**
> **IF QA09_K15 = 7 DISPLAY $3750;**
> **IF QA09_K15 = 8 DISPLAY $3900;**
> **IF QA09_K15 = 9 DISPLAY $4050;**
> **IF QA09_K15 ≥ 10 DISPLAY $4200;**
>
> **IF QA09_A16 = 1 (MARRIED) DISPLAY "your family's";**
> **ELSE DISPLAY "your"**

**QA09_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 총가치액이 {$5,000} 이상입니까? {귀하의 가족이 소유하고 있는 주택이나 자동차의 가치를 제외한자산, 즉, 귀하의 가족이 소유한 현금, 저축예금, 투자금, 그리고가구 등의 총가치액이 {$5,000} 이상입니까?}

> **AL9**

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

**Alimony/Child Support**

> **PROGRAMMING NOTE QA09_L8:**
> **IF QA09_G11 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";**
> **IF QA09_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";**
> **ELSE DISPLAY "you"**

**QA09_L8**     Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for alimony, child support, or money from a government or veteran program? 선생님 또는 선생님의 배우자는 지난달에 위자료나 자녀 양육비, 또는 정부나 퇴역군인 프로그램으로부터 보조금을 받았습니까?

> **AL15**

YES ........................................................................1
NO............................................................................2     **[GO TO PN QA09_L10]**
REFUSED ............................................................... -7     **[GO TO PN QA09_L10]**
DON'T KNOW ......................................................... -8     **[GO TO PN QA09_L10]**

PROGRAMMING NOTE QA09_L9:
IF QA09_L8 = 1 (YES), CONTINUE WITH QA09_L9;
IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 2 (SPOUSE NOT MEMBER OF HH), ASK QUESTION
WITHOUT DISPLAYS;
ELSE IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE IN HH), DISPLAY "combined" AND "and
your spouse";
ELSE SKIP TO PROGRAMMING NOTE QA09_L10

QA09_L9   What was the {combined} total amount that you {and your spouse} 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 QA09_L10:
IF QA09_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
IF QA09_G11 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you"

QA09_L10   Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or
child support last month? 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 QA09_L12]**
REFUSED ............................................................. -7      **[GO TO QA09_L12]**
DON'T KNOW ........................................................ -8      **[GO TO QA09_L12]**

PROGRAMMING NOTE QA09_L11:
IF QA09_A16 = 2 (LIVING WITH PARTNER) DISPLAY "you or your partner or both of you";
IF QA09_G11 = 1 (SPOUSE LIVES IN HH) DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you"

QA09_L11   What was the total amount {you/your spouse/your partner/you both} paid in alimony or support
last month? 선생님 또는 선생님의 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

**Social Security/Pension Payments**

---

**PROGRAMMING NOTE QA09_L12:**
**IF AGE ≥ 65 AND QA09_A16 ≠ 1 (NOT MARRIED) CONTINUE WITH QA09_L12 AND DISPLAY "you";**
**IF AGE ≥ 65 AND QA09_A16 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA09_L12 AND DISPLAY "you or your partner";**
**IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA09_L12 AND DISPLAY "you or your spouse";**
**ELSE GO TO PROGRAMMING NOTE QA09_L14**

---

**QA09_L12**     Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month? 선생님이나 선생님의 배우자가  지난달 사회보장금 (Social Security)이나 연금 (Pension payments)을 받았습니까?

**AL18A**

<pre>
                  YES .......................................................1
                  NO........................................................2     [GO TO PN QA09_L14]
                  REFUSED ............................................. -7     [GO TO PN QA09_L14]
                  DON'T KNOW ........................................ -8     [GO TO PN QA09_L14]
</pre>

**QA09_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]

<pre>
                  REFUSED ............................................. -7
                  DON'T KNOW ........................................ -8
</pre>

**Reasons for Non-Participation in Medi-Cal**

---

**PROGRAMMING NOTE QA09_L14:**
**IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA09_L14;**
**ELSE GO TO PN QA09_L15**

---

**QA09_L14**     What is the one main reason why you are not enrolled in the Medi-Cal program? 선생님께서 메디캘(Medi-Cal)에 등록되어있지 않은 가장 큰 이유는 무엇입니까?

**AL19**

<pre>
                  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
</pre>

**Medi-Cal Deficit Reduction Act Requirements**

PROGRAMMING NOTE QA09_L15:
IF QA09_L1 = 1 (HAS TANF) OR QA09_L5 =1 (HAS SSI) OR QA09_G8 = 2 (IS NON-CITIZEN) OR
  [ARINSURE = 1 (INSURED) AND ARMCAL ≠ 1 (DOES NOT HAVE MEDI-CAL) AND QA09_H62 = 1 (SAME
  INSURANCE FOR PAST 12 MONTHS) AND QA09_I1 = 1 OR -1 (CHILD HAS SAME INSURANCE AS R) OR
  QA09_I35 = 1 OR -1 (TEEN HAS SAME INSURANCE AS R)] OR [18<AAGE<64 AND NO ELIGIBLE CHILD
  OR TEEN IN HH], THEN SKIP TO PROGRAMMING NOTE QA09_DMAINTR1 (NEXT SECTION);
ELSE IF ARMCAL = 1 AND QA09_H62 = 1 (HAD MEDI-CAL FOR PAST 12 MONTHS), THEN SKIP TO
  QA09_L19;
ELSE CONTINUE WITH QA09_L15 AND IF KIDCNT > 0 DISPLAY "or your child"

QA09_L15    In the past 12 months, did you apply for Medi-Cal for yourself {or your child}?지난 12 개월 동안,
            귀하나 자녀에 대해 Medi-Cal 을 신청한 적이 있습니까?
            {지난 12 개월 동안, 자신을 위해 Medi-Cal 을 신청한 적이 있습니까?}

AL23

                    YES.......................................................................1
                    NO........................................................................2    [GO TO QA09_L17]
                    REFUSED ............................................................. -7    [GO TO QA09_L17]
                    DON'T KNOW ....................................................... -8    [GO TO QA09_L17]

QA09_L16    Was your application for Medi-Cal approved with full benefits, approved with reduced benefits,
            denied, or are you still waiting for approval? 귀하의 Medi-Cal 신청은 현재 다음 중 어떤 상태에
            있습니까? 전체 혜택 승인, 축소 혜택 승인, 거부, 또는 승인 대기 중에서 선택해 주십시오?

AL24

            **[INTERVIEWER NOTE: CODE ALL THAT APPLY]**
            **[IF NEEDED, SAY: "What is your current status? 귀하는 현재 어떤 상태에 있습니까?"]**

                    APPROVED WITH FULL BENEFITS .......................1    **[GO TO PN QA09_L19]**
                    APPROVED WITH REDUCED BENEFITS ..............2    **[GO TO PN QA09_L19]**
                    WAITING FOR APPROVAL.....................................3    **[GO TO PN QA09_L19]**
                    DENIED BENFITS ..................................................4    **[GO TO PN QA09_L19]**
                    REFUSED ............................................................. -7    **[GO TO PN QA09_L19]**
                    DON'T KNOW ....................................................... -8    **[GO TO PN QA09_L19]**

PROGRAMMING NOTE QA09_L17:
IF KIDCNT > 0, DISPLAY "or your child"

QA09_L17    Was not having proof of citizenship, such as a birth certificate, a reason why you did not apply for
            Medi-Cal for yourself {or your child}?귀하나 자녀에 대해 Medi-Cal 을 신청하지 않은 이유가
            출생증명서와 같은 시민권 증명 서류가 없기 때문이었습니까?
            {자신을 위해 Medi-Cal 을 신청하지 않은 이유는 출생증명서와 같은 시민권 증명 서류가 없었기
            때문입니까?}
AL25

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

PROGRAMMING NOTE QA09_L18:
IF KIDCNT > 0, DISPLAY "or your child"

**QA09_L18**      Was not having proof of identity, such as a picture ID, a reason why you did not apply for Medi-Cal for yourself {or your child}? 귀하나 자녀에 대해 Medi-Cal 을 신청하지 않은 이유가 사진이 부착된 신분증과 같은 신원 증명 서류가 없기 때문이었습니까?

{자신을 위해 Medi-Cal 을 신청하지 않은 이유는 사진이 부착된 신분증과 같은 신원 증명 서류가 없었기 때문입니까?}

AL26

```
YES .......................................................................1      [GO TO QA09_DMAINTR1]
NO..........................................................................2      [GO TO QA09_DMAINTR1]
REFUSED ............................................................. -7      [GO TO QA09_DMAINTR1]
DON'T KNOW ........................................................ -8      [GO TO QA09_DMAINTR1]
```

**QA09_L19**      Did the Medi-Cal program ask you for proof of identity and/or citizenship? Medi-Cal 프로그램은 신원 및/또는 시민권에 대한 증명 서류를 요청했습니까?

AL27

**[IF NEEDED, SAY: "Proof of identity could be an original driver's license, passport, school ID card, school records or affidavit. Proof of citizenship could be an original birth certificate, passport, certificate of naturalization, or affidavit. 신원 증명 서류에는 운전면허증 원본, 여권, 학생증, 재학증명서 또는 선서진술서가 해당됩니다.시민권 증명 서류에는 출생증명서 원본, 여권, 귀화증명서 또는 선서진술서가 해당됩니다"]**

```
YES .......................................................................1
NO..........................................................................2      [GO TO QA09_DMAINTR1]
REFUSED ............................................................. -7      [GO TO QA09_DMAINTR1]
DON'T KNOW ........................................................ -8      [GO TO QA09_DMAINTR1]
```

---

**PROGRAMMING NOTE QA09_L20:**
**IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)], THEN IF KIDCNT > 1, DISPLAY "yourself or your children";**
 **IF KIDCNT = 1, DISPLAY "yourself or your child";**
**ELSE IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)], THEN IF KIDCNT > 1, DISPLAY "your children";**
 **IF KIDCNT = 1, DISPLAY "your child";**
**ELSE IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09_I62 ≠ 1)], THEN DISPLAY "yourself"**

---

**QA09_L20**      Did you have a problem giving proof of identity for {yourself/your child/your children/yourself or your child/yourself or your children}? 귀하는 본인 또는 자녀에 대한 신원 증명 서류를 제출하는 데 문제가 있었습니까?

{귀하의 자녀에 대한 신원 증명 서류를 제출하는 데 문제가 있었습니까?}
{귀하 자신에 대한 신원 증명 서류를 제출하는 데 문제가 있었습니까?}
{귀하는 신원 증명 서류를 제출하는 데 문제가 있었습니까?}
{귀하는 자녀에 대한 신원 증명 서류를 제출하는 데 문제가 있었습니까?}
{귀하는 자신 또는 자녀에 대한 신원 증명 서류를 제출하는 데 문제가 있었습니까?}

AL28

**[IF NEEDED, SAY: "Proof of identity could be an original driver's license, passport, school ID card, school records or affidavit. 신원 증명 서류에는 운전면허증, 여권, 학생증, 재학증명서 또는 선서진술서 등이 있습니다"]**

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

```
PROGRAMMING NOTE QA09_L21:
IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR IQA09_I62 = 1)],
  THEN IF KIDCNT > 1, DISPLAY "yourself or your children";
  IF KIDCNT = 1, DISPLAY "yourself or your child";
ELSE IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62
  = 1)], THEN IF KIDCNT > 1, DISPLAY "your children";
  IF KIDCNT = 1, DISPLAY "your child";
ELSE IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND
  QA09_I62 ≠ 1)], THEN DISPLAY "yourself"
```

**QA09_L21**     Did you have a problem giving proof of citizenship for {yourself/your child/your children/yourself or your child/yourself or your children}? 귀하나 자녀에 대한 #시민권₩ 증명 서류를 제출하는 데 문제가 있었습니까?

{귀하의 자녀에 대한 #시민권₩ 증명 서류를 제출하는 데 문제가 있었습니까?}

{귀하 자신에 대한 #시민권₩ 증명 서류를 제출하는 데 문제가 있었습니까?}

{귀하는 자녀에 대한 #시민권₩ 증명 서류를 제출하는 데 문제가 있었습니까?}

{귀하는 #시민권₩ 증명 서류를 제출하는 데 문제가 있었습니까?}

{귀하는 자신 또는 자녀에 대한 #시민권₩ 증명 서류를 제출하는 데 문제가 있었습니까?}

---

**AL29**

**[IF NEEDED, SAY: "Proof of citizenship could be an original birth certificate, passport, certificate of naturalization, or affidavit. 시민권 증명 서류에는 최초 출생증명서, 여권, 귀화증명서 또는 선서진술서 등이 있습니다"]**

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

---

**PROGRAMMING NOTE QA09_L22:**
**IF QA09_L20 = 1 OR QA09_L21 = 1, CONTINUE WITH QA09_L22 AND DISPLAY:**
**"you or your children's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;**
**"you or your child's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;**

**"your children's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;**
**"your child's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;**
**"your", IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09_I62 ≠ 1)];**
**ELSE GO TO QA09_DMAINTR1**

---

**QA09_L22**     Were {your/your child's/your children's/you or your child's/you or your children's} Medi-Cal benefits delayed as a result of problems getting documents? 증명 서류를 갖추는 데 문제가 있어서 귀하와 자녀가 Medi-Cal 혜택을 받는 것이 지연되었습니까?

{증명 서류를 갖추는 데 문제가 있어서 자녀가 Medi-Cal 혜택을 받는 것이 지연되었습니까?}

{증명 서류를 갖추는 데 문제가 있어서 귀하가 Medi-Cal 혜택을 받는 것이 지연되었습니까?}

{귀 자녀의 Medi-Cal 혜택이 서류를 입수하는 데 문제가 있어 지연되었습니까?}

{Medi-Cal 혜택이 서류를 입수하는 데 문제가 있어 지연되었습니까?}

{귀하 또는 자녀의 Medi-Cal 혜택이 서류를 입수하는 데 문제가 있어 지연되었습니까?}

---

**AL30**

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

---

**PROGRAMMING NOTE QA09_L23:**
**DISPLAY:**

**"you or your children's"** IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;

  **"you or your child's"** IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;

**"your children's"** IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;

**"your child's"** IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;

**"your"** IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09_I62 ≠ 1)]

**QA09_L23**     Were {your/your child's/your children's/you or your child's/you or your children's} Medi-Cal benefits reduced as a result of problems getting documents? 증명 서류를 갖추는 데 문제가 있어서 귀하와 자녀의 Medi-Cal 혜택이 축소되었습니까?
{증명 서류를 입수하는 데 문제가 있어서 자녀의 Medi-Cal 혜택이 축소되었습니까?}
{증명 서류를 입수하는 데 문제가 있어서 귀하의 Medi-Cal 혜택이 축소되었습니까?}
{귀 자녀의 Medi-Cal 혜택이 서류를 입수하는 데 문제가 있어 축소되었습니까?}
{Medi-Cal 혜택이 서류를 입수하는 데 문제가 있어 축소되었습니까?}
{귀하 또는 자녀의 Medi-Cal 혜택이 서류를 입수하는 데 문제가 있어 축소되었습니까?}

AL31

**[IF NEEDED, SAY: "Having your benefits reduced means that Medi-Cal will only pay for your health care if it's an emergency or if you are pregnant. 혜택이 축소되었다는 것은 Medi-Cal 이 응급상황 또는 임신과 관련된 경우에 한해서만 의료비를 지불한다는 것을 의미합니다"]**

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

# Section DM – Discrimination Module

*NOTE: The CHIS 2009 discrimination module is being sponsored by the National Cancer Institute and the Office of Behavior and Social Sciences Research at the National Institutes of Health for developmental purposes.*

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**PROGRAMMING NOTE QA09_DMAINTR1:**
**IF DMSAMP = 0, SKIP TO NEXT SECTION;**
**ELSE IF DMSAMP = 1 AND RANNUM2 < 5000 (VERSION A), SKIP TO DMINTRO;**
**ELSE IF DMSAMP = 1, CONTINUE WITH DMAINTR1 AND IF DMRECORD = 1, RESUME RECORDING (BEGIN SEGMENT 2)**

---

**QA09_DMAINTR1**

| DMAINTR1 | For this next section of the survey, I will need to refer to your background—that is, your race or ethnicity—so I need to find out how you think of yourself. 이 설문조사의 다음 섹션에서는 귀하가 자신에 대해서어떻게 생각하시는지 알아보기 위해 귀하의 인종 또는민족적 배경에 대해 질문을 드리겠습니다. |
|---|---|

---

**PROGRAMMING NOTE QA09_DMA1:**

**IF QA09_A6  = 1 (LATINO/HISPANIC) AND [QA09_A8 = 1 (WHITE),  91 (OTHER) -7/-8 (REF/DK)]**
    **IF QA09_A5 = 1 OR -7 (MALE OR REFUSED), DISPLAY "Latino, as Hispanic";**
    **IF QA09_A5 = 2 (FEMALE), DISPLAY "Latina, as Hispanic";**

**IF QA09_A6  = 1 (LATINO/HISPANIC) AND [QA09_A8 = 2 (BLACK/AFRICAN AMERICAN), 3 (ASIAN), 4 (OTHER PACIFIC ISLANDER), OR 6 (NATIVE HAWAIIAN)], DISPLAY "Non-AI/AN Multiracial"**

**ELSE IF QA09_A6 = 1 (LATINO/HISPANIC) AND QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), DISPLAY "Native American";**

**IF QA09_A6 = 2 (NOT LATINO/HISPANIC),**
    **AND IF QA09_A8 = 1 (WHITE), DISPLAY "White";**
    **AND IF QA09_A8 = 2 (BLACK/AFRICAN AMERICAN, DISPLAY "Black, as African American";**
    **AND IF QA09_A8 = 3 (ASIAN), DISPLAY "Asian";**
    **AND IF QA09_A8 = 4 (AMER INDIAN/ALASKA NATIVE), DISPLAY "American Indian, as Native American";**
    **AND IF QA09_A8 = 5 (OTHER PACIFIC ISLANDER), DISPLAY "Pacific Islander";**
    **AND IF QA09_A8 = 6 (NATIVE HAWAIIAN), DISPLAY "Native Hawaiian";**
    **AND IF QA09_A8 IS MORE THAN ONE RACE (EXCLUDING NATIVE HAWAIIAN), DISPLAY "Non-AI/AN Multiracial ";**

---

**QA09_DMA1**      Do you think of yourself as {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, or is there some other term that you think better describes you? 귀하는 자신이 {FILL FROM PREVIOUS ETHNICITY }라고 생각하십니까, 아니면 귀하의 인종을 더 잘 말해 주는 다른 용어가있습니까?

| DMA1 |
|---|

LATINO/LATINA.......................................................1
HISPANIC ..............................................................2
CHINESE ...............................................................3
CHINESE-AMERICAN............................................4
KOREAN.................................................................5
KOREAN-AMERICAN.............................................6
VIETNAMESE .........................................................7
VIETNAMESE-AMERICAN......................................8
ASIAN ....................................................................9

```
ASIAN-AMERICAN ................................................. 10
OTHER (SPECIFY:_____) ........... 91
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

**QA09_DMINTRO**

DMINTRO

These next questions are about things that may happen to you in your day-to-day life.  The questions ask about times and places where you were treated unfairly.  Again, you don't have to answer any of these that you don't want to.  All of the information you tell us will be kept private, and your answers will be used only for this survey. 다음의 질문들은 귀하의 일상생활에서 일어날 수 있는일들에 관한 것입니다. 이러한 질문들은 귀하가 부당한대우를 받았던 시간과 장소에 관한 것입니다.다시 한 번 말씀 드리지만, 귀하가 원하시지 않는 경우에는질문에 답변할 필요가 없습니다. 귀하가 저희에게제공해주신 모든 정보는 비밀로 유지되고, 귀하의 답변은이 설문조사를 위해서만 사용됩니다.

**QA09_DMBINTRO**

DMBINTRO

First, think about your experiences in the past 12 months.  How often have any of the following things happened to you? 먼저, 귀하가 지난 12개월 동안, 경험한 일들에 대해답변해 주십시오. 귀하에게 다음과 같은 일들이 얼마나자주 일어났습니까?

---

**PROGRAMMING NOTE QA09_DMB1:**
**FOR BOTH VERSIONS OF DISCRIMINATION MODULE ASK ITEMS DMB1 TO DMB8 IN RANDOM ORDER; IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB1**     In the past 12 months, how often have you been treated with less respect than other people {because you are (FILL RACE/ETHNICITY FROM DMA1_1)}?  Would you say… [지난 12개월 동안,]{...다른 사람들보다 소홀하게 대접 받은 적이 얼마나자주 있었습니까? /…귀하가 {FILL FROM DMA1_1 }이라는이유로 다른 사람들보다 소홀하게 대접 받은 적이 얼마나자주 있었습니까? }

DMB1

```
Never,.......................................................................1
Rarely,......................................................................2
Sometimes, or...........................................................3
Often? ......................................................................4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

---

**PROGRAMMING NOTE QA09_DMB2:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY, "or been discriminated against" and "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB2**     In the past 12 months, how often have you been treated unfairly {or been discriminated against} at restaurants or stores {because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)}? Would you say… [지난 12개월 동안,]{...식당이나 상점에서 불공평한 대우를 받은 적이 얼마나자주 있었습니까? /...귀하가 {FILL FROM DMA1_1 }이라는이유로 식당이나 상점에서 불공평한 대우나 차별을 받은적이 얼마나 자주 있었습니까? }

**[IF NEEDED, SAY** "무엇이라고 답변하시겠습니까?"**AND READ THE RESPONSE CATEGORIES**]

DMB2

Never,....................................................................1
Rarely,...................................................................2
Sometimes, or.........................................................3
Often? ...................................................................4
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8

---

**PROGRAMMING NOTE QA09_DMB3:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB3**     In the past 12 months, how often have people criticized your accent or the way you speak {because you are (RACE/ETHNICITY FROM QA09_DMA1)}?  Would you say… [지난 12개월 동안,]{...사람들이 귀하의 억양이나 말투를 흠잡은 적이 얼마나자주 있었습니까? /...귀하가 { FILL FROM DMA1_1 }이라는이유로 치료를 받을 때 부당한 대우를 받거나 차별을 당한적이 있었습니까? }

**[IF NEEDED, SAY** "무엇이라고 답변하시겠습니까?"**AND READ THE RESPONSE CATEGORIES**]

DMB3

Never,........................................................................1
Rarely,.......................................................................2
Sometimes, or............................................................3
Often? .......................................................................4
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

---

**PROGRAMMING NOTE QA09_DMB4:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB4**     In the past 12 months, how often have people acted as if they think you are not smart {because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)?  Would you say… [지난 12개월 동안,]{...사람들이 귀하가 현명하지 않다고 여기며행동한 적이 얼마나 자주 있었습니까? /...사람들이 귀하가 { FILL FROM DMA1_1 }이라는 이유로 현명하지 않다고여기며 행동한 적이 얼마나 자주 있었습니까 ? }

**[IF NEEDED, SAY** "무엇이라고 답변하시겠습니까?"**AND READ THE RESPONSE CATEGORIES**]

DMB4

Never,........................................................................1
Rarely,.......................................................................2
Sometimes, or............................................................3
Often? .......................................................................4
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

---

**PROGRAMMING NOTE QA09_DMB5:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB5**     In the past 12 months, how often have people acted as if they are afraid of you {because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)}?  Would you say… [지난 12개월 동안,]{ ...사람들이 귀하를 두려워하는 것처럼 행동한 적이 얼마나자주 있었습니까? /...사람들이 귀하가 { FILL FROM DMA1_1 }이라는 이유로 귀하를 두려워하는것처럼 행동한 적이 얼마나 자주 있었습니까?}

**[IF NEEDED, SAY** "무엇이라고 답변하시겠습니까?"**AND READ THE RESPONSE CATEGORIES**]

**DMB5**

Never,...............................................................1
Rarely,..............................................................2
Sometimes, or ...............................................3
Often? ...............................................................4
REFUSED ........................................................ -7
DON'T KNOW ................................................. -8

---

**PROGRAMMING NOTE QA09_DMB6:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB6**  In the past 12 months, how often have people acted as if they think you are dishonest {because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)}?  Would you say… [지난 12개월 동안,]{...사람들이 귀하를 정직하지 않다고 여기며행동한 적이 얼마나 자주 있었습니까? /...사람들이 귀하가 { FILL FROM DMA1_1 }이라는 이유로 귀하를 정직하지않다고 여기며 행동한 적이 얼마나 자주있었습니까? }

**[IF NEEDED, SAY** "무엇이라고 답변하시겠습니까?"**AND READ THE RESPONSE CATEGORIES**]

**DMB6**

```
Never,.....................................................................1
Rarely,....................................................................2
Sometimes, or .......................................................3
Often? ....................................................................4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

---

**PROGRAMMING NOTE QA09_DMB7:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB7**  In the past 12 months, how often have people acted as if they're better than you are {because you are (RACE/ETHNICITY FROM QA09_DMA1)}?  Would you say…[지난 12개월 동안,]{...사람들이 자신이 귀하보다 더 나은 사람인 것처럼행동한 적이 얼마나 자주 있었습니까? /...사람들이 귀하가 { FILL FROM DMA1_1 }이라는 이유로 자신이 귀하보다 더나은 사람인 것처럼 행동한 적이 얼마나 자주 있었습니까? }

**[IF NEEDED, SAY** "무엇이라고 답변하시겠습니까?"**AND READ THE RESPONSE CATEGORIES**]

**DMB7**

```
Never,.....................................................................1
Rarely,....................................................................2
Sometimes, or .......................................................3
Often? ....................................................................4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

---

**PROGRAMMING NOTE QA09_DMB8:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)"**

---

**QA09_DMB8**  In the past 12 months, how often have you been threatened or harassed [because you are (RACE/ETHNICITY FROM QA09_DMA1)]? Would you say… [지난 12개월 동안,]{...위협을 받거나 괴롭힘을 당한 적이 얼마나 자주있었습니까? /...귀하가 { FILL FROM DMA1_1 }이라는이유로 위협을 받거나 괴롭힘을 당한 적이 얼마나 자주있었습니까? }

**[IF NEEDED, SAY** "무엇이라고 답변하시겠습니까?"**AND READ THE RESPONSE CATEGORIES**]

**DMB8**

```
Never,.....................................................................1
Rarely, ...................................................................2
Sometimes, or .......................................................3
```

Often? ........................................................................4
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8

PROGRAMMING NOTE QA09_DMB9A:
IF QA09_DMB1 THROUGH QA09_DMB8 = 1 (NEVER), THEN SKIP TO QA09_DMC1;
ELSE IF VERSION B, THEN SKIP TO QA09_DMB10;
ELSE CONTINUE WITH QA09_DMB9A

**QA09_DMB9A** Now, I'm going to ask you why you may have been treated unfairly. Please answer the following questions with a yes or no. 지금부터는 귀하가 부당하게 대우를 받은 이유에 대해질문을 드리겠습니다.다음의 질문에 대해 예 혹은 아니오로 답하세요.

DMB9A

[CODE ALL THAT APPLY]

|  | YES | NO | REF | DK |
|---|---|---|---|---|
| 1. In the past 12 months, have you been treated unfairly because of your ancestry or national origin? 지난 12 개월 동안, 귀하가 부당한 대우를 받은 것은민족 또는 출신국 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 2. In the past 12 months, have you been treated unfairly because of your gender or sex? 지난 12 개월 동안, 귀하가 부당한 대우를 받은 것은성별 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 3. [In the past 12 months, have you been treated unfairly] …because of your race or skin color? [지난 12 개월 동안, 귀하가 부당한 대우를 받은 것은]인종 또는 피부색 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 4. [In the past 12 months, have you been treated unfairly] …because of your age? [지난 12 개월 동안, 귀하가 부당한 대우를 받은 것은]연령 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 5. [In the past 12 months, have you been treated unfairly] …because of the way you speak English? [지난 12 개월 동안, 귀하가 부당한 대우를 받은 것은]영어 실력 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 6. [In the past 12 months, have you been treated unfairly]…because of some other reason? [지난 12 개월 동안, 귀하가 부당한 대우를 받은 것은]기타 이유 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |

PROGRAMMING NOTE QA09_DMB9A_OV:
IF QA09_DMB9A_6 = 1 (YES TO SOME OTHER REASON), THEN CONTINUE;
ELSE GO TO PN QA09_ DMB9B;

**QA09_DMB9A_OV**

DMB9A_OV

What was that reason? 그 이유는 무엇이었습니까?

[INTERVIEWER NOTE: CHECK ALL THAT APPLY]
[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]

INCOME ................................................................1

EDUCATION ...........................................................2
HEIGHT OR WEIGHT ..............................................3
RELIGION ..............................................................4
SEXUAL ORIENTATION .........................................5
OTHER (SPECIFY:_____) ...... 91
REFUSED ......................................................... -7
DON'T KNOW ...................................................... -8

**PROGRAMMING NOTE QA09_DMB9B:**
**IF MORE THAN ONE RESPONSE IN QA09_DMB9A = 1 (YES), CONTINUE WITH QA09_DMB9B AND ONLY**
**DISPLAY "YES" RESPONSES AS CATEGORIES;**
**ELSE CONTINUE WITH QA09_DMB10**

**QA09_DMB9B**

Which of these do you think is the main reason why you have been treated unfairly?  Was it because of... 다음 중 어느 것이 귀하가 부당한 대우를 받은 주요이유라고 생각하십니까?

DMB9B

| | |
|---|---|
| {Your ancestry or national origin} | 1 |
| {{or because of} Your gender or sex} | 2 |
| {{or because of} Your race or skin color} | 3 |
| {{or because of} Your age} | 4 |
| {{or because of} The way you speak English} or | 5 |
| {{or because of} Some other reason}?: (Specify:_____) | 6 |
| 민족 또는 출신국 | 1 |
| 성별 | 2 |
| 인종 또는 피부색 | 3 |
| 연령 | 4 |
| 영어 구사력 | 5 |
| OTHER REASON (SPECIFIED): | 6 |
| 귀하의 소득 때문 | 7 |
| 귀하의 교육 때문 | 8 |
| 귀하의 신장 또는 체중 때문 | 9 |
| 귀하의 종교 때문 | 10 |
| 귀하의 성적 취향 때문 | 11 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

**QA09_DMB10**  In the past 12 months, how stressful have these experiences of unfair treatment usually been for you?  Would you say... 지난 12개월 동안, 귀하는 이러한 부당한 대우를 받은경험 때문에 보통 얼마나 스트레스를 받았습니까?

DMB10

| | |
|---|---|
| Not at all stressful | 1 |
| A little stressful | 2 |
| Somewhat stressful or | 3 |
| Extremely stressful? | 4 |
| 전혀 스트레스를 받지 않았다 | 1 |
| 약간 스트레스를 받았다 | 2 |
| 상당히 스트레스를 받았다 | 3 |
| 매우 스트레스를 받았다 | 4 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

**PROGRAMMING NOTE QA09_DMC1:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY, "or been discriminated against" and "because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)"**

**QA09_DMC1**    Now, think about your entire lifetime. 지금부터는 귀하의 평생 동안에 대해 답변해 주십시오.

Over your entire lifetime, how often have you been treated unfairly {or been discriminated against} at school {because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)}?  Would

you say…{ #평생 동안,\ 학교에서 부당한 대우를 받은 적이 얼마나자주 있었습니까? /#평생 동안,\ 귀하가 { FILL FROM DMA1_1 }이라는 이유로 학교에서 부당한대우를 받거나 차별을 당한 적이 얼마나 자주 있었습니까? }

**DMC1**

| | |
|---|---|
| Never,...................................................................... | 1 |
| Rarely,..................................................................... | 2 |
| Sometimes, or.......................................................... | 3 |
| Often?...................................................................... | 4 |
| 전혀 없었다………………………………………… | 1 |
| 거의 없었다………………………………………… | 2 |
| 가끔 있었다………………………………………… | 3 |
| 자주 있었다………………………………………… | 4 |
| REFUSED ................................................................ | -7 |
| DON'T KNOW ......................................................... | -8 |

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**PROGRAMMING NOTE QA09_DMC2:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY, "or been discriminated against" and "because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1]"**

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**QA09_DMC2**    Over your entire lifetime, how often have you been treated unfairly {or been discriminated against} at work {because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)}?  Would you say… {평생 동안, 직장에서 부당한 대우를 받은 적이 얼마나 자주있었습니까? /평생 동안, 귀하가 { FILL FROM DMA1_1 }이라는 이유로 직장에서 부당한대우를 받거나 차별을 당한 적이 얼마나 자주 있었습니까? }

> **DMC2**

|  |  |
|---|---|
| Never,.................................................................... | 1 |
| Rarely,................................................................... | 2 |
| Sometimes, or........................................................ | 3 |
| Often? .................................................................... | 4 |
| 전혀 없었다…………………………………… | 1 |
| 거의 없었다…………………………………… | 2 |
| 가끔 있었다…………………………………… | 3 |
| 자주 있었다…………………………………… | 4 |
| REFUSED .............................................................. | -7 |
| DON'T KNOW ....................................................... | -8 |

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**PROGRAMMING NOTE QA09_DMC3:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "or been discriminated against" and "because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)"**

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**QA09_DMC3**    [Over your entire lifetime,] [평생 동안,]

…how often have you been treated unfairly {or been discriminated against} when getting medical care {because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)?  Would you say… {...치료를 받을 때 부당한 대우를 받은 적이 있었습니까? /...귀하가 { FILL FROM DMA1_1 }이라는이유로 치료를 받을 때 부당한 대우를 받거나 차별을 당한적이 있었습니까? }

> **DMC3**

|  |  |
|---|---|
| Never,.................................................................... | 1 |
| Rarely,................................................................... | 2 |
| Sometimes, or........................................................ | 3 |
| Often? .................................................................... | 4 |
| 전혀 없었다…………………………………… | 1 |
| 거의 없었다…………………………………… | 2 |
| 가끔 있었다…………………………………… | 3 |
| 자주 있었다…………………………………… | 4 |
| REFUSED .............................................................. | -7 |
| DON'T KNOW ....................................................... | -8 |

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**PROGRAMMING NOTE QA09_DMC4:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "or been discriminated against" and "because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)"**

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**QA09_DMC4**    [Over your entire lifetime,] [평생 동안,]

…how often have you been treated unfairly {or been discriminated against} by the police and the courts {because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)}?  Would you say…

{...경찰과 법원으로부터 부당한 대우를 받은 적이 얼마나자주 있었습니까? /...귀하가{ FILL FROM DMA1_1 }이라는이유로 경찰과 법원으로부터 부당한 대우를 받거나 차별을당한 적이 얼마나 자주 있었습니까? }

**DMC4**

Never,............................................................................1
Rarely,...........................................................................2
Sometimes, or ..............................................................3
Often? ...........................................................................4
전혀 없었다………………………………………… 1
거의 없었다………………………………………… 2
가끔 있었다………………………………………… 3
자주 있었다………………………………………… 4
REFUSED .................................................................... -7
DON'T KNOW ............................................................... -8

**PROGRAMMING NOTE QA09_DMC5:**
**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY "or been discriminated against" and "because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)"**

**QA09_DMC5**     [Over your entire lifetime,] [평생 동안,]

…how often would you say you have been treated unfairly {or been discriminated against} in other situations {because you are (RACE/ETHNICITY FROM QA09_DMA1)}?  Would you say… { …다른 상황에서 부당한 대우를 받은 적이 얼마나 자주있었습니까? /…다른 상황에서 부당한 대우를 받거나 차별을 당한 적이얼마나 자주 있었습니까? }

DMC5

Never,......................................................................1
Rarely,.....................................................................2
Sometimes, or ........................................................3
Often? .....................................................................4
전혀 없었다………………………………………… 1
거의 없었다………………………………………… 2
가끔 있었다………………………………………… 3
자주 있었다………………………………………… 4
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8

**PROGRAMMING NOTE QA09_DMC5_OV:**
**IF QA09_DMC5 = 3 OR 4 (SOMETIMES OR OFTEN), THEN CONTINUE WITH QA09_DMC5_OV;**
**ELSE GO TO PN QA09_ DMC6A**

**QA09_DMC5_OV** And where did that happen? 어디에서 부당한 대우를 받았습니까?

DMC5A

**[INTERVIEWER NOTE: CHECK ALL THAT APPLY]**

RESTAURANTS/STORES ......................................1
WORK......................................................................2
ON THE STREET OR IN A PUBLIC SETTING ........3
SPECIFIC GEOGRAPHIC LOCATION ...................4
POLICE/COURTS.....................................................5
OTHER:_____ ... 91
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8

PROGRAMMING NOTE QA09_DMC6A:
IF (QA09_DMC1-QA09_DMC5 = 1 (NEVER) AND AT LEAST 1 RESPONSE IN QA09_DMB1-QA09_DMB8 ≠ 1
(NEVER), SKIP TO QA09_DMD1;
ELSE IF ALL RESPONSES TO QA09_DMC1-QA09_DMC5 = 1 (NEVER) AND ALL RESPONSES TO
QA09_DMB1-QA09_DMB8 = 1 AND RANNUM2 ≥ 5000 (VERSION B), SKIP TO DMRESRC1;
ELSE IF ALL RESPONSES TO QA09_DMC1-QA09_DMC5 = 1 (NEVER) AND ALL RESPONSES TO
QA09_DMB1-QA09_DMB8 = 1 AND RANNUM2 < 5000 (VERSION A), SKIP TO DMAININTR2;
ELSE IF VERSION B, THEN SKIP TO QA09_DMC7;
ELSE CONTINUE WITH QA09_DMC6A

**QA09_DMC6A**

Now, I'm going to ask you why you may have been treated unfairly. Please answer the following questions with a yes or no. 지금부터는 귀하가 부당한 대우를 받은 이유에 대해 질문을드리겠습니다.다음의 질문에 대해 예 혹은 아니오로 답하세요.

**DMC6A**

**[CODE ALL THAT APPLY]**

|  | YES | NO | REF | DK |
|---|---|---|---|---|
| 1. Over your entire lifetime, have you been treated unfairly because of your ancestry or national origin? 평생 동안, 귀하가 부당한 대우를 받은 것은 민족 또는출신국 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 2. Over your entire lifetime, have you been treated unfairly because of your gender or sex? 평생 동안, 귀하가 부당한 대우를 받은 것은 성별때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 3. [Over your entire lifetime, have you been treated unfairly]…because of your race or skin color? [평생 동안, 귀하가 부당한 대우를 받은 것은]인종 또는 피부색 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 4. [Over your entire lifetime, have you been treated unfairly]…because of your age? [평생 동안, 귀하가 부당한 대우를 받은 것은]연령 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 5. [Over your entire lifetime, have you been treated unfairly]…because of the way you speak English? [평생 동안, 귀하가 부당한 대우를 받은 것은]영어 실력 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |
| 6. [Over your entire lifetime, have you been treated unfairly]…because of some other reason? [평생 동안, 귀하가 부당한 대우를 받은 것은]기타 이유 때문이었습니까? | [ ] | [ ] | [ ] | [ ] |

PROGRAMMING NOTE QA09_DMC6A_OV:
IF DMC6A = 6 (SOME OTHER REASON), SHOW DMC6A_OV

**QA09_DMC6A_OV**

**DMB6A_OV**

What was that reason? 그 이유는 무엇이었습니까?

**[INTERVIEWER NOTE: CHECK ALL THAT APPLY]**
**[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]**

INCOME ........................................................................1
EDUCATION ...............................................................2
HEIGHT OR WEIGHT...............................................3
RELIGION ....................................................................4
SEXUAL ORIENTATION ..........................................5
OTHER (SPECIFY) _____ ........................91
REFUSED ...................................................................-7
DON'T KNOW ..........................................................-8

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**PROGRAMMING NOTE QA09_DMC6B:**
**IF MORE THAN ONE RESPONSE IN QA09_DMC6A = 1 (YES), CONTINUE WITH QA09_DMC6B AND ONLY**
**DISPLAY "YES" RESPONSES AS CATEGORIES;**
**ELSE CONTINUE WITH QA09_ DMC7**

---

**QA09_DMC6B** Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of... 다음 중 어느 것이 귀하가 평생 동안 부당한 대우를   받은 주요 이유라고 생각하십니까?

**DMC6B**

| | |
|---|---|
| {Your ancestry or national origin}...................................................1 | |
| {{or because of} Your gender or sex}...........................................2 | |
| {{or because of} Your race or skin color} ....................................3 | |
| {{or because of} Your age or}........................................................4 | |
| {or because of} The way you speak English} or .........................5 | |
| {{or because of} Some other reason? (Specify:_____) ...............6 | |
| 민족 또는 출신국·············································································· 1 | |
| 성별·············································································2 | |
| 인종 또는 피부색············································································ 3 | |
| 연령·············································································4 | |
| 영어 구사력··················································································· 5 | |
| OTHER REASON (SPECIFIED): ····································· 6 | |
| 귀하의 소득 때문···········································································7 | |
| 귀하의 교육 때문···········································································8 | |
| 귀하의 신장 또는 체중 때문········································· 9 | |
| 귀하의 종교 때문·········································································10 | |
| 귀하의 성적 취향 때문············································· 11 | |
| REFUSED ................................................................................-7 | |
| DON'T KNOW ..........................................................................-8 | |

**QA09_DMC7** Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you?  Would you say… 평생 동안, 이러한 부당한 대우를 받은 경험 때문에 보통얼마나 스트레스를 받았습니까?

**DMC7**

| | |
|---|---|
| Not at all stressful,..............................................1 | |
| A little stressful,...................................................2 | |
| Somewhat stressful, or ........................................3 | |
| Extremely stressful?.............................................4 | |
| 전혀 스트레스를 받지 않았다·························1 | |
| 약간 스트레스를 받았다····························· 2 | |
| 상당히 스트레스를 받았다··························· 3 | |
| 매우 스트레스를 받았다····························· 4 | |
| REFUSED .........................................................-7 | |
| DON'T KNOW ...................................................-8 | |

**QA09_DMDINTRO**

DMDINTRO

The next questions ask about how you have responded when you have been treated unfairly over your entire lifetime. Please answer the following questions with a yes or no. 다음에는 평생 동안에 부당한 대우를 받았을 때 보통어떻게 대응했는지에 대해 질문을 드리겠습니다. 다음의 질문에 대해 예 혹은 아니오로 답하세요.

**QA09_DMD1**    Did you work harder to prove them wrong? 그들이 잘못되었다는 것을 증명하기 위해 더 열심히 일했습니까?

DMD1

**[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly? 평생 동안, 부당한 대우를받았을 때 보통 그런 방식으로 대응했습니까?"]**

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

**QA09_DMD2**      Did you get angry or get into an argument or physical fight? 화를 내거나, 언쟁을 하거나, 신체적인 싸움을 했습니까?

DMD2

**[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly? 평생 동안, 부당한 대우를받았을 때 보통 그런 방식으로 대응했습니까?"]**

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

**QA09_DMD3**      Did you talk to someone about how you were feeling? 귀하가 느꼈던 기분에 대해 다른 사람과 이야기를 했습니까?

DMD3

**[IF NEEDED, SAY: "Have you usually reacted that way when you have been treated unfairly? 평생 동안, 부당한 대우를받았을 때 보통 그런 방식으로 대응했습니까?"]**

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

**QA09_DMD4**      Did you pray or meditate about the situation? 그러한 상황에 대해 기도 또는 명상을 했습니까?

DMD4

**[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly? 평생 동안, 부당한 대우를받았을 때 보통 그런 방식으로 대응했습니까?"]**

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

**QA09_DMD5**      Did you take drastic steps, such as filling a grievance or a lawsuit, quitting your job, moving away? 불만 또는 소송을 제기하거나, 직장을 그만 두거나, 이사를하는 것과 같은 강력한 조치를 취했습니까?

DMD5

**[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly? 평생 동안, 부당한 대우를받았을 때 보통 그런 방식으로 대응했습니까?"]**

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

**QA09_DMD6**    Did you accept it as a fact of life? 그 상황을 피할 수 없는 삶의 현실로 받아들였습니까?

DMD6

**[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly? 평생 동안, 부당한 대우를받았을 때 보통 그런 방식으로 대응했습니까?"]**

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

**QA09_DMD7**     Did you do something else about it? 그 상황에 대해 어떤 다른 조치를 취했습니까?

DMD7

**[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly? 평생 동안, 부당한 대우를 받았을 때 보통 그런 방식으로 대응했습니까?"]**

<div style="margin-left:4em">
YES ...........................................................................1<br>
NO.............................................................................2<br>
REFUSED ............................................................... -7<br>
DON'T KNOW ......................................................... -8
</div>

---

**PROGRAMMING NOTE QA09_DMD7_OV:**
**IF QA09_DMD7 = 1 (YES) SHOW QA09_DMD7_OV**

---

**QA09_DMD7_OV**

DMD7_OV

And what was that? 그것은 어떤 조치였습니까?

**[INTERVIEWER NOTE: CHECK ALL THAT APPLY]**
**[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]**

<div style="margin-left:4em">
TALK TO SOMEONE ABOUT HOW YOU WERE FEELING     1<br>
TAKE DRASTIC STEPS, SUCH AS FILING<br>
A GRIEVANCE OR A LAWSUIT, QUITTING YOUR JOB,<br>
MOVING AWAY .......................................................2<br>
WORK HARDER TO PROVE THEM WRONG ........3<br>
ACCEPT IT AS A FACT OF LIFE ............................4<br>
AVOID/REMOVE YOURSELF FROM SITUATION..5<br>
OTHER:_____ ... 91<br>
REFUSED ............................................................ -7<br>
DON'T KNOW ....................................................... -8
</div>

PROGRAMMING NOTE QA09_DMAINTR2:
IF DMSAMP = 1 AND RANNUM2 < 5000 (VERSION A), CONTINUE WITH QA09_DMAINTR2;
ELSE SKIP TO DMRESRC1

**QA09_DMAINTR2**

> Finally, I would like to ask about your background—that is, your race or ethnicity—to find out how you think of yourself. 마지막으로, 귀하가 자신에 대해서 어떻게 생각하시는지알아보기 위해 귀하의 인종 또는 민족적 배경에 대해질문을 드리겠습니다.

PROGRAMMING NOTE QA09_DMA1_2:

IF QA09_A6  = 1 (LATINO/HISPANIC) AND [QA09_A8 = 1 (WHITE),  91 (OTHER) -7/-8 (REF/DK)]
    IF QA09_A5 = 1 OR -7 (MALE OR REFUSED), DISPLAY "Latino, as Hispanic";
    IF QA09_A5 = 2 (FEMALE), DISPLAY "Latina, as Hispanic";

IF QA09_A6  = 1 (LATINO/HISPANIC) AND [QA09_A8 =2 (BLACK/AFRICAN AMERICAN), 3 (ASIAN), 4 (OTHER PACIFIC ISLANDER), OR 6 (NATIVE HAWAIIAN)], DISPLAY "Non-AI/AN Multiracial"

ELSE IF QA09_A6 = 1 (LATINO/HISPANIC) AND QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), DISPLAY "Native American";

IF QA09_A6 = 2 (NOT LATINO/HISPANIC),
    AND IF QA09_A8 = 1 (WHITE), DISPLAY "White";
    AND IF QA09_A8 = 2 (BLACK/AFRICAN AMERICAN), DISPLAY "Black, as African American";
    AND IF QA09_A8 = 3 (ASIAN), DISPLAY "Asian";
    AND IF QA09_A8 = 4 (AMER INDIAN/ALASKA NATIVE), DISPLAY "American Indian, as Native American";
    AND IF QA09_A8 = 5 (OTHER PACIFIC ISLANDER), DISPLAY "Pacific Islander";
    AND IF QA09_A8 = 6 (NATIVE HAWAIIAN), DISPLAY "Native Hawaiian";
    AND IF QA09_A8 IS MORE THAN ONE RACE (EXCLUDING NATIVE HAWAIIAN), DISPLAY "Non-AI/AN Multiracial ";

**QA09_DMA1_2** Do you think of yourself as {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, or is there some other term that you think better describes you? 귀하는 자신이 {FILL FROM PREVIOUS ETHNICITY }라고생각하십니까, 아니면 귀하의 인종을 더 잘 말해 주는 다른 용어가있습니까?

| DMA1 |

```
                 LATINO ...................................................................1
                 HISPANIC ...............................................................2
                 CHINESE .................................................................3
                 CHINESE-AMERICAN .............................................4
                 KOREAN ..................................................................5
                 KOREAN-AMERICAN...............................................6
                 VIETNAMESE .........................................................7
                 VIETNAMESE-AMERICAN.......................................8
                 ASIAN .....................................................................9
                 ASIAN-AMERICAN ............................................... 10
                 OTHER (SPECIFY:_____) ........... 91
                 REFUSED ............................................................. -7
                 DON'T KNOW ....................................................... -8
```

**QA09_DMRESRC**          **[DO NOT READ OUT LOUD]**

> DID THE RESPONDENT REQUEST INFORMATION ABOUT HOW TO REPORT
> DISCRIMINATION EXPERIENCES?

**DMRESRC**

> YES ...........................................................................1
> NO ...........................................................................2          [GO TO QA09_M1]

---

**PROGRAMMING NOTE DMRESRC1:**

**You requested information to learn more about reporting discrimination experiences. We have the number to the office of civil rights. Would you like that number? 귀하는 차별 경험을 신고하는 것에 대해 더 자세히 알아보기 위해정보를 요청하셨습니다. 저희는 민권사무실 전화번호를 알고 있습니다.이 전화번호를 알려 드릴까요?**

**The number is 415-437-8310. Or, you can visit their website at www.hhs.gov/ocr/office/index.html. In addition, there is a pre-recorded message with useful information. You can listen to the message by calling a toll-free number, and that number is 800-368-1019. 민권사무실 전화번호는 415-437-8310 입니다. 또는 이 기관의웹사이트인 www.hhs.gov/ocr/office/index.html 를 방문할 수도있습니다. 또한 이 기관은 유용한 정보를 미리 녹음한 메시지를제공합니다. 이 기관의 무료 전화번호인 800-368-1019 로전화하시면 녹음된 메시지를 들으실 수 있습니다.**

---

**PROGRAMMING NOTE DMRESRC2:**
**IF DMRECORD = 1, STOP RECORDING (END SEGMENT 2)**

# Section M – Housing and Social Cohesion

**Housing**
**QA09_M1**        These next questions are about your housing and neighborhood.

About how long have you lived at your current address? 현재의 주소지에 대략 얼마나 오래

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. 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
```

**QA09_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
```

**QA09_M3**        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 QA09_M4:
IF CHILD-FIRST INTERVIEW AND NO AR OR
IF QA09_M4 THROUGH QA09_M9 NOT ANSWERED IN CHILD INTERVIEW,
CONTINUE WITH QA09_M4;
ELSE SKIP TO QA09_EM1

**Neighborhood Cohesion**

**QA09_M4**     Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements: 다음의 질문들은 귀하의 이웃에 관한 것입니다. 다음의 기술에 대해 동의하는 정도를 매우 동의, 동의, 부정, 매우 부정 중에서 선택해 주십시오.

AM19

People in my neighborhood are willing to help each other. 내 이웃에 사는 사람들은 자발적으로 서로 돕는다.

**[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?"]**

**[INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

```
STRONGLY AGREE...............................................1
AGREE...............................................................2
DISAGREE..........................................................3
STRONGLY DISAGREE.........................................4
REFUSED ......................................................... -7
DON'T KNOW ..................................................... -8
```

**QA09_M5**     People in this neighborhood generally do NOT get along with each other. 내 이웃에 사는 사람들은 보통 서로 잘 지내지 #않는다

AM20

**[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?"]**

**INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

```
STRONGLY AGREE...............................................1
AGREE...............................................................2
DISAGREE..........................................................3
STRONGLY DISAGREE.........................................4
REFUSED ......................................................... -7
DON'T KNOW ..................................................... -8
```

**QA09_M6**          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? 귀하가 동의하시는 정도는 매우 동의, 동의, 부정, 매우 부정 중에서 어느 것에 해당됩니까?"]**

**[INTERVIEWER NOTE: "DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

```
STRONGLY AGREE.................................................1
AGREE...................................................................2
DISAGREE.............................................................3
STRONGLY DISAGREE...........................................4
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

내 이웃에 사는 사람들은 신뢰할 수 있다.

**QA09_M7**      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?"]**

**[INTERVIEWER NOTE: "DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

```
STRONGLY AGREE.................................................1
AGREE................................................................2
DISAGREE...........................................................3
STRONGLY DISAGREE..........................................4
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
```

**Safety**
**QA09_M8**      Do you feel safe in your neighborhood…귀하는 귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오.

**AK28**

```
All of the time, ............................................1
Most of the time,.........................................2
Some of the time, or.................................3
None of the time........................................4
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
```

**Civic Engagement**

**PROGRAMMING NOTE QA09_M9:**
**IF TEEN SELECTED AND NOT ANSWERED IN CHILD ASK QA09_M9;**
**ELSE GO TO SECTION EM**

**QA09_M9**      In the past 12 months, have you done any volunteer work or community service that you have not been paid for? 지난 12 개월 동안, 보수를 받지 않고 자원봉사 또는 지역사회 봉사를 한 적이 있습니까?

**AM36**

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

# Section EM – Emergency Preparedness Module

**Medications**
**QA09_EM1**    Do you take any medicine daily that a doctor prescribed? 의사가 처방한 약을 매일 복용하십니까?

EM1

> YES ........................................................................1
> NO............................................................................2     **[GO TO QA09_EM5]**
> REFUSED ............................................................... -7     **[GO TO QA09_EM5]**
> DON'T KNOW ........................................................ -8     **[GO TO QA09_EM5]**

**QA09_EM2**    Do you have at least an extra two week supply of <u>all</u> the prescription drugs you take every day? 귀하가 매일 복용하는 #모든W 처방약에 대해 최소한 2 주 동안 복용할 여분의 약을 가지고 있습니까?

EM2

> YES ........................................................................1     **[GO TO QA09_EM5]**
> NO............................................................................2
> REFUSED ............................................................... -7
> DON'T KNOW ........................................................ -8

**QA09_EM3**    Could you get an extra two week supply of all of your prescription drugs? 귀하는 복용하고 계신 모든 처방약에 대해 2 주 동안 복용할 여분의 약을 구입할 수 있습니까?

EM3

> YES ........................................................................1     **[GO TO QA09_EM5]**
> NO............................................................................2
> REFUSED ............................................................... -7     **[GO TO QA09_EM5]**
> DON'T KNOW ........................................................ -8     **[GO TO QA09_EM5]**

**QA09_EM4**    What is the main reason you would not be able to get an extra supply of your prescription drugs? 여분의 처방약을 구입할 수 없는 주요 이유는 무엇입니까?

EM4

> _____?
>
> REFUSED ............................................................... -7
> DON'T KNOW ........................................................ -8

**Basic Preparedness, Confidence, & Compliance**

**QA09_EM5**　　For the next few questions, imagine that a major disaster, such as an earthquake, flood, or terrorist attack were to occur in your county. 다음의 몇 가지 질문에 대해서는 귀하의 카운티에 지진,홍수 또는 테러리스트의 공격과 같은 주요 재난이발생했다고 가정하십시오.

---

**EM5**

Think about what you have in your home right now. For how many days would you be able to stay in your home, without anyone shopping for additional supplies – 1 to 3 days, 4 to 6 days, 7 to 9 days, or 10 days or more? 현재 집에 비축되어 있는 물품에 대해 생각해 보십시오. 물품을 추가로 구입하지 않고 집에서 며칠이나 지낼 수 있습니까? 1-3 일, 4-6 일, 7-9 일, 또는 10 일 이상 중에서 선택해 주십시오.

```
1 TO 3 DAYS ......................................................1
4 TO 6 DAYS ......................................................2
7 TO 9 DAYS ......................................................3
10 OR MORE DAYS ................................................4
REFUSED .............................................. -7
DON'T KNOW ........................................ -8
```

**QA09_EM6**     How confident are you that your county's public health system can respond in a way to protect the health of your family and neighbors – very confident, somewhat confident, not too confident or not at all confident? 귀하의 카운티의 공중보건 시스템이 일반대중의 건강을 보호할 수 있는 조치를 취할 수 있을 것이라고 얼마나 확신하십니까? 매우 확신한다, 약간 확신한다, 별로 확신하지 않는다, 전혀 확신하지 않는다 중에서 선택해 주십시오.

**[IF NEEDED, SAY: "During a major disaster, such as an earthquake, flood, or terrorist attack. 지진, 홍수 또는 테러리스트의 공격과 같은 주요 재난이 발생한 동안."]**

EM6

> VERY CONFIDENT ...................................................1
> SOMEWHAT CONFIDENT ......................................2
> NOT TOO CONFIDENT...........................................3
> NOT AT ALL CONFIDENT ......................................4
> REFUSED .............................................................. -7
> DON'T KNOW ........................................................ -8

**QA09_EM7**     How confident are you that the County's public health system will respond <u>fairly</u> to your health needs, regardless of your race, ethnicity, income or other personal characteristics – very confident, somewhat confident, not too confident or not at all confident? 귀하의 카운티의 공중보건 시스템이 인종, 민족, 소득 또는 다른 개인적인 특성에 상관없이 귀하에게 필요한 의료 서비스를 #공정하게₩ 제공할 것이라고 얼마나 확신하십니까? 매우 확신한다, 약간 확신한다, 별로 확신하지 않는다, 전혀 확신하지 않는다 중에서 선택해 주십시오?

**[IF NEEDED, SAY: "During a major disaster, such as an earthquake, flood, or terrorist attack. 지진, 홍수 또는 테러리스트의 공격과 같은 주요 재난이 발생한 동안."]**

EM7

> VERY CONFIDENT ...................................................1
> SOMEWHAT CONFIDENT ......................................2
> NOT TOO CONFIDENT...........................................3
> NOT AT ALL CONFIDENT ......................................4
> REFUSED .............................................................. -7
> DON'T KNOW ........................................................ -8

# Section S – Suicide Ideation and Attempts

**Suicide Ideation and Attempts**

**QA09_S1**       The next section is about thoughts of hurting yourself.  Again, if any question upsets you, you don't have to answer it. 다음 섹션에서는 자신을 해치려는 생각에 대해 질문을 드립니다. 앞에서 말씀 드렸듯이, 당황스러운 질문에 대해서는 답변하실 필요가 없습니다.

Have you <u>ever</u> seriously thought about committing suicide? 자살에 대해서 심각하게 생각해본 적이 있습니까?

**AF86**

|  |  |
|---|---|
| YES .......................................................................1 | |
| NO ........................................................................2 | **[GO TO PN QA09_N1]** |
| REFUSED ............................................................. -7 | **[GO TO PN QA09_N1]** |
| DON'T KNOW ....................................................... -8 | **[GO TO PN QA09_N1]** |

**QA09_S2**       Have you seriously thought about committing suicide at any time in the past 12 months? 지난 12 개월 동안 자살에 대해서 심각하게 생각해본 적이 있습니까?

**AF87**

|  |  |
|---|---|
| YES .......................................................................1 | |
| NO ........................................................................2 | **[GO TO QA09_S4]** |
| REFUSED ............................................................. -7 | **[GO TO QA09_S4]** |
| DON'T KNOW ....................................................... -8 | **[GO TO QA09_S4]** |

**QA09_S3**       Have you seriously thought about committing suicide at any time in the past 2 months? 지난 2 개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

**AF91**

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

**QA09_S4**       Have you ever attempted suicide? 자살을 기도해본 적이 있습니까?

**AF88**

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

**PROGRAMMING NOTE QA09_S5:**
**IF QA09_S2 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**
**IF QA09_S3 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**
**IF QA09_S3 = 1 AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**
**ELSE CONTINUE WITH QA09_S5**

**QA09_S5**    Have you attempted suicide at any time in the past 12 months?
지난 12 개월 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.
저희는 자살에 대한 생각이나 기도에 대해 상담할 수 있는 무료 전화번호가 있습니다. 담당자가 하루 24 시간 귀하에게 도움이 되는 정보를 제공합니다.

**POST-NOTE FOR SUICIDE RESOURCE:**
**IF QA09_S2 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN SKIP TO PN QA09_N1 (NEXT SECTION); ELSE CONTINUE**

**QA09_S6**    Would you like to discuss your thoughts with this person?
무료 전화번호를 알려드릴까요?

**AF90**

YES ........................................................................1     **[GO TO SUICIDE PROTOCOL]**
NO ........................................................................2     **[GO TO PN QA09_N1]**
REFUSED ............................................................. -7     **[GO TO PN QA09_N1]**
DON'T KNOW ....................................................... -8     **[GO TO PN QA09_N1]**

# Section N –Demographic Information Part III and Closing

**County of Residence**

| |
|---|
| **PROGRAMMING NOTE QA09_N1:**<br>**IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA09_N1;**<br>**ELSE SKIP TO QA09_N7** |

**QA09_N1**     Just a few final questions and then we are done.

**AH42**

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?

```
ALAMEDA .............................................................1
ALPINE ................................................................2
AMADOR ..............................................................3
BUTTE .................................................................4
CALAVERAS.........................................................5
COLUSA ..............................................................6
CONTRA COSTA...................................................7
DEL NORTE.........................................................8
EL DORADO ........................................................9
FRESNO ............................................................ 10
GLENN .............................................................. 11
HUMBOLDT ....................................................... 12
IMPERIAL .......................................................... 13
INYO ................................................................. 14
KERN ................................................................ 15
KINGS ............................................................... 16
LAKE ................................................................ 17
LASSEN ............................................................ 18
LOS ANGELES ................................................... 19
MADERA............................................................ 20
MARIN............................................................... 21
MARIPOSA ........................................................ 22
MENDOCINO...................................................... 23
MERCED............................................................ 24
MODOC ............................................................. 25
MONO ............................................................... 26
MONTEREY........................................................ 27
NAPA ................................................................ 28
NEVADA ............................................................ 29
ORANGE............................................................ 30
PLACER............................................................. 31
PLUMAS ............................................................ 32
RIVERSIDE........................................................ 33
SACRAMENTO.................................................... 34
SAN BENITO ...................................................... 35
SAN BERNARDINO ............................................. 36
SAN DIEGO ....................................................... 37
SAN FRANCISCO................................................ 38
SAN JOAQUIN.................................................... 39
SAN LUIS OBISPO .............................................. 40
SAN MATEO ....................................................... 41
SANTA BARBARA ............................................... 42
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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
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**Address Confirmation, Cross Streets, Zip Code**

> **PROGRAMMING NOTE QA09_N2:**
> **IF ADVANCE LETTER SENT, ASK QA09_N2;**
> **IF R'S ADDRESS IS A P.O. BOX, GO TO QA09_N3;**
> **ELSE GO TO QA09_N3**

**QA09_N2**     Your phone number was randomly selected for this study by a computer.  We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study.  To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address.  This information will be kept confidential and will be destroyed after the entire survey has been completed. 귀하의 전화번호는 이 연구를 위해 컴퓨터에 의해 무작위로선정되었습니다. 저희는 이 조사의 목적을 설명하는 서신을귀하의 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**

Do you now live at {R's ADDRESS AND STREET}?귀하가 현재 사시는 곳의 주소는 무엇입니까?

```
YES....................................................................1     [GO TO QA09_N6]
NO......................................................................2
REFUSED ........................................................... -7
DON'T KNOW ....................................................... -8
```

**QA09_N3**     What is your zip code?
                귀하 거주지의 우편번호가 무엇입니까?

<div style="border:1px solid;display:inline-block;padding:2px 8px">**AM7**</div>

                                _____ ZIP CODE

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

**QA09_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 말씀해주시겠습니까? 이 정보는
                비밀로 유지되고 전체 설문조사가끝난 후에 파기됩니다. 귀하의 우편주소는 무엇입니까?

<div style="border:1px solid;display:inline-block;padding:2px 8px">**AO2**</div>

                                _____ HOUSE ADDRESS NUMBER
                                _____ NAME OF STREET (VERIFY SPELLING)     **[GO TO QA09_N6]**
                                _____ STREE TYPE
                                _____ APT. NO

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

**QA09_N5**     Can you tell me just the name of the street you live on? 사시는 곳의 길 이름만 말씀해 주실 수
                있습니까?

<div style="border:1px solid;display:inline-block;padding:2px 8px">**AM8**</div>

                        _____ NAME OF STREET

                        REFUSED .............................................................. -7     **[GO TO QA09_N7]**
                        DON'T KNOW ........................................................ -8     **[GO TO QA09_N7]**

**QA09_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?

<div style="border:1px solid;display:inline-block;padding:2px 8px">**AM9**</div>

                        _____ NAME OF CROSS-STREET

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

**QA09_N9**      Do you have a working cell phone?
                       귀하의 천식 증세로 응급실에 간 적이 있습니까?

**NEW09**

                 YES ......................................................................1
                 NO........................................................................2
                 SHARES CELL PHONE .........................................3
                 REFUSED ............................................................ -7
                 DON'T KNOW ...................................................... -8

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**PROGRAMMING NOTE QA09_N10:**
**IF QA09_N9 = 1 (YES) OR 3 (SHARES CELL PHONE), CONTINUE WITH QA09_N10;**
**ELSE SKIP TO QA09_N12**

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**QA09_N11**      Of all the telephone calls that you receive, are...
                       걸려오는 전화를 어떻게 받으십니까?

**NEW09**

                 All or almost all calls received on a cell phone, .............. 1
                 모든 또는 거의 모든 전화를 휴대폰으로 받는다, ............ 1
                 Some on cell phones & some on regular phones, or...... 2
                 일부 전화는 휴대폰으로 받고 다른 일부 전화는 일반
                 전화기로 받는다. 또는................................................. 2
                 Very few or none on cell phones.................................... 3
                 전혀 또는 거의 휴대폰으로 받지 않는다. ....................... 3
                 REFUSED ..................................................................-7
                 DON'T KNOW ...............................................................-8

**Cell Phone Use**
**QA09_N14**      Do you have a working cell phone?
                       귀하는 사용가능한 핸드폰이 있습니까?

**AM33**

                 **[IF NEEDED, SAY: "I'm not going to ask you for the number. 전화번호는 묻지 않습니다."]**

                 YES ........................................................................1
                 NO..........................................................................2
                 SHARES CELL PHONE .........................................3
                 REFUSED ............................................................ -7
                 DON'T KNOW ...................................................... -8

PROGRAMMING NOTE QA09_N15:
IF QA09_N14 = 1 (YES) OR 3 (SHARES CELL PHONE), CONTINUE WITH QA09_N15;
ELSE SKIP TO QA09_N16

**QA09_N15**      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
Some on cell phones & some on regular phones, or...... 2
Very few or none on cell phones.................................... 3
1. 모든 또는 거의 모든 전화를 핸드폰으로 받는다.
2. 일부 전화는 핸드폰으로 받고 다른 일부 전화는 일반 전화기로 받는다. 또는
3. 전혀 또는 거의 핸드폰으로 받지 않는다.
REFUSED .................................................................-7
DON'T KNOW ............................................................-8

**Follow-Up Survey Permission**
**QA09_N16** 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 QA09_S6 = (2, -7, -8), CONTINUE; ELSE SKIP TO PN CLOSE1 AND CLOSE2

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.

**QA09_N17**      Would you like to speak with someone now?
지금 이러한 상담을 받고 싶으십니까?

NEW

YES .........................................................................1      **[GO TO SUICIDE PROTOCOL]**
NO...........................................................................2      **[GO TO CLOSE1 AND CLOSE2]**
REFUSED ............................................................... -7      **[GO TO CLOSE1 AND CLOSE2]**
DON'T KNOW ......................................................... -8      **[GO TO CLOSE1 AND CLOSE2]**

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**PROGRAMMING NOTE CLOSE1 AND CLOSE2:**
**IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;**
**ELSE CONTINUE WITH CLOSE1**

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**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. 감사합니다. 마지막 질문을 마쳤습니다.  시간 내주시고 협조해주셔서 대단히 감사합니다.  가주 건강 설문조사에 커다란 도움이 되었습니다. 거듭 감사드리며 안녕히 계십시오.