



CHIS 2017 Adult Questionnaire

Version 2.19 Korean

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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*

Contact:

California Health Interview Survey

UCLA Center for Health Policy Research

10960 Wilshire Blvd, Suite 1550

Los Angeles, CA 90024

Telephone: (866) 275-2447

Fax: (310) 794-2686

Web: www.chis.ucla.edu

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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 2017 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A: Demographic Information, Part I

**'PN_QA17_A1' [PN_AA1] -
PROGRAMMING NOTE AA1 :
SET AADATE = CURRENT DATE (YYYYMMDD)**

'QA17_A1' [AA1] -

What is your date of birth?

귀하의 생년월일은 어떻게 되십니까?

'AA1MON' [AA1MON] -

MONTH _____ [RANGE: 1-12]

- ☐ 01 JANUARY
- ☐ 02 FEBRUARY
- ☐ 03 MARCH
- ☐ 04 APRIL
- ☐ 05 MAY
- ☐ 06 JUNE
- ☐ 07 JULY
- ☐ 08 AUGUST
- ☐ 09 SEPTEMBER
- ☐ 10 OCTOBER
- ☐ 11 NOVEMBER
- ☐ 12 DECEMBER

'AA1DAY' [AA1DAY] -

DAY _____ [RANGE: 1-31]

'AA1YR' [AA1YR] -

YEAR _____ [RANGE: 1907-2000]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_A2' [PN_AA1A] -
PROGRAMMING NOTE AA1A :
IF AA1 = -7 OR -8 (REF/DK), CONTINUE WITH AA1A ;
ELSE GO TO AA3

'QA17_A2' [AA1A] -

What month and year were you born?

귀하는 몇 년 몇 월에 출생하셨습니다?

'AA1AMON' [AA1AMON] - MONTH _____ [RANGE: 1-12]

- ☐ 01 JANUARY
- ☐ 02 FEBRUARY
- ☐ 03 MARCH
- ☐ 04 APRIL
- ☐ 05 MAY
- ☐ 06 JUNE
- ☐ 07 JULY
- ☐ 08 AUGUST
- ☐ 09 SEPTEMBER
- ☐ 10 OCTOBER
- ☐ 11 NOVEMBER
- ☐ 12 DECEMBER

'AA1AYR' [AA1AYR] -

YEAR _____ [RANGE: 1904-2000]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_A3' [PN_AA2] -
PROGRAMMING NOTE AA2 :
IF AA1A = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2 ;
ELSE GO TO AA3

'QA17_A3' [AA2] -

What is your age, please?

나이를(연세를) 말씀해 주시겠습니까?

____ YEARS OF AGE

[RANGE: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_A4' [PN_AA2A] -
PROGRAMMING NOTE AA2A :
IF AA2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2A ;
ELSE GO TO AA3

'QA17_A4' [AA2A] -

Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

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

- ☐ 01 BETWEEN 18 AND 29_
- ☐ 02 BETWEEN 30 AND 39
- ☐ 03 BETWEEN 40 AND 44
- ☐ 04 BETWEEN 45 AND 49
- ☐ 05 BETWEEN 50 AND 64
- ☐ 06 65 OR OLDER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_A4' [POST_AA2A] -
POST NOTE AA2A : AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON AA1 , AA1A , OR AA2 TO USE IN ALL AGE-RELATED
QUESTIONS;
IF AA1 , AA1A , OR AA2 = -7 OR -8 (REF/DK), THEN USE AA2A ;
ELSE USE ENUM.AGE

'QA17_A5' [AA3] -

Are you male or female?

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

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ -7 REFUSED

'QA17_A6' [AA4] -

Are you Latino or Hispanic?

라티노나 히스패닉계이십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_A8'

‘QA17_A7’ [AA5] –

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.

그러면 어떤 라티노나 히스패닉계에 속하십니까? 예를 들자면 멕시코계, 엘살바도르계, 쿠바계, 온두라스계 등이 있겠는데요. 하나 이상에 해당되는 경우에는 모두 말씀해 주십시오.

[IF NECESSARY, GIVE MORE EXAMPLES]**[CODE ALL THAT APPLY]**

- ☐ 01 MEXICAN/MEXICAN AMERICAN/CHICANO
- ☐ 04 SALVADORAN
- ☐ 05 GUATEMALAN
- ☐ 06 COSTA RICAN
- ☐ 07 HONDURAN
- ☐ 08 NICARAGUAN
- ☐ 09 PANAMANIAN
- ☐ 10 PUERTO RICAN
- ☐ 11 CUBAN
- ☐ 12 SPANISH-AMERICAN (FROM SPAIN)
- ☐ 91 OTHER LATINO (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER LATINO (SPECIFY: _____)

'PN_QA17_A8' [PN_AA5A] -
PROGRAMMING NOTE AA5A :
IF AA4 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR AA5A , CONTINUE WITH
PROGRAMMING NOTE AA5B ;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QA17_A8' [AA5A] –

{You said you are Latino or Hispanic. Also,} please tell me which one or more 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?

{본인이 라티노 또는 히스패닉계라고 말씀하셨습니다요} 다음 중 귀하에게 해당되는 인종을 하나 혹은 그 이상 선택해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 원주민, 아메리칸 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중에서 어느 인종에 속합니까?

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"] [IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS] [CODE ALL THAT APPLY]

- ☐ 01 WHITE
- ☐ 02 BLACK OR AFRICAN AMERICAN
- ☐ 03 ASIAN
- ☐ 04 AMERICAN INDIAN OR ALASKA NATIVE
- ☐ 05 OTHER PACIFIC ISLANDER
- ☐ 06 NATIVE HAWAIIAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW
- ☐ 91 OTHER (SPECIFY: _____)

If AA5A=1 Or 2, go to 'PN_QA17_A14'

If AA5A=3, go to 'PN_QA17_A12'

If AA5A=5, go to 'QA17_A13'

If AA5A=6, go to 'QA17_A16'

'PN_QA17_A9' [PN_AA5B] -
PROGRAMMING NOTE AA5B :
IF AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AA5B ;
ELSE GO TO PROGRAMMING NOTE AA5E

'QA17_A9' [AA5B] –

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

[CODE ALL THAT APPLY]

- ☐ 01 APACHE
- ☐ 02 BLACKFOOT/BLACKFEET
- ☐ 03 CHEROKEE
- ☐ 04 CHOCTAW
- ☐ 05 MEXICAN AMERICAN INDIAN
- ☐ 06 NAVAJO
- ☐ 07 POMO
- ☐ 08 PUEBLO
- ☐ 09 SIOUX
- ☐ 10 YAQUI
- ☐ 91 OTHER TRIBE (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER TRIBE (SPECIFY: _____)

'QA17_A10' [AA5C] –

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

귀하께서는 연방정부와 주정부에서 인정하는 부족으로 등록된 분이십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_A12'

'QA17_A11' [AA5D] –

Which tribe are you enrolled in?

귀하는 어느 부족으로 등록했습니까?

- ☐ 01 APACHE
- ☐ 02 BLACKFEET
- ☐ 03 CHEROKEE
- ☐ 04 CHOCTAW
- ☐ 05 NAVAJO
- ☐ 06 POMO
- ☐ 07 PUEBLO
- ☐ 08 SIOUX
- ☐ 09 YAQUI
- ☐ 10 OTHER

'APACHE' [APACHE] - APACHE

- ☐ 1 Mescalero Apache, NM
- ☐ 2 _APACHE (NOT SPECIFIED)_
- ☐ 3 _OTHER APACHE (SPECIFY:)

OTHER_APACHE

'BLACKFEET' [BLACKFEET] - BLACKFEET

- ☐ 4 BLACKFOOT/BLACKFEET

'CHEROKEE' [CHEROKEE] - CHEROKEE

- ☐ 5 WESTERN CHEROKEE
- ☐ 6 CHEROKEE (NOT SPECIFIED)
- ☐ 7 OTHER CHEROKEE (SPECIFY: _____)

OTHER_CHEROKEE

'CHOCTAW' [CHOCTAW] - CHOCTAW

- ☐ 08 CHOCTAW OKLAHOMA
- ☐ 09 CHOCTAW (NOT SPECIFIED)
- ☐ 10 OTHER CHOCTAW (SPECIFY: _____)

OTHER_CHOCTAW

'NAVAJO' [NAVAJO] - NAVAJO

- ☐ 11 NAVAJO (NOT SPECIFIED)

'POMO' [POMO] - POMO

- ☐ 12 HOPLAND BAND, HOPLAND RANCHERIA
- ☐ 13 SHERWOOD VALLEY RANCHERIA
- ☐ 14 POMO (NOT SPECIFIED)
- ☐ 15 OTHER POMO (SPECIFY: _____)

OTHER_POMO

'PUEBLO' [PUEBLO] - PUEBLO

- ☐ 16 HOPI
- ☐ 17 YSLETA DEL SUR PUEBLO OF TEXAS
- ☐ 18 PUEBLO (NOT SPECIFIED)
- ☐ 19 OTHER PUEBLO (SPECIFY: _____)

OTHER_PUEBLO

'SIOUX' [SIOUX] - SIOUX

- ☐ 20 OGLALA/PINE RIDGE SIOUX
- ☐ 21 SIOUX (NOT SPECIFIED)
- ☐ 22 OTHER SIOUX (SPECIFY: _____)

OTHER_SIOUX

'YAQUI' [YAQUI] - YAQUI

- ☐ 23 PASCUA YAQUI TRIBE OF ARIZONA
- ☐ 24 YAQUI (NOT SPECIFIED)
- ☐ 25 OTHER YAQUI (SPECIFY: _____)

OTHER_YAQUI

'OTHER' [OTHER] - OTHER

- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_OTHER

'PN_QA17_A12' [PN_AA5E] -

PROGRAMMING NOTE AA5E :

IF AA5A = 3 (ASIAN) CONTINUE WITH AA5E ;
ELSE GO TO PROGRAMMING NOTE AA5E1

'QA17_A12' [AA5E] –

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

아시아인이라고 말씀하셨는데요, 중국계라던지, 필리핀계, 또는 베트남계 등, 구체적으로 어느 민족이십니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

[CODE ALL THAT APPLY]

- ☐ 01 BANGLADESHI
- ☐ 02 BURMESE
- ☐ 03 CAMBODIAN
- ☐ 04 CHINESE
- ☐ 05 FILIPINO
- ☐ 06 HMONG
- ☐ 07 INDIAN (INDIA)
- ☐ 08 INDONESIAN
- ☐ 09 JAPANESE
- ☐ 10 KOREAN
- ☐ 11 LAOTIAN
- ☐ 12 MALAYSIAN
- ☐ 13 PAKISTANI
- ☐ 14 SRI LANKAN
- ☐ 15 TAIWANESE
- ☐ 16 THAI
- ☐ 17 VIETNAMESE
- ☐ 91 OTHER ASIAN (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER ASIAN (SPECIFY: _____)

‘PN_QA17_A13’ [PN_AA5E1] -
PROGRAMMING NOTE AA5E1 :
IF AA5A = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH AA5E1 ;
ELSE GO TO PROGRAMMING NOTE AA5G

‘QA17_A13’ [AA5E1] –

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

태평양 섬 원주민이라고 말씀하셨습니다. 사모아족, 통가족, 또는 괌족 등, 구체적으로 어느 민족 이십니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

[CODE ALL THAT APPLY]

- ☐ 01 SAMOAN/AMERICAN SAMOAN_
- ☐ 02 _GUAMANIAN_
- ☐ 03 _TONGAN_
- ☐ 04 _FIJIAN_
- ☐ 91 OTHER PACIFIC ISLANDER (SPECIFY: _____)
- ☐ -7 _REFUSED_
- ☐ -8 _DON'T KNOW_

OTHER PACIFIC ISLANDER (SPECIFY: _____)

‘PN_QA17_A14’ [PN_AA5G] -

PROGRAMMING NOTE AA5G :

IF AA4 = 1 (LATINO) AND [AA5A = 6 (NATIVE HAWAIIAN) OR AA5A = 5 (OTHER PACIFIC ISLANDER) OR AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR AA5A = 3 (ASIAN) OR AA5A = 2 (BLACK/AFRICAN AMERICAN) OR AA5A = 1 (WHITE) OR AA5A = 91 (OTHER)], CONTINUE WITH AA5G ;
ELSE IF THERE WERE MULTIPLE RESPONSES TO AA5A , AA5E , OR AA5E1 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH AA5G ;
ELSE SKIP TO AH43

‘QA17_A14’ [AA5G] –

You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

귀하께서는 다음에 해당된다고 하셨습니다. {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?

귀하는 한 특정한 인종에 속한다고 말씀하실 수 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_A16’

'PN_QA17_A15' [PN_AA5F] -

PROGRAMMING NOTE FOR AA5F :

IF AA4 = 1 (YES, LATINO) AND AA5 ≠ -7 OR -8, DO NOT DISPLAY AA5F = 14 (LATINO);

IF AA5A = 5 (YES, OTHER PACIFIC ISLANDER) AND AA5E1 = 1 TO 4 OR 91, DO NOT DISPLAY AA5F = 17 (OTHER PACIFIC ISLANDER);

IF AA5A = 3 AND AA5E = 1 TO 17 OR 91, DO NOT DISPLAY AA5F = 19 (ASIAN)

'QA17_A15' [AA5F] -

Which do you most identify with?

이 중에서, 귀하를 가장 잘 나타낸다고 생각되는 것은 무엇입니까?

[INTERVIEWER NOTE: IF R UNABLE TO CHOOSE ONE, OFFER

"BOTH/ALL/MULTIRACIAL"]

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

OTHER (SPECIFY: _____)

‘QA17_A16’ [AH43] –

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

현재 결혼 상태는 어떻게 되십니까? 기혼, 동거, 사별, 이혼, 별거, 미혼 중에서 골라주십시오.

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

- ☐ 01 MARRIED
- ☐ 02 LIVING WITH PARTNER
- ☐ 03 WIDOWED
- ☐ 04 DIVORCED
- ☐ 05 SEPARATED
- ☐ 06 NEVER MARRIED
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section B: Health Conditions

‘QA17_B1’ [AB1] –

These next questions are about your health.

다음은 귀하의 건강에 대해 몇 가지 질문을 드리겠습니다.

Would you say that in general your health is excellent, very good, good, fair, or poor?

전반적으로 귀하의 건강 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그런대로 괜찮습니까, 아니면 좋지 않습니까?

- ☐ 01 EXCELLENT
- ☐ 02 VERY GOOD
- ☐ 03 GOOD
- ☐ 04 FAIR
- ☐ 05 POOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B2’ [AB17B] -

Has a doctor ever told you that you have asthma?

귀하께서 천식이 있다고 의사가 한번이라도 말한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_B18’

‘QA17_B3’ [AB40] –

Do you still have asthma?

아직도 천식이 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B4’ [AB41] –

During the past 12 months, have you had an episode of asthma or an asthma attack?

지난 12 개월 동안, 천식 증상이 있었던 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B5' [PN_AB19] -

PROGRAMMING NOTE AB19 :

IF [AB40 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [AB41 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO AB18 ;

ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AH13A;

ELSE CONTINUE WITH AB19

'QA17_B5' [AB19] -

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

지난 12 개월 동안, 기침, 목에서 휘휘 거리는 소리가 나거나, 숨가쁨, 흉부 압박감 및 가래 등의 천식 증상이 얼마나 자주 있었습니까? 다음 중에서 선택해 주십시오.

- ☐ 01 Not at all,
- ☐ 01 전혀 발생하지 않았음
- ☐ 02 Less than every month,
- ☐ 02 몇 달에 한 번,
- ☐ 03 Every month,
- ☐ 03 매달,
- ☐ 04 Every week, or
- ☐ 04 매주,
- ☐ 05 Every day?
- ☐ 05 매일?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B6' [AH13A] -

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_B8'

'QA17_B7' [AB106] -

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

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DOESN'T HAVE A DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B8' [PN_AH15A] -

PROGRAMMING NOTE AH15A:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB18;

'QA17_B8' [AH15A] -

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B9' [AB18] -

Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

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

[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."] **[IF NEEDED, SAY: "입으로 복용하는 약과 코로 들이 마시는 약을 둘 다 포함해서 말씀해 주십시오. 하지만, 즉각적인 효과를 보기 위해 사용하는 흡입제와는 다릅니다."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B10' [PN_AB66] -

PROGRAMMING NOTE AB66 :

IF AB40 = 1 (YES, STILL HAVE ASTHMA) OR AB41 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE AB42 ;

ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB67;
ELSE CONTINUE WITH AB66

'QA17_B10' [AB66] -

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

지난 12 개월 동안, 기침, 쉼근거림, 숨가쁨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까?

- ☐ 01 Not at all,
- ☐ 01 전혀 발생하지 않았음
- ☐ 02 Less than every month,
- ☐ 02 몇 달에 한 번
- ☐ 03 Every month,
- ☐ 03 매달
- ☐ 04 Every week, or
- ☐ 04 매주
- ☐ 05 Every day?
- ☐ 05 매일
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B11' [AB67] –

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_B13'

'QA17_B12' [AB107] –

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

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DOESN'T HAVE A DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B13' [PN_AB80] -

PROGRAMMING NOTE AB80:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB42;

'QA17_B13' [AB80] –

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B14' [PN_AB42] -

PROGRAMMING NOTE AB42 :

**IF AAGE > 69 OR AA2A = 6 (65 OR OLDER) GO TO AB43 ;
ELSE CONTINUE WITH AB42**

'QA17_B14' [AB42] –

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

지난 12 개월 동안, 천식 때문에 직장을 빠진 날은 며칠이나 됩니까?

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B15' [AB43] –

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 의료 제공자가 천식 관리 방법을 알려주기 위해 귀하와 함께 천식 관리 계획을 세운 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto **'QA17_B17'**

'QA17_B16' [AB98] –

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

이 관리 계획서 사본을 갖고 계십니까?

[IF NEEDED, SAY: "This can be an electronic or hard copy."]

[IF NEEDED, SAY: "전자 사본, 인쇄 사본 모두 해당됩니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B17' [PN_AB108] –**PROGRAMMING NOTE AB108:**

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB128;

'QA17_B17' [AB108] –

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

천식을 관리하는 데 얼마나 자신이 있습니까?

- ☐ 01 Very confident,
- ☐ 01매우 자신이 있다
- ☐ 02 Somewhat confident,
- ☐ 02약간 자신이 있다
- ☐ 03 Not too confident, or
- ☐ 03별로 자신이 없다
- ☐ 04 Not at all confident?
- ☐ 04전혀 자신이 없다
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_B18' [PN_AB128] -
PROGRAMMING NOTE AB128:
IF AB17B = 1, THEN SKIP TO AB130;
ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE)
IS IMPERIAL COUNTY, THEN CONTINUE;
ELSE SKIP TO AB130;**

'QA17_B18' [AB128] -

During the past 12 months, have you had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when you DID NOT have a cold or respiratory infection?

지난 12개월 동안, 귀하는 감기에 걸리거나 또는 호흡기 감염이 없었는데도 기침, 쌕쌕거림, 숨가쁨, 가슴 뻐근함, 또는 가래와 같은 증상을 경험한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_B20'

'QA17_B19' [AB129] -

How often did you have those symptoms? Would you say...

이러한 증상들이 얼마나 자주 나타났습니까? 다음 중에서 선택하십시오.

- ☐ 01 NOT AT ALL
- ☐ 02 Once or twice in the past 12 months
- ☐ 02 지난 12개월 동안 한두 번
- ☐ 03 Every couple of months
- ☐ 03 두 달에 한 번
- ☐ 04 Every month, or
- ☐ 04 매달 한 번
- ☐ 05 Every week?
- ☐ 05 매주 한 번
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_B20' [PN_AB130] -
PROGRAMMING NOTE AB130:
IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS
IMPERIAL COUNTY, THEN CONTINUE;
ELSE SKIP TO AB22;**

'QA17_B20' [AB130] –

During the past 12 months, have you been bothered by sneezing or a runny or blocked nose when you DID NOT have a cold or the flu?

지난 12개월 동안, 귀하는 감기에 걸리거나 호흡기 감염이 없었는데도 재채기, 콧물 또는 코막힘으로 고생한 적이 있습니까?

[IF R MENTIONS ALLERGY, CODED 'YES']

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_B22'

'QA17_B21' [AB131] –

How often did you have those symptoms? Would you say...

이러한 증상들이 얼마나 자주 나타났습니까? 다음 중에서 선택하십시오.

- ☐ 01 NOT AT ALL
- ☐ 02 Once or twice in the past 12 months
- ☐ 02 지난 12개월 동안 한두 번
- ☐ 03 Every couple of months
- ☐ 03 두 달에 한 번
- ☐ 04 Every month, or
- ☐ 04 매달 한 번
- ☐ 05 Every week?
- ☐ 05 매주 한 번
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B22' [AB132] –

During the past 12 months, have you been bothered by watery, itchy, or burning eyes when you DID NOT have a cold or the flu?

지난 12개월 동안, 귀하는 감기에 걸리거나 호흡기 감염이 없었는데도 눈물이 나거나 눈이 가렵거나 매워서 고생한 적이 있습니까?

[IF R MENTIONS ALLERGY, CODED 'YES']

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_B24'

‘QA17_B23’ [AB133] –

How often did you have those symptoms? Would you say...

이러한 증상들이 얼마나 자주 나타났습니까? 다음 중에서 선택하십시오.

- ☐ 01 NOT AT ALL
- ☐ 02 Once or twice in the past 12 months
- ☐ 02 지난 12개월 동안 한두 번
- ☐ 03 Every couple of months
- ☐ 03 두 달에 한 번
- ☐ 04 Every month, or
- ☐ 04 매달 한 번
- ☐ 05 Every week?
- ☐ 05 매주 한 번
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B24’ [AB134] –

How concerned are you with the air quality in your neighborhood? Would you say...

대기질에 대해 얼마나 걱정하십니까? 다음 중에서 선택하십시오.

- ☐ 01 It is not a concern
- ☐ 01 걱정하지 않음
- ☐ 02 A moderate concern
- ☐ 02 어느 정도 걱정함
- ☐ 03 A significant concern
- ☐ 03 매우 걱정함
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B25’ [AB135] –

Please rate the air quality in your neighborhood? Would you say...

지금 사는 동네의 대기질을 평가해주십시오. 다음 중에서 선택하십시오.

- ☐ 01 Excellent
- ☐ 02 Very good
- ☐ 03 Good
- ☐ 04 Fair, or
- ☐ 05 Poor
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B26’ [AB136] –

In the past 12 months, have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

지난 12개월 동안, 귀하는 실외 공기 오염으로 야기된 것 같은 질병이나 증상을 경험한 적이 있습니까?

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution].

[IF NEEDED, SAY: 먼지, 스모그, 자동차 배기 가스, 화학물질과 같은 것들이 실외 공기 오염을 야기할 수 있습니다]

[NOTE: IF RESPONDENT HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE ‘YES’]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B27’ [AB137] –

The next questions are about the outdoor air quality and how it affects your activities.

Please think of the past 12 months. How many times did you reduce or change your outdoor activity levels because you thought the air quality was bad or was affecting how well you felt? Would you say...

다음 질문은 실외 공기 오염에 대한 것이며 그것이 귀하의 활동에 어떤 영향을 미치는지에 대해 묻습니다. 지난 12개월을 기준으로 답변해주시요. 대기질이 나쁘거나 건강 상태에 영향을 미친다고 생각해서 실외 활동 수준을 줄이거나 바꾼 적이 몇 번 있었습니까? 다음 중에서 선택하십시오.

[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.]

[IF NEEDED: 예를 들어, 실외 운동 또는 격렬한 실외 활동을 피했다.]

- ☐ 01 None
- ☐ 01 없음
- ☐ 02 1 to 3 times,
- ☐ 02 1 - 3번
- ☐ 03 4 to 6 times, or
- ☐ 03 4 - 6번
- ☐ 04 More than 6 times?
- ☐ 04 6번 초과
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B28’ [AB138] -

Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

오염 수준에 대해 대중에게 알리기 위한 하나의 방편으로 대기질에 대한 정보가 배포될 수 있습니다. 지금 사는 곳에서 대기질 지수 또는 대기질 경계경보에 대해 들어보거나 읽어 본 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_B30’

‘QA17_B29’ [AB139] –

Did you reduce or change your outdoor activity level based on the air quality index or air quality alerts?

대기질 지수 또는 대기질 경계경보에 입각하여 실외 활동 수준을 줄이거나 바꾸셨습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B30' [PN_AB22] -
PROGRAMMING NOTE AB22 :
IF AA3 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA17_B30' [AB22] –

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

임신 중일 때를 제외하고, 당뇨병이나 혈당이 있다는 말을 의사에게서 들은 적이 한번이라도 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 BORDERLINE OR PRE-DIABETES
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 3, goto 'QA17_B40'

'PN_QA17_B31' [PN_AB99] -
PROGRAMMING NOTE AB99 :
IF AA3 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA17_B31' [AB99] –

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

임신 기간을 제외하고 의사로부터 귀하가 당뇨병 전단계 또는 당뇨병 경계선에 있다는 말을 들은 적이 한번이라도 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B32' [PN_AB23] -
PROGRAMMING NOTE AB23 :
IF AB22 = 1 THEN CONINTUE WITH AB23 ;
ELSE SKIP TO PROGRAMMING NOTE AB81

'QA17_B32' [AB23] -

How old were you when a doctor first told you that you have diabetes?

귀하께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇세 때였습니까?

_____ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA17_B33' [AB51] -

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?

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

[IF NEEDED, SAY: "제 일종(타입 원) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은 성인들에게서 나타납니다. 제 이종(타입 투) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다."]

- ☐ 01 TYPE 1
- ☐ 02 TYPE 2
- ☐ 91 ANOTHER TYPE (Specify:_____)
- ☐ 04 DOUBLE DIABETES (TYPE 1 AND TYPE 2)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

ANOTHER TYPE (Specify:_____)

'QA17_B34' [AB24] -

Are you now taking insulin?

현재 인슐린을 투여하고 계십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B35' [AB25] -

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

현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

[IF NEEDED, SAY: "These are sometimes called oral agents or oral hypoglycemic agents."]

[IF NEEDED, SAY: "이 약들은 가끔 경구용 강하제 또는 경구용 혈당 강하제라고 불립니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B36’ [AB28] –

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?

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B37’ [AB63] -

When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

귀하가 가장 최근에 동공 확장제를 이용한 눈 검사를 받으신 것은 언제였습니까? 보통 이 검사를 받으면 일시적으로 눈이 밝은 빛에 민감해지게 됩니다.

- ☐ 01 WITHIN THE PAST MONTH
- ☐ 02 WITHIN THE PAST YEAR (1-12 MONTHS AGO)
- ☐ 03 WITHIN THE PAST 2 YEARS (1-2 YEARS AGO)
- ☐ 04 2 OR MORE YEARS AGO
- ☐ 05 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B38’ [AB112] –

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 의료 제공자들이 귀하에게 당뇨병을 관리하는 방법을 알려주기 위해 귀하와 함께 계획을 세운 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B39’ [AB114] –

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

당뇨병을 관리하는 데 얼마나 자신이 있습니까?

- ☐ 01 Very confident,
01매우 자신이 있다
- ☐ 02 Somewhat confident,
02약간 자신이 있다
- ☐ 03 Not too confident, or
03별로 자신이 없다
- ☐ 04 Not at all confident?
04전혀 자신이 없다
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_B40' [PN_AB81] -
PROGRAMMING NOTE AB81 :
IF AA3 = 2 (FEMALE) CONTINUE WITH AB81 ;
ELSE GO TO AB29

'QA17_B40' [AB81] -

Has a doctor ever told you that you had diabetes only during pregnancy?

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

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

[IF NEEDED, SAY: "이것은 임신성 당뇨병이라고도 합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 BORDERLINE GESTATIONAL DIABETES
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B41' [AB29] -

Has a doctor ever told you that you have high blood pressure?

의사가 귀하에게 혈압이 높다고 말한 적이 한번이라도 있습니까?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 HIGH NORMAL/BORDERLINE/PRE-HYPERTENSION
- ☐ 4 REFUSED
- ☐ 5 DON'T KNOW

If = 2, 3, -7, -8, goto 'QA17_B43'

'QA17_B42' [AB30] -

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

현재 혈압 조절 약을 복용하고 계십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_B43' [AB34] -

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

귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto AC100

‘QA17_B44’ [AB52] –

Has a doctor ever told you that you have heart failure or congestive heart failure?

심부전이나 울혈성 심부전이 있다는 진단을 의사로부터 받으신 적이 한번이라도 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_B45’ [AB118] –

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 의료 제공자들이 귀하에게 심장병을 관리하는 방법을 알려주기 위해 귀하와 함께 계획을 세운 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto AC100

Section C : Health Behaviors

‘QA17_C1’ [AD37W] –

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. 기분 전환이나 운동을 위해 걸으시는 것에 대해서는 별도로 질문 드리겠습니다.

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 UNABLE TO WALK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_C4’

If = 3, goto ‘QA17_C8’

‘QA17_C2’ [AD38W] –

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

지난 7 일 동안 그런 적이 몇 번이나 됩니까?

[IF NEEDED, SAY: “Walk for at least 10 minutes to get some place.”]

[IF NEEDED, SAY: “목적지에 도달하기 위해 10분 이상 걸었던 적.”]

_____ times per week [HR: 0 - 999]

If AD38W = 0, goto ‘QA17_C4’

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto ‘QA17_C4’

‘PN_QA17_C3’ [PN_AD39W] -

PROGRAMMING NOTE AD39W :

IF AD38W = 1 DISPLAY “How long did that walk take”;

IF AD38W > 1 DISPLAY “On average, how long did those walks take”

‘QA17_C3’ [AD39W] –

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

{그런 경우 평균 얼마 동안 걸으셨습니까? / 그렇게 걷는 데 걸린 시간은 평균적으로 얼마나 됩니까}?

MINUTES PER WALK

HOURS PER DAY

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_C4' [PN_AD40W] -
PROGRAMMING NOTE AD40W :
IF AD37W = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

'QA17_C4' [AD40W] -

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.

때로 즐거움, 기분전환, 운동, 또는 개를 산책시켜주기 위해 걸을 수 있습니다. 지난 7 일 동안, 그와 같은 이유로 10 분 이상 걸었던 적이 있습니까? {이동을 목적으로 걸었던 것은 포함시키지 마십시오.}

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_C7'

'QA17_C5' [AD41W] -

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

지난 7 일 동안, 그런 적이 몇 번이나 됩니까?

[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."]

_____ times per week [HR: 0 - 180]

If =0 , goto 'QA17_C7'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto 'QA17_C7'

'PN_QA17_C6' [PN_AD42W] -

PROGRAMMING NOTE AD42W :

IF AD41W = 1 DISPLAY "How long did that walk take";

IF AD41W > 1 DISPLAY "On average, how long did those walks take"

'QA17_C6' [AD42W] -

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

{그런 경우 평균 얼마 동안 걸으셨습니까? / 그렇게 걷는 데 걸린 시간은 평균적으로 얼마나 됩니까?}

_____ MINUTES PER DAY

_____ HOURS PER DAY

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_C7’ [AC100] –

The next question is about your overall exercise. Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.
In the past 7 days, on how many days did you exercise for at least 20 minutes at a time?

다음 질문은 귀하가 하는 전반적인 운동에 대한 것입니다. 여기서 운동은 걷기, 가사일, 조깅, 중량 운동, 스포츠 또는 자녀와 함께 놀기 등을 포함합니다. 직장이나 집 주변에서 하는 것일 수도 있고, 재미로 하는 것이거나 운동으로 하는 것도 포함됩니다. 지난 7일 동안, 귀하가 한 번에 20분 이상 운동한 날이 며칠이었습니까?

_____ DAYS PER WEEK
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA17_C8’ [AE2] –

Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks. During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

지난 한 달, 즉 지난 30일 동안 식사와 간식을 포함해 먹거나 마신 음식을 생각하시고 답변해주십시오. 지난 달 과일을 몇 번 먹었습니까? 주스는 포함시키지 마십시오.

[IF NEEDED, SAY: “Your best guess is fine.”]

[IF NEEDED, SAY: “가장 근접한 추정치도 괜찮습니다.”]

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

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “말씀하신 횟수가 하루, 일주일, 혹은 한 달 기준이었습니까?”]

_____TIMES

‘CAT_AE2’ [CAT_AE2] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_C9’ [AE3] –

[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 해시 브라운을 포함한 각종 감자 튀김을 몇 번 먹었습니까?"

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF NEEDED, SAY: 매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

[IF RESPONDENT ASKS, SAY: "Do not include potato chips."]

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

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "말씀하신 횟수가 하루, 일주일, 혹은 한 달 기준이었습니까?"]

_____TIMES

'CAT_AE3' [CAT_AE3] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_C10’ [AE5] –

During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

지난 한 달 동안, 삶아서 튀긴 콩, 구운 콩, 또는 콩 수프를 몇 번 먹었습니까? 껍질 콩은 포함시키지 마십시오

[IF NEEDED SAY: "You can tell me per day, per week, or month"]

[IF NEEDED, SAY: 매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

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

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

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "말씀하신 횟수가 하루, 일주일, 혹은 한 달 기준이었습니까?"]

_____TIMES

'CAT_AE5' [CAT_AE5] - _____PER MONTH

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_C11' [PN_AE7] -
PROGRAMMING NOTE AE7:
IF AE3>0 (ATE FRIED POTATOES) THEN DISPLAY "Do not include fried potatoes."
ELSE DO NOT DISPLAY

'QA17_C11' [AE7] -

[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,] 야채 샐러드, 껌질 콩, 또는 감자와 같은 다른 야채들을 몇 번 먹었습니까? {감자 튀김은 포함시키지 마십시오.}"

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF NEEDED, SAY: 매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."]

[IF STRONGLY NEEDED, SAY: "예를 들어, 토마토, 당근, 양파, 또는 브로콜리."]

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

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "쌀은 야채가 아닙니다.]

_____ **TIMES**

'CAT_AE7' [CAT_AE7] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C12' [AC11] -

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, 귀하는 콜라 등 설탕이 들어있는 소다, 즉 탄산 음료를 몇 잔 또는 몇 캔이나 마셨습니까?
다이어트 소다는 포함시키지 마십시오.

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

[IF NEEDED, SAY: "캔이나 병에 들어 있는 주스 또는차는 포함시키지 마십시오. 정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다."]

'CAT_AC11' [CAT_AC11] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C13' [AC46] –

During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

[지난 한 달 동안,] 귀하는 가당 과일 음료, 스포츠 또는 에너지 음료를 얼마나 자주 마셨습니까?

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF NEEDED, SAY: 매일, 매주, 또는 매월 단위로 말씀해 주셔도 좋습니다.]

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

[IF NEEDED, SAY: "레모네이드, 게토레이드, 스낵플 또는 레드불 같은 음료."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____TIMES

'CAT_AC46' [CAT_AC46] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C14' [AC47] –

Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.

어제 하루 동안, 직장이나 집, 기타 다른 곳에서 모두 몇 잔의 물을 마셨습니까? 한 컵의 물은 한 잔, 한 병의 물은 두 잔으로 계산해 주십시오. 식수대 등에서 몇 모금 마시는 것은 한 잔 미만으로 계산하십시오. 아주 정확하지 않아도 괜찮습니다.

IF NEEDED SAY: "Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water."

[IF NEEDED, SAY: "싱크대 수도꼭지나 식수대, 주전자 등에서 나오는 수돗물과, 아쿠아피나 같은 병물을 포함시키십시오. 맛과 설탕을 첨가한 물은 포함하지 마십시오."]

[IF NEEDED, SAY: Count one cup or 8 ounces as one glass.]

[IF NEEDED, SAY: 한 컵, 또는 8 온스를 한 잔으로 계산해 주십시오.]

'CAT_AC47' [CAT_AC47] -

- ☐ 99 LESS THAN 1 GLASS (e.g., SIPS FROM A FOUNTAIN)
- ☐ 00 NONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C15' [AC42] –

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

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

- ☐ 01 Never,
- ☐ 01 전혀 없었음
- ☐ 02 Sometimes,
- ☐ 02 가끔
- ☐ 03 Usually, or
- ☐ 03 보통
- ☐ 04 Always?
- ☐ 04 항상
- ☐ 05 DOESN'T EAT F & V
- ☐ 06 DOESN'T SHOP FOR F&V
- ☐ 07 DOESN'T SHOP IN HIS/HER NEIGHBORHOOD_
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_C16' [PN_AC44] -**PROGRAMMING NOTE AC44 :**

IF AC42 = 2, 3, OR 4, THEN CONTINUE WITH AC44 ;

ELSE GO TO PROGRAMMING NOTE AE15

'QA17_C16' [AC44] –

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

가격이 부담스럽지 않은 경우가 얼마나 자주 있었습니까?

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

- ☐ 01 Never
- ☐ 01 전혀 없었음
- ☐ 02 Sometimes
- ☐ 02 가끔
- ☐ 03 Usually, or
- ☐ 03 보통
- ☐ 04 Always?
- ☐ 04 항상
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C17' [AE15] –

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?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, goto 'QA17_C27'

'QA17_C18' [AE15A] –

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

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

- ☐ 01 EVERY DAY
- ☐ 02 SOME DAYS
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, goto **'QA17_C20'**

If =3, -7, -8, goto **'QA17_C27'**

'QA17_C19' [AD32] –

On average, how many cigarettes do you now smoke a day? 정기적으로 흡연을 하던 때에는 하루에 보통 몇 대를 피웠습니까?

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

_____ NUMBER OF CIGARETTES [HR: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to **'QA17_C21'**

'PN_QA17_C20' [PN_AE16] -

PROGRAMMING NOTE AE16 :

IF AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH AE16 ;

ELSE GO TO PN_AC49

'QA17_C20' [AE16] –

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?

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

[IF NEEDED, SAY: "담배를 피운 날에." AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_C21' [PN_AC49] -

PROGRAMMING NOTE AC49 :

IF AE15A = 1 (SMOKE EVERY DAY) OR AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH AC49 ;

ELSE GO TO PN AC81B

'QA17_C21' [AC49] –

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

지난 12개월 동안, 귀하는 금연을 하기 위한 목적으로 하루나 그 이상을 담배를 피우지 않은 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C22' [AC50] –

Are you thinking about quitting smoking in the next six months?

향후 6 개월 이내에 담배를 끊으려고 생각하십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'AC104B' [AC104B] –

In the past 12 months, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?

니코틴 껌이나 사탕, 또는 니코틴 흡입제를 사용하셨습니다가?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C24' [AC75C] –

[[The last time you tried to quit / In the past 12 months]] did you

(마지막으로 금연을 시도했을 때/지난 12 개월 동안) 금연을 돕기 위해 다음의 것을 하셨습니다가?

Call a telephone quitting helpline?

금연 상담 서비스로 전화

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_C25' [PN_AC77] -**PROGRAMMING NOTE AC77 :**

IF AE15A = 1 (EVERY DAY) OR AE15A = 2 (SOME DAYS), CONTINUE WITH AC77 ;
ELSE IF AE15A =3 (NOT AT ALL), SKIP TO PN AC81B

'QA17_C25' [AC77] –

In the past 12 months, did a doctor or other health professional advise you to quit smoking?

지난 12개월 동안, 의사 또는 다른 의료제공자가 귀하에게 금연에 대한 조언을 제공했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C26' [AC78] -

In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?

지난 12 개월 동안, 의사 또는 다른 의료제공자가 귀하를 금연 프로그램에 의뢰했거나, 또는 이 프로그램에 대한 정보를 제공했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C27' [AC81B] -

Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

지난 30 일 동안, 귀하는 며칠이나 전자 담배를 사용하셨습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17_C30'

'QA17_C28' [AC82B] -

During the past 30 days, on how many days did you use electronic cigarettes?

귀하가 전자 담배를 사용하시는 이유는 무엇입니까?

____ NUMBER OF DAYS [HR: 0 - 30]

If = 0, go to 'QA17_C30'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to 'QA17_C30'

'QA17_C29' [AC83B] –

What best describes your reasons for using e-cigarettes?

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

[CODE ALL THAT APPLY]

- ☐ 01 QUIT SMOKING
- ☐ 02 REPLACE SMOKING
- ☐ 03 CUT DOWN OR REDUCE SMOKING
- ☐ 04 USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
- ☐ 05 CURIOSITY, JUST TRY IT
- ☐ 06 NO LINGERING ODOR
- ☐ 07 HELPS ME CONCENTRATE/STAY ALERT
- ☐ 08 COME IN MANY FLAVORS
- ☐ 09 LESS EXPENSIVE
- ☐ 10 HEALTHIER THAN CIGARETTES
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER (SPECIFY: _____)

'QA17_C30' [AC115] –

The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

Have you ever, even once, tried marijuana or hashish in any form?

다음 질문은 대마초나 위드, 대마수지로도 불리는 마리화나와, THC를 함유한 기타 제품에 대한 것입니다. 이러한 제품을 소비하는 방법으로는 연기를 피우기, 기화시키기, 바르기, 먹기, 또는 마시기 등 여러 가지가 있습니다. 마리화나나 대마수지를 한 번이라도 사용해보신 적이 있습니까?

[IF NEEDED: THC is the active ingredient in marijuana.] [IF NEEDED: THC는 마리화나의 유효 성분입니다.]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to AC128

'QA17_C31' [AC116] –

마리화나 또는 대마수지를 가장 최근에 사용한 지가 얼마나 되었습니까?

'CAT_AC116' [CAT_AC116] -

- ☐ 01 DAYS [HR: 0-365]
- ☐ 02 MONTHS [HR: 0-12]
- ☐ 03 YEARS [0-99]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_C32' [PN_AC117] -
PROGRAMMING NOTE AC117:
IF AGE >25, THEN GO TO AC128;
IF AC116 >=30 DAYS OR >1 MONTH, THEN GO TO AC128;
ELSE CONTINUE WITH AC117;

'QA17_C32' [AC117] -

During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

지난 30일 동안, 마리화나, 대마수지, 또는 또 다른 THC 제품을 사용한 날이 며칠이었습니까?

- ☐ 01 0 DAYS
- ☐ 02 1-2 DAYS
- ☐ 03 3-5 DAYS
- ☐ 04 6-9 DAYS
- ☐ 05 10-19 DAYS
- ☐ 06 20-29 DAYS
- ☐ 07 30 DAYS OR MORE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to AC128

'QA17_C33' [AC118] -

How often have you used tobacco when you have also been using marijuana? Would you say...

담배와 마리화나를 동시에 사용한 적이 얼마나 자주 있었습니까? 다음 중에서 선택하십시오.

- ☐ 01 Usually
- ☐ 02 Sometimes
- ☐ 03 Never
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C34' [AC119] -

During the past 30 days, how did you use marijuana? Did you...

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까? 마리화나를 조인트, 봉, 또는 파이프를 흡연을 했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C35' [AC120] -

During the past 30 days, how did you use marijuana? Did you...

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까? 시가의 속을 마리화나로 채운 일명 '블런트'를 일부 혹은 전부 흡연했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_C36’ [AC121] –

[During the past 30 days, how did you use marijuana?] Did you...

Eat it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 먹었습니까?

[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]

[IF NEEDED SAY: 예를 들어, 브라우니, 케이크, 쿠키 또는 캔디에 넣어 먹었다]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_C37’ [AC122] –

[During the past 30 days, how did you use marijuana?] Did you...

Drink it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 마셨습니까?

[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]

[IF NEEDED SAY: 예를 들어, 차, 콜라, 알코올 또는 기타 음료에 넣어 마셨다]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_C38’ [AC123] –

[During the past 30 days, how did you use marijuana?] Did you...

Vaporize it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 기화시켰습니까?

[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]

[IF NEEDED SAY: 예를 들어, 전자담배형 기화기를 이용했다]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C39' [AC124] –

[During the past 30 days, how did you use marijuana?] Did you...

Dab it?

[지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 몸에 발랐습니까?

[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]

[IF NEEDED SAY: 예를 들어, 부탄 해시 오일, 왁스 또는 농축액을 사용해서 발랐다]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C40' [AC125] –

[During the past 30 days, how did you use marijuana?] Did you...

Use it some other way?

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 다른 방법으로 사용했습니까?

- ☐ 01 YES (SPECIFY_____)
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C41' [AC126] –

Was **any** of your marijuana use in the past month recommended by a doctor or other health care provider?

지난 1달 동안 의사 또는 기타 의료인이 권장한 방법으로 마리화나를 사용했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, go to AC128

'QA17_C42' [AC127] –

Was **all** of your marijuana use in the past month recommended by a doctor or other health care provider?

지난 1달 동안 의사 또는 기타 의료인이 권장한 방법으로 마리화나를 사용했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C43' [AC128] –

Have you used heroin in the past 12 months?

지난 12개월 동안 헤로인을 사용한 적이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C44' [AC129] –

In the past 12 months, did you use any prescription pain killer in a way that did not follow your doctor's directions? Examples include Vicodin, OxyContin, Norco, Hydrocodone, Percocet and Methadone.

지난 12개월 동안, 의사가 지시하지 않은 방식으로 처방전 진통제를 사용한 적이 있었습니까? 이러한 처방전 진통제로는 바이코딘, 옥시코틴, 노르코, 하이드로코돈, 퍼코셋, 메타돈 등이 있습니다.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to AE17

'QA17_C45' [AC130] –

How many of these prescription pain killers are you taking?

이러한 처방전 진통제들 중 몇 종류를 복용하고 있습니까?

- ☐ 00 0
- ☐ 01 1
- ☐ 02 2
- ☐ 03 3
- ☐ 04 More than 3
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C46' [AC131] –

Did you get the prescription(s) from one doctor or from more than one doctor?

이 처방전을 써준 의사가 한 명이었습니까 아니면 두 명 이상이었습니까?

- ☐ 01 ONE DOCTOR
- ☐ 02 MORE THAN ONE DOCTOR
- ☐ 03 I DIDN'T GET IT FROM A DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 3, -7, -8, go to AC133

'QA17_C47' [AC132] –

Did you sign a contract with your doctor regarding these medicines?

이러한 약에 관하여 의사와 계약서에 서명했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_C48' [AC133] –

What condition or conditions are you taking the medicine for?

어떤 질환으로 인해 이 약을 복용하고 있습니까?

[CHECK ALL THAT APPLY]

- ☐ 01 DENTAL WORK/DENTAL PAIN
- ☐ 02 SURGERY, NOT ACCIDENT-RELATED
- ☐ 03 RECENT INJURY
- ☐ 04 CHRONIC PAIN, REGARDLESS OF CAUSE
- ☐ 91 OTHER (SPECIFY:_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section D: General Health, Disability, and Sexual Health

‘QA17_D1’ [AE17] –

These next questions are about your height and weight.

다음 질문들은 키와 체중에 관한 겁니다.

How tall are you without shoes?

신발을 신지 않았을 때 키가 얼마나 됩니까?

[IF NEEDED, SAY: “About how tall?”]

[IF NEEDED, SAY: “키가 얼마 정도 됩니까?”]

_____ FEET

_____ INCHES

_____ METERS

_____ CENTIMETERS

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

‘PN_QA17_D2’ [PN_AE18] -

PROGRAMMING NOTE AE18 :

IF AA3 = 2 (FEMALE) AND [AAGE < 50 OR AA2A < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
 ELSE DISPLAY "How"

‘QA17_D2’ [AE18] –

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

{임신 중이 아닐 때,} 신발을 신지 않은 상태에서 귀하의 몸무게는 얼마나 되십니까?

[IF NEEDED, SAY: “About how much?”]

[IF NEEDED, SAY: “얼마 정도 됩니까?”]

_____ POUNDS

_____ KILOGRAMS

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA17_D3’ [AD50] –

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

귀하는 시각 또는 청각 장애인이십니까? 또는 심한 시력 장애나 청력 장애가 있으십니까?

- ☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_D5’

‘QA17_D4’ [AL8] –

Are you legally blind?

귀하께서는 법으로 규정한 시각장애인이십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_D5’ [AD43B] –

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

In the past 12 months, how many sexual partners have you had?

실례지만, 지금부터는 성적인 경험에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신 내용에 대해서는 철저히 기밀이 유지됩니다. 지난 12개월 동안, 성관계를 가진 상대방이 몇 명이나 됩니까?

_____ NUMBER OF PARTNERS [HR: 0 - 999, SR: 0 - 20]

If >=0 , goto ‘QA17_D7’

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, goto ‘QA17_D7’

‘QA17_D6’ [AD44B] –

Can you give me your best guess?

소신껏 추측해 말씀해 주시겠습니까?

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

_____ NUMBER OF PARTNERS [HR: 0 - 999, SR: 0 - 20]

‘CAT_AD44B’ [CAT_AD44B] - CAT_AD44B

- ☐ 01 0 PARTNERS
- ☐ 02 1 PARTNER
- ☐ 03 2-3 PARTNERS
- ☐ 04 4-5 PARTNERS
- ☐ 05 6-10 PARTNERS
- ☐ 06 MORE THAN 10 PARTNERS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_D7’ [PN_AD45B] -

PROGRAMMING NOTE AD45 :

IF AD43B = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE AD46B ;

ELSE CONTINUE WITH AD45 ;

IF AD43B OR AD44 = 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”

‘QA17_D7’ [AD45B] –

{Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

{성관계를 가진 상대방은 남성입니까, 여성입니까? / 지난 12개월 동안, 귀하께서 성관계를 가진 상대방은 남성이었습니까, 여성이었습니까, 아니면 둘 다였습니까?}

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ 03 BOTH MALE AND FEMALE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_D8’ [PN_AD46B] -

PROGRAMMING NOTE AD46 :

IF AA3 = 1 (MALE), DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;

ELSE IF AA3 =2 (FEMALE), DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian” IN HELP SCREEN

‘QA17_D8’ [AD46B] –

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

본인이 이성애자라고 생각하십니까, 게이 {레즈비언} 또는 동성애자라고 생각하십니까, 아니면 양성애자라고 생각하십니까?

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

[IF NEEDED, SAY: “이성애자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이고, 게이{와 레즈비언}는(은) 자신과 동성의 사람들과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며, 양성애자는 남성, 여성 둘 다와 성관계를 갖거나 남녀 모두에게 매력을 느끼는 사람입니다.”]

- ☐ 01 STRAIGHT OR HETEROSEXUAL
- ☐ 02 GAY, LESBIAN, OR HOMOSEXUAL
- ☐ 03 BISEXUAL
- ☐ 04 NOT SEXUAL/CELIBATE/NONE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER (SPECIFY: _____)

‘PN_QA17_D9’ [PN_AD60B] -

PROGRAMMING NOTE AD60 :

IF [AA3 = 1 (MALE) AND AD45B = 1 (MALE)] OR [AA3 = 2 (FEMALE) AND AD45B = 2 (FEMALE)] OR [AD45B = 3, -7, OR -8] OR [IF AD46B ≠ 1] CONTINUE WITH AD60B ;
ELSE GO TO AD65a

‘QA17_D9’ [AD60B] -

Are you legally married to someone of the same sex?

귀하는 동성인 사람과 법적으로 결혼하셨습니다가

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto ‘QA17_D11’

‘QA17_D10’ [AD61B] -

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

귀하는 캘리포니아 주정부로부터 동성 동거인의 법적 동거인임을 인정받았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_D11’ [AD65A] -

On your original birth certificate, was your sex assigned as male or female?

귀하의 최초 발급된 출생 증명서에 기재된 성별은 남성입니까, 여성입니까?

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_D12’ [AD66B] -

Do you currently describe yourself as male, female, or transgender?

현재 귀하께서는 본인을 남성이라고 말하십니까, 여성이라고 하십니까, 아니면 트랜스젠더라고 하십니까?

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ 03 TRANSGENDER
- ☐ 04 NONE OF THESE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, goto ‘PN_QA17_D14’

If = -7, -8, goto ‘QA17_D15’

'PN_QA17_D13' [PN_AD67B] -
PROGRAMMING NOTE AD67 :
IF AD66 = 4 THEN CONTINUE WITH AD67 ;
ELSE SKIP TO AD68

'QA17_D13' [AD67B] –

What is your current gender identity?

현재 귀하의 성별이 무엇이라고 생각하십니까?

- ☐ -1 SPECIFY: (_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'SPECIFY_AD67B' [SPECIFY_AD67B] -
 SPECIFY: (_____)

'PN_QA17_D14' [PN_AD68B] -

PROGRAMMING NOTE AD68 :
IF [AD65A = 1 (MALE) AND AD66 = 1 (MALE)] OR [AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)] THEN
SKIP TO AD79 ;
ELSE CONTINUE WITH AD68 ;
DISPLAYS;
IF [AD65 = 1 OR AD65A = 1 (MALE) AND AD66 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [AD65 = 1 OR AD65A = 1 (MALE) AND AD66 = 3 (TRANSGENDER), THEN DISPLAY {male} and
{transgender};

'QA17_D14' [AD68B] –

Just to confirm, you were assigned {INSERT RESPONSE FROM AD65A} at birth and now describe yourself as {INSERT RESPONSE FROM AD66 OR AD67B}. Is that correct?

출생 당시 성별은 {INSERT RESPONSE FROM AD65A}였고, 지금은 본인을 {INSERT RESPONSE FROM AD66 OR AD67B}. }라고 생각하신다고 하셨습니다, 맞습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, Go back to 'QA17_D12'

'PN_QA17_D15' [PN_AD79] -

PROGRAMMING NOTE AD79;

IF [AA3 = 1 OR AD65A = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND AD45B = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH AD79;

ELSE IF (AA3 = 1 AND AD65A = 2) OR (AA3 = 2 AND AD65A = 1), THEN CONTINUE WITH AD79;

ELSE IF AA3 = 1 AND AD46 = 2 OR 3, THEN CONTINUE WITH AD79;

ELSE SKIP TO AD83;

'QA17_D15' [AD79] -

People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®. At any time in the past 30 days, have you taken PrEP or Truvada®?

HIV가 없더라도 HIV 감염 위험을 낮추기 위해 하루에 한 알씩 복용할 수 있습니다. 이것을 노출 전 예방약, 즉 PrEP라고 합니다. 이때 복용하는 알약을 Truvada®라고도 합니다. 지난 30일 동안 언제라도 PrEP 또는 Truvada®를 복용한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_D19'

'QA17_D16' [AD80] -

In the past 12 months, have you taken any PrEP or Truvada®?

지난 12개월 동안, PrEP 또는 Truvada®를 복용한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_D19'

'QA17_D17' [AD81] -

Have you ever taken any PrEP or Truvada®?

PrEP 또는 Truvada®를 복용한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_D19'

'QA17_D18' [AD82] -

Before today, have you ever heard of PrEP or Truvada®?

오늘 이전에 PrEP 또는 Truvada®에 대해 들어본 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_D19’ [AD83] –

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

AIDS를 일으키는 바이러스인 HIV의 감염여부를 검사 받은 적이 한번이라도 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_D21’

‘QA17_D20’ [AD84] –

For your most recent HIV test, were you offered the test or did you ask for the test?

가장 최근 받은 HIV 검사는 제안받은 것입니까 아니면 본인이 요청한 것입니까?

- ☐ 01 I WAS OFFERED THE TEST
- ☐ 02 I ASKED FOR THE TEST
- ☐ 03 I DON'T REMEMBER
- ☐ 91 OTHER (SPECIFY:_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 91, -7, -8, goto PN_AD13

‘QA17_D21’ [AD85] –

Were you ever offered an HIV test?

HIV 검사를 제안받은 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section E: Women's Health

'PN_QA17_E1' [PN_AD13] -

PROGRAMMING NOTE AD13 :

IF AA3 = 1 (MALE), THEN GO TO AJ29 ;

IF AGE > 45, THEN GO TO AJ29 ;

DISPLAYS;

IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";

IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them."

'QA17_E1' [AD13] -

{These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}

{다음에 드릴 질문은 여성 건강에 대한 것입니다. / 귀하께서 출생 당시는 여성이셨기 때문에 이 질문들은 귀하에게 해당될 수도 있습니다. 그렇지 않다면, 제게 말씀해 주십시오. 그러면 그 다음 질문으로 넘어가겠습니다.}

To your knowledge, are you now pregnant?

본인이 아시기로, 현재 임신 중이십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_E2' [AE96] -

In the past 12 months, did you deliver a baby?

지난 12개월 동안, 출산을 했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, -9 goto 'Section F_Mental Health'

'QA17_E3' [AE97] -

In the 8 weeks after your baby was born, did you see a doctor or other health care provider?

출산 후 8주 동안, 의사나 다른 의료인에게 진찰을 받았습니까?습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

IF AE97 =1 go to AE102

'QA17_E4' [AE98] –

Did your doctor tell you to have a follow up visit after the birth of your baby?

출산 후 병원에 내원하라는 요청을 의사에게 받았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_E5' [AE99] –

Did you try to get an appointment?

진료 예약을 시도했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_E6' [AE100] –

Did you have a way to get to your appointment?

예약된 곳에 갈 방법이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_E7' [AE101] –

What is the main reason you did not see the doctor?

의사에게 진찰을 받지 않은 주된 이유는 무엇입니까?

- ☐ 01 I FELT WELL/ I DIDN'T THINK I NEEDED IT
- ☐ 02 INSURANCE PROBLEMS
- ☐ 03 COULDN'T GET AN APPOINTMENT WITHIN 8 WEEKS
- ☐ 04 TOO BUSY/TIME GOT AWAY FROM ME
- ☐ 05 HAD A VISIT MORE THAN 8 WEEKS POSTPARTUM
- ☐ 06 NO TRANSPORTATION
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_E8' [AE102] –

Did that doctor or other health care provider ask you about whether or not you were feeling sad or depressed?

슬픈 기분이 들거나 우울하지 않느냐는 질문을 의사나 다른 의료인에게 받았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section F: Mental Health

‘QA17_F1’ [AJ29] –

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 신경과민을 느꼈습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F2’ [AJ30] –

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 절망감을 느꼈습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F3’ [AJ31] –

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

지난 30 일 동안 대략 얼마나 자주 불안감이나 조바심을 느꼈습니까?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F4’ [AJ32] –

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?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F5’ [AJ33] –

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

지난 30 일 동안 대략 얼마나 자주 모든 것이 다 힘들다고 느꼈습니까?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F6’ [AJ34] –

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

지난 30 일 동안 자신이 쓸모 없는 사람이라고 대략 얼마나 자주 느꼈습니까?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F7' [AF62] –

Please tell me yes or no. 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?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_F8' [PN_AF63] -**PROGRAMMING NOTE AF63 :**

IF AF62 = 1 THEN CONTINUE WITH AF63 ;

ELSE SKIP TO PROGRAMMING NOTE AF69B intro

'QA17_F8' [AF63] –

The next questions are about the one month in the past 12 months when you were at your worst emotionally. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

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.

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F9' [AF64] –

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.

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F10’ [AF65] –

How often did you feel restless or fidgety?

얼마나 자주 불안감 또는 조바심을 느끼셨습니까?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F11’ [AF66] –

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?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F12’ [AF67] –

How often did you feel that everything was an effort?

얼마나 자주 모든 것이 힘들다고 느끼셨습니까?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F13' [AF68] –

How often did you feel worthless?

얼마나 자주 자신이 무가치하다는 느낌을 가졌습니까?

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

[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_SS_INTRO' [PN_SS_INTRO] -

IF AJ29-AJ34 > 0 THEN,

IF AJ29-AJ34 = 1 THEN AJ29_R-AJ34_R = 4;

ELSE IF AJ29-AJ34 = 2 THEN AJ29_R-AJ34_R = 3;

ELSE IF AJ29-AJ34 = 3 THEN AJ29_R-AJ34_R = 2;

ELSE IF AJ29-AJ34 = 4 THEN AJ29_R-AJ34_R = 1;

ELSE IF AJ29-AJ34 = 5 THEN AJ29_R-AJ34_R = 0;

ELSE AJ29_R-AJ34_R = AJ29-AJ34;

IF AF63-AF68 > 0 THEN,

IF AF63-AF68 = 1 THEN AF63_R-AF68_R = 4;

ELSE IF AF63-AF68 = 2 THEN AF63_R-AF68_R = 3;

ELSE IF AF63-AF68 = 3 THEN AF63_R-AF68_R = 2;

ELSE IF AF63-AF68 = 4 THEN AF63_R-AF68_R = 1;

ELSE IF AF63-AF68 = 5 THEN AF63_R-AF68_R = 0;

ELSE AF63_R-AF68_R = AF63-AF68;

IF (AJ29_R - AJ34_R) >= 0 (NON-MISSING) THEN DO;

IF (AJ29_R + AJ30_R + AJ31_R + AJ32_R + AJ33_R + AJ34_R) > 8 OR

(AF63_R + AF64_R + AF65_R + AF66_R + AF67_R + AF68_R) > 8, THEN CONTINUE WITH AF69B INTRO;

IF (AF63_R - AF68_R) 7 OR

(AF63_R + AF64_R + AF65_R + AF66_R + AF67_R + AF68_R) > 7, THEN CONTINUE WITH AF69B INTRO;

IF AF62 = 1 THEN DISPLAY “again, please”;

ELSE SKIP TO AF81;

'SS_INTRO' [SS_INTRO] –

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.

'PN_QA17_F14' [PN_AF69B] -**PROGRAMMING NOTE AF69B :**
IF AGE > 70 GO TO AF70B ;
ELSE CONTINUE WITH AF69B**'QA17_F14'** [AF69B] -

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.

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ 04 DOES NOT WORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F15' [AF70B] -

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.

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F16' [AF71B] -

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.

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F17' [AF72B] -

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.

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F18’ [AF73B] –

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

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?

[IF NEEDED, SAY: “You can use any number between 0 and 365 to answer.”]

[IF NEEDED, SAY: “0 에서 365 까지의 숫자를 사용하여 답변하십시오.”]

_____NUMBER OF DAYS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F19’ [AF81] –

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 12개월 동안, 정신 건강, 정서나 신경과민 문제, 또는 음주나 약물 사용 문제로 전문가를 만나봐야 할지 모르겠다고 느낀 적이 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_F21’

‘QA17_F20’ [AJ1] - Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

귀하의 의료 보험은 정신 상담이나 정신과 의사의 진료 등의 정신 건강 문제에 대한 치료를 보장합니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DON'T HAVE INSURANCE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F21’ [AF74] –

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

지난 12개월 동안 정신 건강이나 정서 문제, 신경 과민, 또는 음주나 약물 문제에 대해 주치의나 일반 개업의의 진료를 받은 적이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F22' [AF75] –

In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, **OR** your use of alcohol or drugs?

지난 12개월 동안, 본인의 정신 건강이나 정서 문제, 신경과민, 또는 음주나 약물 문제와 관련해서 카운셀러나 정신과 의사, 소셜 워커 등 기타 전문가의 상담을 받은 적이 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_F23' [PN_AF76] -
PROGRAMMING NOTE AF76 :
IF AF74 = 1 OR AF75 = 1 THEN CONTINUE WITH AF76 ;
ELSE SKIP TO AJ5

'QA17_F23' [AF76] –

Did you seek help for your mental or emotional health **OR** for an alcohol or drug problem?

정신 건강이나 정서 문제, 음주나 약물 관련 문제 중 어느 것에 대한 도움을 받고자 하셨었습니까?

- ☐ 01 MENTAL-EMOTIONAL HEALTH
- ☐ 02 ALCOHOL-DRUG PROBLEM
- ☐ 03 BOTH MENTAL & ALCOHOL-DRUG
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_F24' [PN_AF77] -
PROGRAMMING NOTE AF77 :
IF AF76 = 1, display: "mental or emotional health";
IF AF76 = 2, display: "use of alcohol or drugs";
IF AF76 = 3, display: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO AF78

'QA17_F24' [AF77] –

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

지난 12개월 동안, {정신 건강이나 정서 문제/ 음주나 약물 관련 문제/ 정신 건강 문제와 음주 또는 약물 관련 문제}와 관련해서 몇 번이나 전문가를 만나 진료나 상담을 받으셨습니까? 이와 관련한 입원 치료는 포함하지 말아 주십시오.

_____ NUMBER OF VISITS [HR: 0 - 365, SR: 0 - 52]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F25' [AF78] –

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

이 문제와 관련해서, 귀하께서는 아직도 1명 이상의 이런 외료 제공자나 전문가로부터 치료를 받는 중이십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'QA17_F28'**'QA17_F26'** [AF79] –

Did you complete the recommended full course of treatment?

귀하는 권고 받은 전체 치료 과정을 완료하셨습니다가?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'QA17_F28'**'QA17_F27'** [AF80] –

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

귀하께서 더 이상 치료를 받지 않으시는 주된 이유는 무엇입니까?

- ☐ 01 GOT BETTER/NO LONGER NEEDED
- ☐ 02 NOT GETTING BETTER
- ☐ 03 WANTED TO HANDLE PROBLEM ON OWN
- ☐ 04 HAD BAD EXPERIENCES WITH TREATMENT
- ☐ 05 LACK OF TIME/TRANSPORTATION
- ☐ 06 TOO EXPENSIVE
- ☐ 07 INSURANCE DOES NOT COVER
- ☐ 08 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AF80

'QA17_F28' [AJ5] –

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_F29' [PN_AF82] -**PROGRAMING NOTE AF82 :****IF AF81 = 1 AND (AF74 ≠ 1 AND AF75 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH AF82 ;****ELSE SKIP TO PN_AF107****'QA17_F29' [AF82] -**

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 필요할지도 모른다고 생각하면서도 그렇게 하지 않는 몇 가지 이유입니다. 각 항목이 의료 전문가의 도움을 받지 않은 이유에 해당되는지를 “예” 또는 “아니오”로 답변해 주십시오.

You were concerned about the cost of treatment.

치료비가 걱정되었다.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F30' [AF83] -

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

개인적인 문제에 대해 의료 전문가와 상의하는 것이 불편했다.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F31' [AF84] -

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

나에게 문제가 있다는 것을 다른 사람들이 알게 될까봐 걱정했다.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_F32' [AF85] -

You had a hard time getting an appointment.

의료 전문가와 시간 약속을 정하기가 어려웠다.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘PN_QA17_F33’ [PN_AF107] -
PROGRAMMING NOTE AF107 :
IF AA5E = 9 (JAPANESE) OR AA5F = 38 (JAPANESE), THEN CONTINUE WITH AF107 ;
ELSE GO TO SECTION G;**

‘QA17_F33’ [AF107] –

The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way. First, how often do you feel that you lack companionship? Is it...

다음에 드릴 질문은 귀하께서 삶의 여러 측면들에 대해 어떻게 느끼시는지에 대한 것입니다.
각각의 질문에 대해 귀하께서 얼마나 자주 그렇게 느끼시는지 말씀해주십시오. 첫 번째로,
친분을 나누는 사람이 없다는 기분이 얼마나 자주 드십니까?

- ☐ 01 Hardly ever
- ☐ 01 거의 그런 적이 없음
- ☐ 02 Some of the time, or
- ☐ 02 때때로 그런 편
- ☐ 03 Often?
- ☐ 03 자주 그런 편
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F34’ [AF108] –

How often do you feel left out? Is it...

얼마나 자주 외톨이가 된 기분이 드십니까?

- ☐ 01 Hardly ever
- ☐ 01 거의 그런 적이 없음
- ☐ 02 Some of the time, or
- ☐ 02 때때로 그런 편
- ☐ 03 Often?
- ☐ 03 자주 그런 편
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_F35’ [AF109] –

How often do you feel isolated from others? Is it...

얼마나 자주 남들로부터 고립되었다는 기분이 드십니까?

- ☐ 01 Hardly ever
- ☐ 01 거의 그런 적이 없음
- ☐ 02 Some of the time, or
- ☐ 02 때때로 그런 편
- ☐ 03 Often?
- ☐ 03 자주 그런 편
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section G: Demographic Information, Part II

'QA17_G1' [AH33] –

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

자, 지금부터는 귀하에 대한 기본적인 인적 사항을 몇 가지 여쭙보겠습니다. 귀하는 어느 나라에서 출생하셨습니까?

[SELECT FROM MOST LIKELY COUNTRIES]

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH33

'PN_QA17_G2' [PN_AH34] -**PROGRAMMING NOTE AH34 :****IF AH33 ≠ 1 (NOT BORN IN US) GO TO AG25 ;****ELSE IF AH33 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH AH34****'QA17_G2' [AH34] –**

In what country was your mother born?

모친께서는 어느 나라에서 출생하셨습니까?

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

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH34

'QA17_G3' [AH35] –

In what country was your father born?

부친께서는 어느 나라에서 출생하셨습니다?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH35

'PN_QA17_G4' [PN_AG25] -

PROGRAMMING NOTE AG25 :

**IF AA5E ≠ 9 (NOT JAPANESE) AND AA5F ≠ 38 (NOT JAPANESE), THEN SKIP TO AH36 ;
ELSE IF AH33 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND [AAGE ≤ 70 OR AA2A = 6], SKIP TO AG27;**

'QA17_G4' [AG25] –

You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_G6'

'QA17_G5' [AG26] –

Which generation of Japanese immigrant are you?

- ☐ 01 1ST GENERATION (ISSEI)
- ☐ 02 2ND GENERATION (NISEI)
- ☐ 03 3RD GENERATION (SANSEI)
- ☐ 04 4TH GENERATION (YONSEI)
- ☐ 05 5TH GENERATION (GOSEI)
- ☐ 91 OTHER SPECIFY: (_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 5, 6, 7, 8, goto 'QA17_G7'**'QA17_G6'** [AG27] –

[You said you were of Japanese heritage,] which generation of Japanese immigrant are you?

- ☐ 01 1ST GENERATION (ISSEI)
- ☐ 02 2ND GENERATION (NISEI)
- ☐ 03 3RD GENERATION (SANSEI)
- ☐ 91 OTHER SPECIFY: (_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_G7' [AH36] –

What languages do you speak at home?

집에서는 어떤 언어를 사용하십니까?

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

- ☐ 01 ENGLISH
- ☐ 02 SPANISH
- ☐ 03 CANTONESE
- ☐ 04 VIETNAMESE
- ☐ 05 TAGALOG
- ☐ 06 MANDARIN
- ☐ 07 KOREAN
- ☐ 08 ASIAN INDIAN LANGUAGES
- ☐ 09 RUSSIAN
- ☐ 91 OTHER 1 (SPECIFY: _____)
- ☐ 92 OTHER 2 (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'OTHER1_AH36' [OTHER1_AH36] - OTHER1_AH36

'OTHER2_AH36' [OTHER2_AH36] - OTHER2_AH36

**'PN_QA17_G8' [PN_AH37] -
PROGRAMMING NOTE AH37 :**
IF AH36 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE AH39
;
IF INTERVIEW CONDUCTED IN ENGLISH AND AH36 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH AH37 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 AH37 .
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME AH37 WAS ASKED

'QA17_G8' [AH37] -

{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...

귀하는 가정에서 영어 이외의 언어를 사용하기 때문에, 자신이 영어를 얼마나 잘 한다고 생각하시는지 알아보고 싶습니다. 자신이 영어를 얼마나 잘 한다고 생각하십니까?

- ☐ 01 Very well,
- ☐ 01 매우 잘 한다,
- ☐ 02 Well,
- ☐ 02 잘 한다,
- ☐ 03 Not well, or
- ☐ 03 잘 못한다, 또는
- ☐ 04 Not at all?
- ☐ 04 전혀 못한다
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_G9' [PN_AH39] -
PROGRAMMING NOTE AH39 :**
IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE AH44
ELSE CONTINUE WITH AH39

'QA17_G9' [AH39] -

The next questions are about citizenship and immigration.

다음의 질문은 시민권과 이민에 대한 것입니다.

Are you a citizen of the United States?

귀하는 미국 시민권자이십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_G11'

'QA17_G10' [AH40] –

Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

귀하는 그린카드가 있는 영주권자이십니까? 귀하의 응답은 비밀로 유지되고 이민국에 보고되지 않습니다.

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]

[IF NEEDED, SAY: “사람들은 이것을 보통 “그린(초록색) 카드” 라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_G11' [AH41] –

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

미국에 거주하신 지는 몇년이나 되셨습니까?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

'AH41Y' [AH41Y] - _____ YEAR (FIRST CAME TO LIVE IN U.S.)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_G12' [PN_AH44] -

PROGRAMMING NOTE AH44 :

IF [AH43 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH AH44 ;

IF AH43 = 1, THEN DISPLAY “spouse”;

IF AH43 = 2 OR AD60B = 1 OR AD61B = 1, THEN DISPLAY “partner”;

ELSE GO TO PROGRAMMING NOTE AH43A

'QA17_G12' [AH44] –

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

귀하의 {배우자/동거인}도 귀하와 함께 살고 계십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_G13' [SC11A] -

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

{배우자/동거인}의 이름과 나이(연세)를 말씀해 주시겠습니까?

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

'TEXT_NAME_SC11A' [TEXT_NAME_SC11A] -

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _

'TEXT_SEX_SC11A' [TEXT_SEX_SC11A] -

SPOUSE/PARTNER SEX _____

'PN_QA17_G14' [PN_AH43A] -

PROGRAMMING NOTE AH43A :

IF [AAGE < 30 OR AA2A = 1 (AGE 18-29)] AND [AH44 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR AH43 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH], CONTINUE WITH AH43A ; ELSE GO TO PROGRAMMING NOTE AH44A

'QA17_G14' [AH43A] -

Are you now living with either of your parents?

현재 본인의 부모님 중 한 분이라도 같이 살고 계십니까?

[INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_G15' [SC13A1] -

{Let's start with the oldest} What is (the child's/this child's/the next child's) first name or initials?

{제일 큰 아이부터 시작해 보겠습니다} (아이의/이 아이의/그 다음 아이의) 이름 혹은 이니셜은 무엇입니까?

Name/ Initials given/제시한 이름/이니셜 (SPECIFY) _____

- ☐ -7 REFUSED

'QA17_G16' [SC13A2] -

What is (the child's/this child's) age?

(아이의/이 아이의) 나이는 몇 세입니까?

- ☐ -7 REFUSED

'PN_QA17_G17' [PN_GENDER6] - PN_GENDER6

PROGRAMMING NOTE GENDER6:

IF KIDCNT =1 INSERT "the child's"

IF KIDCNT >1 INSERT "this child's"

'QA17_G17' [GENDER6] –

What is {the child's/this child's} gender?

{아이의/이 아이의} 성은 무엇입니까?

- ☐ 1 MALE
- ☐ 2 FEMALE
- ☐ 3 REFUSED

'PN_QA17_G18' [PN_SC15A4] -

PROGRAMMING NOTE SC15A:

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE SC15A IS PART OF THE CHILD ROSTER

(IF SC13A2 =9. ASK SC15A IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)

(IF SC13A1=9 AND SC13A2=9 INSERT "the child"

AND DO NOT DISPLAY CHILD NAME/SEX)

'QA17_G18' [SC15A4] –

Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY)

- ☐ 01 0 to 5 years old, or
- ☐ 02 6 to 11 years old, or
- ☐ 03 12 to 17 years old?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_SC14B1' [PN_SC14B1] - PN_SC14B

PROGRAMMING NOTE SC14B:

IF KIDCNT =1 INSERT "the child"

IF KIDCNT >1 INSERT "all the children"

'QA17_G19' [SC14B4] –

Are you the parent or legal guardian of (the child/all the children) in your household?

(AR ADULT NAME /AGE/SEX) 님의 남편/아내/파트너의 이름을 알려주십시오./ 귀하의 이름 또는 이니셜은 무엇입니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_G20' [PN_SC14B] - PN_SC14B
ASK SC14B3 FOR EACH CHILD IN ROSTER

'QA17_G20' [SC14B] –

Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

귀하는 (PERSON NAME/AGE/SEX)의 부모 또는 법적 보호자입니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_G21' [PN_SC14C1] - PN_SC14C1
PROGRAMMING NOTE SC14C1:
IF NAME GIVEN AT SC11A INSERT SC11A NAME
ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)IF KIDCNT =1 INSERT "the child"
IF KIDCNT >1 INSERT "all the children"

'QA17_G21' [SC14C1] –

Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

(AR ADULT NAME /AGE/SEX) 님의 남편/아내/파트너의 이름을 알려주십시오."/ "귀하의 이름 또는 이니셜은 무엇입니까?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 REFUSED
- ☐ 4 DON'T KNOW

POST NOTE: IF SC14C1 -1 AUTO POPULATE SC14C2 AS 'YES' FOR ALL CHILDREN IN HH

'PN_QA17_G22' [PN_SC14C2] - PN_SC14C2
PROGRAMMING NOTE SC14C2: IF SC14C1 =2
ASK SC14C2 FOR EACH CHILD IN THE ROSTER

'QA17_G22' [SC14C2] –

Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

귀하는 (PERSON NAME/AGE/SEX)의 부모 또는 법적 보호자입니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_G23' [PN_SC15A1] -

PROGRAMMING NOTE SC15A1:

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE: SC15A IS PART OF THE CHILD ROSTER

'PN_N4' [PN_N4] -

PROGRAMMING NOTE:

IF SC14B=1 THEN

CHILD1CNT = COUNT OF CHILDREN IN SC14B AGED 0 TO 5 YRS

CHILD2CNT = COUNT OF CHILDREN IN SC14B AGED 6 TO 11 YRS

TEENCNT = COUNT OF CHILDREN IN SC14B AGED 12 TO 17 YRS

Child selection from only those with SC14A=1 or SC14B=1

IF CHILD2CNT=0,

IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],

ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT

ELSE IF CHILD1CNT=0,

IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],

ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT

ELSE,

FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 / (2 × CHILD1CNT + CHILD2CNT)

FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = 1 / (2 × CHILD1CNT + CHILD2CNT)

SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

Teen selection from only those with SC14A=1 or SC14B=1

IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,

ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

'SELECT_KID_TEEN1' [SELECT_KID_TEEN1] -

'QA17_G24' [SC13A] –

I have recorded {NUMBER}{child/children} under 18 in the household. Have we missed any children under 18 who usually live here but are temporarily away?

저게 귀하의 가정에 만 18세 미만의 {아이/아이들}이(가) {NUMBER}명 있다고 기록했습니다. 보통은 귀하의 집에 살지만 잠시 떠나 있는 만 18세 미만의 자녀가 또 있습니까?

- ☐ 1 No, no one missed
- ☐ 2 Yes

If = 2, Go back to 'SC13A_Loop1'

'POST_QA17_G24' [POST_SC13A] -

POST NOTE SC13:

DO CHILD AND TEEN SELECTION BASED ON CRITERIA

CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD

TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN

SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED

SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

**'PN_QA17_G25' [PN_AH44A] -
PROGRAMMING NOTE AH44A :
ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH AH44A ;
ELSE GO TO AH47 ;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF AH43 = 1 (MARRIED) AND AH44 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
ELSE IF AH44 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"**

'QA17_G25' [AH44A] -

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

지난 달에, {귀하 본인이나 배우자/ 귀하 본인이나 동거인/ 귀하}의 직장이나 학교 때문에 혹은 구직 중에 {14 살 미만의 자녀를 돌보기 위해} 유료 차일드 케어를 이용한 적이 있습니까?

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

[IF NEEDED, SAY: "여기에는 헤드 스타트, 데이케어 센터, 방과전 또는 방과후 (애프터 스쿨) 프로그램, 그 밖에 모든 형태의 베이비 시팅 등이 포함됩니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_G27'

'QA17_G26' [AH44B] -

In the past month, how much did you pay for all child care arrangements and programs?

지난 달에, 자녀를 돌보기 위해 이용한 모든 형태의 차일드 케어나 프로그램에 지출한 비용은 총 얼마입니까?

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical weeklast month. You or any other adult in your household."]

[IF NEEDED, SAY: "지난 달에 귀하 본인이나 이 가구의 다른 어른이 일주일에 보통 얼마를 아이를 돌보기 위한 차일드 케어 비용으로 지불하셨는지 말씀해 주셔도 됩니다."]

'AH44BM' [AH44BM] - \$_____ AMOUNT LAST MONTH [HR: 0-8,000]

'AH44BW' [AH44BW] - \$_____ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

- ☐ 03 NO PAYMENT IN LAST MONTH OR WEEK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_G27' [AH47] –

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

귀하는 교육을 어디까지 받으셨습니까?

- ☐ 30 NO FORMAL EDUCATION
- ☐ 02 GRADE SCHOOL
- ☐ 03 HIGH SCHOOL OR EQUIVALENT
- ☐ 04 4-YEAR COLLEGE OR UNIVERSITY
- ☐ 05 GRADUATE OR PROFESSIONAL SCHOOL
- ☐ 06 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- ☐ 07 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW (OUT OF RANGE)

'GRADE' [GRADE] - GRADE

- ☐ 1 1ST GRADE
- ☐ 2 2ND GRADE
- ☐ 3 3RD GRADE
- ☐ 4 4TH GRADE
- ☐ 5 5TH GRADE
- ☐ 6 6TH GRADE
- ☐ 7 7TH GRADE
- ☐ 8 8TH GRADE

'HIGH' [HIGH] - HIGH

- ☐ 09 9TH GRADE
- ☐ 10 10TH GRADE
- ☐ 11 11TH GRADE
- ☐ 12 12TH GRADE

'COLLEGE' [COLLEGE] - COLLEGE

- ☐ 13 1ST YEAR (FRESHMAN)
- ☐ 14 2ND YEAR (SOPHOMORE)
- ☐ 15 3RD YEAR (JUNIOR)
- ☐ 16 4TH YEAR (SENIOR) (BA/BS)
- ☐ 17 5TH YEAR

'GRADUATE' [GRADUATE] - GRADUATE

- ☐ 18 1ST YEAR GRAD OR PROF SCHOOL
- ☐ 19 2ND YEAR GRAD OR PROF SCHOOL (MA/MS)
- ☐ 20 3RD YEAR GRAD OR PROF SCHOOL
- ☐ 21 MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)

'COMMUNITY' [COMMUNITY] - COMMUNITY

- ☐ 22 1ST YEAR
- ☐ 23 2ND YEAR (AA/AS)

'BUSINESS' [BUSINESS] - BUSINESS

- ☐ 24 1ST YEAR
- ☐ 25 2ND YEAR
- ☐ 26 MORE THAN 2 YEARS

'QA17_G28' [AG22] –

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

미군에서 현역으로 복무한 적이 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_G30'

‘QA17_G29’ [AG23] –

When did you serve?

언제 복무하셨습니다?

FROM _____

TO _____

OR

[CHECK ALL THAT APPLY]

- ☐ 01 WORLD WAR II (SEPT 1940 TO JULY 1947)
- ☐ 02 KOREAN WAR (JUNE 1950 TO JAN 1955)
- ☐ 03 VIETNAM WAR (AUG 1964 TO APRIL 1975)
- ☐ 04 GULF WAR/OPERATION DESERT STORM (1990 TO 1991)
- ☐ 05 AFGHANISTAN/ OPERATION ENDURING FREEDOM (2001 TO PRESENT)
- ☐ 06 IRAQ WAR / OPERATION IRAQI FREEDOM (2003 TO PRESENT)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'AG24' [AG24] –

Altogether, how long did you serve?

모두 합쳐서, 얼마나 오래 복무하셨습니다?

'AG24Y' [AG24Y] - _____ YEARS

'AG24M' [AG24M] - _____ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_G30’ [AK1] –

Which of the following were you doing last week?

다음 중 자신이 지난 주에 하신 일을 골라 주시겠습니까?

- ☐ 01 Working at a job or business,
- ☐ 01 직장이나 사업체에서 일을 하셨습니다,
- ☐ 02 With a job or business but not at work,
- ☐ 02 직업이나 사업체에 소속되어 있긴 했지만 일은 하지 않으셨습니다,
- ☐ 03 Looking for work, or
- ☐ 03 일자리를 구하고 계셨습니다, 아니면
- ☐ 04 Not working at a job or business?
- ☐ 04 직장이나 사업체에서 일하지 않으셨습니까?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto ‘PN_QA17_G34’

'QA17_G31' [AK2] –

What is the main reason you did not work last week?

지난 주에 일을 하지 않은 주된 이유는 무엇입니까?

[IF NEEDED, SAY: "Main reason is the most important reason."]

[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유를 말합니다."]

- ☐ 01 TAKING CARE OF HOUSE OR FAMILY
- ☐ 02 ON PLANNED VACATION
- ☐ 03 COULDN'T FIND A JOB
- ☐ 04 GOING TO SCHOOL/STUDENT
- ☐ 05 RETIRED
- ☐ 06 DISABLED
- ☐ 07 UNABLE TO WORK TEMPORARILY
- ☐ 08 ON LAYOFF OR STRIKE
- ☐ 09 ON FAMILY OR MATERNITY LEAVE
- ☐ 10 OFF SEASON
- ☐ 11 SICK
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 5, 6, goto 'QA17_G33'

'QA17_G32' [AG10] –

Do you usually work?

귀하는 평소에 일을 하십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 LOOKING FOR WORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_G33' [PN_AL22] -

PROGRAMMING NOTE AL22 :

**IF [AAGE = -7 OR -8 OR AAGE < 65] AND [AG10 = 2 (DOES NOT USUALLY WORK) OR
AK2 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH AL22 ;
ELSE GO TO PROGRAMMING NOTE AK4**

'QA17_G33' [AL22] –

Are you receiving Social Security Disability Insurance or SSDI?

SSDI 라고 하는 사회 보장 장애 보험 혜택을 받고 계십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, -7, -8, goto 'PN_QA17_G38'

'PN_QA17_G34' [PN_AK4] -

PROGRAMMING NOTE AK4 :

**IF AK1 = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR AG10 = 1 (usually works), CONTINUE WITH AK4 ;
ELSE GO TO PROGRAMMING NOTE AG8**

'QA17_G34' [AK4] -

On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

본인의 주된 직업에 대해서 말인데요, 귀하는 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 아니면 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

[IF NEEDED, SAY: "Where did you work most hours?"]

[IF NEEDED, SAY: "가장 많이 일하신 곳이 어디입니까?"]

- ☐ 01 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- ☐ 02 GOVERNMENT
- ☐ 03 SELF-EMPLOYED
- ☐ 04 FAMILY BUSINESS OR FARM
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_G35' [PN_AK5] -

PROGRAMMING NOTE AK5 :

IF AK4 = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)"];

ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make or do at this business?"]"

'QA17_G35' [AK5] -

{What kind of agency or department is this? / What kind of business or industry is this?}

{ 이것은 어떤 종류의 기관 또는 부서입니까? / 이것이 어떤 종류의 사업인지 또는 어떤 업종인지 말씀해 주시겠습니까? }

{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]}

[IF NEEDED, SAY: "What do they make or do at this business?"]}

[IF NEEDED, SAY: "이 기업에서 무엇을 만드는지 어떤 종류의 일을 하는지 말씀해 주시겠습니까?"]

[INTERVIEWER: ENTER DESCRIPTION]

'TEXT_SPE_AK5' [TEXT_SPE_AK5] -

_____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS
OR INDUSTRY)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_G36’ [AK6] –

What is the main kind of work you do?

본인이 주로 하시는 일은 무엇입니까?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

‘OCC_AK6’ [OCC_AK6] - _____ (OCCUPATION)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_G37’ [PN_AK8] -

PROGRAMMING NOTE AK8 :

IF AK4 = 2 (GOVERNMENT EMPLOYEE), CODE AK8 = 8 AND GO TO AG8 ;

IF AK4 = 3 (SELF-EMPLOYED), CONTINUE WITH AK8 AND DISPLAY "Including yourself, about" and "you"; ELSE CONTINUE WITH AK8 AND DISPLAY "About" and "your employer";

‘QA17_G37’ [AK8] –

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

지금 일하시는 직장 또는 사업장에서, 모든 사무소와 사업장을 모두 합해서 {사업주/귀하}가 고용한 전 직원들은 {귀하 본인을 포함하여} 대략 몇 명이나 됩니까?

[IF NEEDED, SAY: “Your best guess is fine.”]

[IF NEEDED, SAY: “정확히 모르시면 비슷하게라도 말씀해 주시면 됩니다.”]

- ☐ 01 1 OR 2
- ☐ 02 3-9
- ☐ 03 10-24
- ☐ 04 25-50
- ☐ 05 51-100
- ☐ 06 101-200
- ☐ 07 201-999
- ☐ 08 1,000 OR MORE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_G38' [PN_AG8] -

PROGRAMMING NOTE AG8 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1, CONTINUE WITH AG8 ;
IF AH43 = 1, THEN DISPLAY "spouse";
ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner";
ELSE GO TO AH1

'QA17_G38' [AG8] –

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

다음 중에서 {배우자/동거인}께서 지난 주에 하신 일을 골라 주시겠습니까?

- ☐ 01 Working at a job or business,
- ☐ 01 직장이나 사업체에서 일을 하셨습니까,
- ☐ 02 With a job or business but not at work,
- ☐ 02 직업이나 사업체에 소속되어 있긴 했지만 일은 하지 않으셨습니까,
- ☐ 03 Looking for work, or
- ☐ 03 일자리를 구하고 계셨습니까, 아니면
- ☐ 04 Not working at a job or business?
- ☐ 04 직장이나 사업체에서 일하지 않으셨습니까?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, goto 'QA17_G40'

'QA17_G39' [AG11] –

Does your {spouse/partner} usually work?

귀하의 {배우자/동거인}는 평소에 일을 하십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 LOOKING FOR WORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, 3, -7, -8, goto 'QA17_H1'

'QA17_G40' [AG9] –

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

{배우자/동거인}의 주된 직업에 대해서 말인데요, 그 분은 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 또는 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]

[IF NEEDED, SAY: "그분께서 가장 많이 일하신 곳이 어디입니까?"]

- ☐ 01 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- ☐ 02 GOVERNMENT
- ☐ 03 SELF-EMPLOYED
- ☐ 04 FAMILY BUSINESS OR FARM
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section H: Health Insurance

‘QA17_H1’ [AH1] –

The next topics are about health insurance and health care.

다음의 주제는 의료보험과 의료 서비스에 대한 것입니다.

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

아프거나 건강에 대한 조언이 필요할 때 보통 가시는 곳이 있습니까?

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DOCTOR/MY DOCTOR
- ☐ 04 KAISER
- ☐ 05 MORE THAN ONE PLACE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_H3’

‘PN_QA17_H2’ [PN_AH3] -

PROGRAMMING NOTE AH3 :

IF AH1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF AH1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF AH1 = 4 (KAISER) CIRCLE "1" FOR AH3 AND GO TO AH12

‘QA17_H2’ [AH3] –

{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?

{귀하께서 가장 자주 가시는 곳은/ 귀하의 담당의나 주치의가 있는 곳은} 개인 닥터 오피스, 클리닉이나 종합병원, 응급실, 또는 기타 다른 곳 중 어디입니까?

- ☐ 01 DOCTOR'S OFFICE/KAISER/OTHER HMO
- ☐ 02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC
- ☐ 03 EMERGENCY ROOM
- ☐ 91 SOME OTHER PLACE (SPECIFY: _____)
- ☐ 92 NO ONE PLACE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH3

'PN_QA17_H3' [PN_AH12] -
PROGRAMMING NOTE AH12 :
IF AH13A = 1 OR AB67 = 1 (YES, R VISITED ER FOR ASTHMA) OR SKIP TO AH95 ;
ELSE CONTINUE WITH AH12

'QA17_H3' [AH12] -

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

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H5'

'PN_QA17_H4' [PN_AH95] -
PROGRAMMING NOTE AH95 :
IF AH13A = 1 OR AB67 = 1 (YES, R VISITED ER FOR ASTHMA) OR AB109 = 1 (YES, R VISITED ER FOR
DIABETES) OR AB115 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY "During the past 12
month, how many times did you visit a hospital emergency room for your own health?";
ELSE DISPLAY "How many times did you do that?"

'QA17_H4' [AH95] -

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

{지난 12 개월 동안, 귀하 본인의 건강 문제 때문에 병원 응급실에 간 적이 몇 번이나 되십니까? / 몇 번이나 그렇게 하셨습니까?}

[IF NEEDED, SAY: "During the past 12 months, how many times did you visit a hospital emergency room for your own health?"]

[IF NEEDED, SAY: "지난 12 개월 동안, 귀하 본인의 건강 문제 때문에 병원 응급실에 간 적이 몇 번이나 되십니까?"]

_____ NUMBER OF TIMES [HR: 0 - 200]
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA17_H5' [AI1] -

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

메디케어는 65 세 이상이거나 특정 장애인들을 위한 의료 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_H8'

If = -7, -8, goto 'QA17_H16'

'POST_QA17_H5' [POST_AI1] -
POST-NOTE AI1 :
IF AI1 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

'PN_QA17_H6' [PN_AI2] -

PROGRAMMING NOTE AI2 :
IF [AAGE > 64 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND AI1 = 2 (NOT COVERED BY
MEDICARE), CONTINUE WITH AI2 ;
ELSE GO TO PROGRAMMING NOTE AH123

'QA17_H6' [AI2] -

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

귀하께서 연세가 65 세이거나 아니면 65 세를 넘었다고 하셨는데 메디케어 혜택은 받지 않고 있다고 하셨습니까?

- ☐ 01 CORRECT, NOT COVERED BY MEDICARE
- ☐ 02 NOT CORRECT, R IS COVERED BY MEDICARE
- ☐ 93 AGE IS INCORRECT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H16'

If = 2, goto 'PN_QA17_H8'

'POST_QA17_H6' [POST_AI2] -
POST-NOTE AI2 :
IF AI2 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA17_H7' [AI3] -

What is your age, please?

귀하의 나이를(연세를) 말씀해 주시겠습니까?

'AI3Y' [AI3Y] - _____ YEARS OF AGE [HR: 18-105]

If >=0 , goto 'PN_QA17_H16'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_H16'

'POST_QA17_H7' [POST_AI3] -
POST NOTE AI3 : AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = AI3 ;
IF AAGE < 18, CODE AS IA AND TERMINATE

**'PN_QA17_H8' [PN_AH123] -
PROGRAMMING NOTE AH123 :
IF ARM CARE = 1, CONTINUE WITH AH123 ;
ELSE GO TO PROGRAMMING NOTE AI6**

'QA17_H8' [AH123] -

Is this a MediCARE Advantage Plan?

이 보험은 메디케어 어드밴티지 (MediCARE Advantage) 플랜입니까?

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]

[IF NEEDED, SAY: "메디케어 어드밴티지 플랜(MediCARE Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요, 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험 플랜입니다. 메디케어 어드밴티지 플랜은 메디케어 파트 A 와 메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H11'

**'POST_QA17_H8' [POST_AH123] -
POST-NOTE AH123 ;
IF AH123 = 1, SET ARMADV= 1**

‘QA17_H9’ [AH124] –

Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

귀하의 메디케어 어드밴티지 (MediCARE Advantage) 플랜은 HMO 입니까, PPO 입니까, 아니면 사설 진료별 수가 플랜(PFFS, Private-fee-for service plan) 입니까?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency.”]

[IF NEEDED, SAY: “HMO 는 Health Maintenance Organization(건강 관리 기구)의 약자입니다. HMO 플랜에서는 이 플랜의 네트워크에 속한 의사와 병원만을 이용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 플랜에서 의료비를 지불하지 않습니다.”]

[IF NEEDED, SAY: “PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “PPO는 Preferred Provider Organization(선호 의료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터.”]

[IF NEEDED, SAY: “Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE.”]

[IF NEEDED, SAY: “사설 진료별 수가 플랜 (PFFS, Private Fee-for-Service)은 메디케어 매달 일정 금액을 사설 보험 회사에 지불하는 방식입니다. 귀하가 사설 진료별 수가 플랜에 가입하셨다면, 귀하가 받은 진료에 대해, 메디케어가 아닌, 가입하신 보험 회사가 귀하의 보험 지불액을 결정합니다.”]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]

[INTERVIEWER NOTE: R 이 특정 의료 보험의 이름을 말했다면 (예: “카이저 (Kaiser)”), “1 (HMO)”로 코드.]

[INTERVIEWER NOTE: CIRCLE “4” ONLY IF VOLUNTEERED. DO NOT PROBE.] [INTERVIEWER NOTE: 자발적으로 언급할 경우에만 “4”를 선택할 것. 프로브할 필요 없음.]

- ☐ 01 HMO (HEALTH MAINTENANCE ORGANIZATION)
- ☐ 02 PPO (PREFERRED PROVIDER ORGANIZATION)
- ☐ 03 PFFS (PRIVATE FEE FOR SERVICE)
- ☐ 04 SNP (SPECIAL NEEDS PLAN)
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH124

‘QA17_H10’ [AH125] –

What is the name of your MediCARE plan?

귀하의 메디케어 플랜의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]**[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “혹시 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?”]**

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES

- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH125

'POST_QA17_H10' [POST_AH125] -

POST-NOTE FOR AH125 :

ALL ANSWERS GO TO PROGRAMMING NOTE AH126 ;

IF AH125 = 93, 87, OR 89 THEN ARMILIT = 1

‘QA17_H11’ [AI4] –

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?

메디케어로 혜택을 받을 수 있는 분들 중에는 메디갭(Medigap) 또는 메디케어 서플리먼트(Medicare Supplement)라는 민간 의료 보험을 추가로 갖고 있는 분들도 있는데요. 귀하는 이런 종류의 의료 보험이 있으십니까?

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

[IF NEEDED, SAY: “이러한 보험은 Medicare 만으로는 보장되지 않는 의료비를 보장합니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_H16’

‘POST_QA17_H11’ [POST_AI4] -

POST-NOTE FOR AI4 :

IF AI4 = 1, SET ARSUPP = 1

‘PN_QA17_H12’ [PN_AH126] -

PROGRAMMING NOTE AH126 :

IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE AI6 ;

DISPLAYS;

IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY “MediCARE Advantage plan”;

IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY “MediCARE Supplement plan”;

‘QA17_H12’ [AH126] –

For the {MediCARE Advantage plan/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 Advantage plan/MediCARE Supplement plan}의 경우, 귀하는 이 보험에 직접 가입하셨습니다? 또는 이전 혹은 현 직장, 노동 조합, 가족 운영 사업, AARP, 또는 다른 방법을 통해 가입하게 되셨습니까?

[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”]

[IF NEEDED, SAY: “AARP 란 미국 퇴직자 협회를 말합니다.”]

- ☐ 01 DIRECTLY
- ☐ 02 CURRENT EMPLOYER
- ☐ 03 FORMER EMPLOYER
- ☐ 04 UNION
- ☐ 05 FAMILY BUSINESS
- ☐ 06 AARP
- ☐ 07 SPOUSE'S EMPLOYER
- ☐ 08 SPOUSE'S UNION
- ☐ 09 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H13’ [AH53] –

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 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 부담했던 지불해야 하는 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

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

[IF NEEDED, SAY: “공동 부담액(copay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다.”]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: “본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.”]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H14’ [AH54] –

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?

직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_H16’

Who is that?

그 다른 사람이 누구 입니까?

[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?"]

[PROBE: "그 외에도 더 있습니까?"]

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- ☐ 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H15' [POST_AH55] -
POST-NOTE FOR AH55 :
IF AH55 = 7, SET ARMCAL = 1;

'PN_QA17_H16' [PN_AI6] -
PROGRAMMING NOTE AI6 :
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

'QA17_H16' [AI6] –

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

{귀하는 Medi-CAL 혜택을 받고 계십니까?/ 귀하께서 Medi-CAL 혜택을 받고 있는 것이 맞습니까?}

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: "이것은 특정한 저소득층 자녀 및 가족, 임산부, 장애인 또는 노인들을 위한 플랜입니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H16' [POST_AI6] -
POST-NOTE FOR AI6 :
IF AI6 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND AI6 = 2, SET ARMCAL = 0

'PN_QA17_H17' [PN_AI8] -

PROGRAMMING NOTE AI8 :

**IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"**

'QA17_H17' [AI8] -

{Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage 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?

[IF NEEDED, SAY: "...either through your own or someone else's employment?"]

[IF NEEDED, SAY: "...귀하의 직장에서 또는 다른 분의 직장에서도요?"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H17' [POST_AI8] -

POST-NOTE FOR AI8 :

IF AI8 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

'PN_QA17_H18' [PN_AI11] -

PROGRAMMING NOTE AI11 :

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH AI11 ;
ELSE GO TO PROGRAMMING NOTE AI9**

'QA17_H18' [AI11] -

Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or
through Covered California?

귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받으십니까?

**[IF NEEDED, SAY: "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only
gives you 'extra cash' if you are in a hospital."]**

**[IF NEEDED, SAY: "암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우
"추가 현금"만을 제공하는 의료 보험은 포함시키지 마십시오."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_H20'

'POST_QA17_H18' [POST_AI11] -

POST-NOTE FOR AI11 :

IF AI11 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

**'PN_QA17_H19' [PN_AH104] -
PROGRAMMING NOTE AH104 :
IF ARDIRECT = 1, THEN CONTINUE WITH AH104 ;
ELSE GO TO PROGRAMMING NOTE AI9**

'QA17_H19' [AH104] –

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

귀하는 이 의료보험을 어떻게 구입하셨습니다? 보험회사나 HMO 에서 직접 구입하셨습니다, 아니면 커버드 캘리포니아를 통해서 하셨습니다?

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 92 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH104

**'POST_QA17_H19' [POST_AH104] -
POST-NOTE FOR AH104 :
IF AH104 = 2, THEN SET ARHBEX = 1**

**'PN_QA17_H20' [PN_AI9] -
PROGRAMMING NOTE FOR AI9 :
IF AI8 = 1 (EMPLOYER-BASED COVERAGE) OR AI11 = 1 (PURCHASED OWN COVERAGE), CONTINUE
WITH AI9 ;
ELSE GO TO PROGRAMMING NOTE AH105**

'QA17_H20' [AI9] –

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

이 보험에는 자신의 이름으로 가입하셨습니다, 아니면 다른 분의 이름으로 가입하셨습니다?

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

- ☐ 01 IN OWN NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H22'

'POST_QA17_H20' [POST_AI9] -

**POST-NOTE FOR AI9 :
IF AI8 = 1 AND AI9 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF AI8 = 1 AND AI9 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF AI11 = 1 AND AI9 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF AI11 = 1 AND AI9 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1**

'PN_QA17_H21' [PN_AI9A] -

PROGRAMMING NOTE AI9A :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR AA2A = 1 (BETWEEN 18 AND 29)], CONTINUE WITH AI9A ;

ELSE GO TO PROGRAMMING NOTE AH105 ;

IF AH43 = 1, THEN DISPLAY "spouse's name";

IF AH43 ≠ 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "partner's name;

IF AH43A = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA17_H21' [AI9A] -

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

이 의료 보험에는 누구의 이름으로 가입하셨습니다? {귀하 배우자의 이름}입니까, {귀하 동거인의 이름}입니까, {부모님 이름}, 아니면 그 밖의 다른 사람의 이름입니까?

- ☐ 01 IN SPOUSE'S/PARTNER'S NAME
- ☐ 02 IN PARENT'S NAME
- ☐ 03 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H21' [POST_AI9A] -

POST-NOTE FOR AI9A :

IF AI8 = 1 AND AI9A = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;

IF AH104 = 2 AND AI9A = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;

IF AI8 = 1 AND AI9A = 2 SET AREMPPAR =1 AND AREMPOTH = 0;

IF AI11 = 1 AND AI9A = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF AI11 = 1 AND AI9A = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PN_AH105' [PN_AH105] -

PROGRAMMING NOTE AH105 :

IF AI8 = 1 (EMPLOYER-BASED COVERAGE) AND AK8 =< 5 (FIRM SIZE <=100), CONTINUE WITH AH105 AND DISPLAY;

IF AREMPOWN = 1 THEN DISPLAY {you};

IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};

ELSE GO TO PROGRAMMING NOTE AH106 ;

'QA17_H22' [AH105] –

How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

{귀하는/ 그 분은 } 이 의료보험을 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서입니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program (소기업 건강 혜택 옵션 프로그램)의 약자입니다."]

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 92 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H22' [POST_AH105] -

POST-NOTE FOR AH105 :

IF AH105 = 3, THEN SET ARHBEX = 1

'PN_QA17_H23' [PN_AH106] -

PROGRAMMING NOTE AH106

IF ARHBEX = 1, THEN CONTINUE WITH AH106 ;

ELSE GO TO PROGRAMMING NOTE AH57 ;

'QA17_H23' [AH106] –

Was this a bronze, silver, gold or platinum plan?

이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

- ☐ 01 BRONZE
- ☐ 02 SILVER
- ☐ 03 GOLD
- ☐ 04 PLATINUM
- ☐ 05 MEDI-CAL / MEDICAID
- ☐ 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- ☐ 92 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH106

'PN_QA17_H24' [PN_AH107] -
PROGRAMMING NOTE AH107 :
IF AH105 = 3, THEN GO TO AH57 ;
ELSE CONTINUE WITH AH107 ;

'QA17_H24' [AH107] -

Was there a subsidy or discount on the premium for this plan?

이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H25' [PN_AH57] -

PROGRAMMING NOTE AH57 :
IF AI8 = 1 (EMPLOYER-BASED COVERAGE) OR AI11 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH AH57 ;
ELSE GO TO PROGRAMMING NOTE AI13

'QA17_H25' [AH57] -

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 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 부담해야 하는 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

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

[IF NEEDED, SAY: "공동 부담액(copay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, goto 'PN_QA17_H28'

‘QA17_H26’ [AH128] – How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

귀하는 {귀하 가족은} {가족} 건강 보험료로 매달 얼마를 지불합니까? 가장 근접한 추정치도 괜찮습니다.

_____ **(AMOUNT) [HR: 0 -9997, SR: 0 - 2000]**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H27’ [AH58] –

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?

직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto **‘PN_QA17_H30’**

‘PN_QA17_H28’ [PN_AH56] -

PROGRAMMING NOTE AH56 :

IF AH57 = 2 THEN DISPLAY “Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization”;

ELSE DISPLAY “Who is that”

‘QA17_H28’ [AH56] –

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

{귀하 이외에, 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까? / 누가 지불합니까?}

[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?”]

[PROBE: “그 외에도 더 있습니까?”]

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- ☐ 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 09 MEDICARE
- ☐ 11 COVERED CALIFORNIA
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘POST_QA17_H28’ [POST_AH56] -

POST-NOTE AH56 :

IF AH56 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
 IF AH56 = 4 OR 5, THEN SET AREMPSP = 1;
 IF AH56 = 6, THEN SET AROTHER = 1;
 IF AH56 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
 IF AH56 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
 IF AH56 = 11, SET ARHBEX = 1;
 IF AH56 = 91, THEN SET AROTHER = 1

‘QA17_H29’ [AH129] –

How much do they contribute to your plan each month?

매달 보험료로 얼마를 내십니까?

_____ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]
 _____ (金額)

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

‘PN_QA17_H30’ [PN_AI13] -

PROGRAMMING NOTE AI13 :

IF [AK1 = 1 OR 2 (R WORKED LAST WEEK) OR AG10 = 1 (R USUALLY WORKS)] AND AK4 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH AI13 ;
 ELSE GO TO PROGRAMMING NOTE AI16

‘QA17_H30’ [AI13] –

Does your employer offer health insurance to any of its employees?

귀하의 직장에서는 직원들에게 의료 보험을 제공합니까?

- ☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_H34’

‘QA17_H31’ [AI14] –

Are you eligible to be in this plan?

이 보험에 가입할 자격이 되십니까?

- ☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 2, goto ‘QA17_H33’

If = -7, goto ‘PN_QA17_H34’

'QA17_H32' [AI15] –

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

이 보험에 들어 있지 않은 가장 주된 한가지 이유는 무엇입니까?

- ☐ 01 COVERED BY ANOTHER PLAN
- ☐ 02 TOO EXPENSIVE
- ☐ 03 DIDN'T LIKE PLAN OFFERED
- ☐ 04 DON'T NEED OR BELIEVE IN HEALTH INSURANCE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 91, -7, -8, goto 'PN_QA17_H34'

OTHER_AI15

'QA17_H33' [AI15A] –

What is the one main reason why you are not eligible for this plan?

이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는 무엇입니까?

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

OTHER_AI15A

'PN_QA17_H34' [PN_AI16] -**PROGRAMMING NOTE AI16 :**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH AI16 ;
ELSE GO TO PN AI17**

'QA17_H34' [AI16] –

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

귀하는 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른 군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H34' [POST_AI16] -**POST-NOTE AI16 :**

IF AI16 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

'PN_QA17_H35' [PN_AI17] -

PROGRAMMING NOTE AI17 :

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH AI17 ;

ELSE GO TO PROGRAMMING NOTE AI18

'QA17_H35' [AI17] –

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

귀하께서는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 프로그램 (Family PACT), 헬시 키즈 (Healthy Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

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

[IF NEEDED, SAY: "에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다.]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H35' [POST_AI17] -

POST-NOTE AI17 :

IF AI17 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

'PN_QA17_H36' [PN_AI18] -

PROGRAMMING NOTE AI18 :

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH AI18 ;

ELSE GO TO PROGRAMMING NOTE AI20

'QA17_H36' [AI18] –

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

귀하가 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_H40'

‘QA17_H37’ [AI19] –

What type of health insurance do you have?

어떤 종류의 의료 보험을 가지고 있습니까?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: “그 외에도 더 있습니까?”]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?”]

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘POST_QA17_H37’ [POST_AI19] -**POST-NOTE AI19 :**

IF AI19 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF AI19 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF AI19 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;

IF AI19 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;

IF AI19 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF AI19 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;

IF AI19 = 8, SET ARIHS = 1;

IF AI19 = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;

IF AI19 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;

IF AI19 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;

IF AI19 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

‘PN_QA17_H38’ [PN_AH59] -**PROGRAMMING NOTE AH59 :**

IF AI19 = 1, 2, OR 3 CONTINUE WITH AH59 ;

ELSE GO TO PROGRAMMING NOTE AI20

'QA17_H38' [AH59] –

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

이 의료 보험은 귀하의 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

[PROBE: “Even someone who does not live in this household?”]

[PROBE: “이 가구 내에 거주하는 사람이 아니라도 상관 없습니다.”]

- ☐ 01 IN OWN NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H40'

'POST_QA17_H38' [POST_AH59] -**POST-NOTE AH59 :**

IF (AI19 = 1 OR 2 OR KAI19 = 11) AND AH59 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;

IF (AI19 = 3 OR 10) AND AH59 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;

IF (AI19 = 1 OR 2) AND (AH59 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;

IF AI19 = 1 AND (AH59 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

'PN_QA17_H39' [PN_AH60] -**PROGRAMMING NOTE AH60 :**

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH AH60 ;

ELSE GO TO PROGRAMMING NOTE AI20 ;

IF AH43 = 1 THEN DISPLAY “spouse’s name”;

IF AH43 ≠ 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY “partner’s name”;

IF AH43A = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

'QA17_H39' [AH60] –

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

이 의료 보험에는 누구의 이름으로 가입하셨습니까? {귀하 배우자의 이름}입니까, {귀하 동거인의 이름}입니까, {부모님 이름}, 아니면 그 밖의 다른 사람의 이름입니까?

- ☐ 01 IN SPOUSE’S/PARTNER’S NAME
- ☐ 02 IN PARENT’S NAME
- ☐ 03 IN SOMEONE ELSE’S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H39' [POST_AH60] -**POST-NOTE AH60 :**

IF AH60 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;

IF AH60 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

'PN_QA17_H40' [PN_AI20] -

PROGRAMMING NOTE AI20 :

**IF ARIHS ≠ 1 AND AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AI20 ;
ELSE GO TO PROGRAMMING NOTE AI37intro**

'QA17_H40' [AI20] –

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?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H40' [POST_AI20] -

POST-NOTE AI20 :

IF AI20 = 1, SET ARIHS = 1

'PN_AI37_INTRO' [PN_AI37_INTRO] -

PROGRAMMING NOTE AI37intro :

IF [AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1] AND AH44 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;

IF AH43 = 1, THEN DISPLAY “spouse”;

ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY “partner”;

ELSE GO TO PROGRAMMING NOTE AI22C

'AI37intro' [AI37intro] –

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

다음은 {배우자/동거인}의 의료 보험 종류에 대한 질문들입니다.

'PN_QA17_H41' [PN_AI37] -
PROGRAMMING NOTE AI37 :
IF SPOUSE 65 OR OLDER THEN
IF ARM CARE ≠ 1, CONTINUE WITH AI37 WITHOUT DISPLAY
ELSE IF ARM CARE = 1, CONTINUE WITH AI37 AND DISPLAY "You said that you are covered by Medicare."
AND "also";
ELSE GO TO PROGRAMMING NOTE AI38

'QA17_H41' [AI37] -

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

{본인께서 메디케어 혜택을 받으신다고 하셨는데요.} (귀하의 배우자/동거인){도} 메디케어를 받으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H41' [POST_AI37] -
POST-NOTE AI37 :
IF AI37 = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

'PN_QA17_H42' [PN_AH127] -
PROGRAMMING NOTE AH127 :
IF SPM CARE ≠ 1 AND ARM ADV ≠ 1, SKIP TO PROGRAMMING NOTE AI37A ;

DISPLAYS;
IF SPM CARE = 1 AND ARM ADV ≠ 1, CONTINUE WITH AH127 WITHOUT DISPLAY;
ELSE IF SPM CARE = 1 AND ARM ADV = 1, CONTINUE WITH AH127 AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
IF AH43 = 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner's";

'QA17_H42' [AH127] -

{You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

{본인께서 메디케어 어드밴티지 플랜에 가입되어 있다고 하셨는데요.} 귀하의 배우자/동거인{도} {귀하 처럼} 메디케어 어드밴티지 플랜에 들어 있으십니까?

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]

[IF NEEDED, SAY: "메디케어 어드밴티지 플랜(MediCARE Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요, 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험 플랜입니다. 메디케어 어드밴티지 플랜은 메디케어 파트 A 와 메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H42' [POST_AH127] -
POST-NOTE AH127 :
IF AH127 = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

'PN_QA17_H43' [PN_AI37A] -
PROGRAMMING NOTE AI37A :
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE AI38 ;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH AI37A WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH AI37A AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE AI38

'QA17_H43' [AI37A] –

{You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{귀하 본인이 메디케어 보조 프로그램이 있다고 하셨습니다.} 귀하의 {동거인/남편/아내/배우자}께서는(도) 이런 메디케어 보조 프로그램의 혜택을 받으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H43' [POST_AI37A] -

POST-NOTE AI37A :
IF AI37A = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

'PN_QA17_H44' [PN_AI38] -

PROGRAMMING NOTE AI38 :
IF ARMCAL = 1, CONTINUE WITH AI38 ;
DISPLAY "also" IF ARMCARE =1;
ELSE GO TO PROGRAMMING NOTE AI40

'QA17_H44' [AI38] –

You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

본인{은/도} 메디-칼이 있다고 말씀하셨습니다. 귀하의 (배우자/동거인)께서도 메디-칼의 혜택을 받으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H44' [POST_AI38] -

POST-NOTE AI38 :
IF AI38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

'PN_QA17_H45' [PN_AI40] -
PROGRAMMING NOTE AI40 :
IF AREMPOW = 1 AND ARHBEX ≠ 1, CONTINUE WITH AI40 ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AH108

‘QA17_H45’ [AI40] –

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

귀하는 자신의 현재 또는 예전 직장이나 노동 조합에서 나온 의료 보험이 있다고 말씀하셨습니다. 귀하의 (배우자/동거인)께서는(도) 귀하의 직장이나 노동조합에서 나온 의료 보험의 혜택을 받으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto ‘PN_QA17_H48’

‘POST_QA17_H45’ [POST_AI40] -

POST-NOTE AI40 :

IF AI40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

‘PN_QA17_H46’ [PN_AH108] -

PROGRAMMING NOTE AH108 :

IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH AH108 ;

IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;

ELSE GO TO PROGRAMMING NOTE AI40A

‘QA17_H46’ [AH108] –

You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

귀하는 Covered California 의 SHOP 프로그램을 통해서 구입한 의료 의료 보험이 있다고 말씀하셨습니다. 귀하의 {배우자/동거인/동거인}께서는(는/도)이 의료 의료 보험의 혜택을 받으십니까?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”] [IF NEEDED, SAY: “SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto ‘PN_QA17_H48’

‘POST_QA17_H46’ [POST_AH108] -

POST-NOTE AH108 :

IF AH108 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

'PN_QA17_H47' [PN_AI40A] -

PROGRAMMING NOTE AI40A :

IF AG8 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR AG11 = 1 (USUALLY WORKS), CONTINUE WITH AI40A ;

IF AREMPSP = 1 AND AH43 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";

ELSE IF AREMPSP = 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE AI41

'QA17_H47' [AI40A] -

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

{귀하는 배우자의 직장이나 노동 조합을 통해 가입한 의료보험이 있다고 말씀하셨습니다./ 귀하의 동거인의 직장이나 노동 조합을 통해 가입한 의료보험이 있다고 말씀하셨습니다.} 귀하의 (배우자/ 동거인)께서는 {마찬가지로} 그 분 자신이 다니는 직장을 통해 의료 보험에 들어 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H47' [POST_AI40A] -

POST-NOTE AI40A :

IF AI40A = 1, SET SEMPOWN = 1 AND SET SPINSURE = 1

'PN_QA17_H48' [PN_AI41] -

PROGRAMMING NOTE AI41 :

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH AI41 ;

IF ARM CARE = 1 OR ARM CAL = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE AH109

'QA17_H48' [AI41] -

You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

귀하께서 보험 회사에 직접 보험료를 내고 가입한 의료 보험의료 보험이 있다고 하셨습니다.
{배우자/동거인}께서{는/도} 그 보험에 들어 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H48' [POST_AI41] -

POST-NOTE AI41 :

IF AI41 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

**'PN_QA17_H49' [PN_AH109] -
PROGRAMMING NOTE AH109 :
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH AH109 ;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AI42**

'QA17_H49' [AH109] -

You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

귀하는 Covered California 로부터 직접 구입한 보험이 있다고 말씀하셨습니다. 귀하의{배우자/동거인}도 {또한} 이 보험의 혜택을 받습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'POST_QA17_H49' [POST_AH109] -
POST-NOTE AH109 :
IF AH109 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;**

**'PN_QA17_H50' [PN_AI42] -
PROGRAMMING NOTE AI42 :
IF ARMILIT = 1, CONTINUE WITH AI42 ;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AI42A**

'QA17_H50' [AI42] -

You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'POST_QA17_H50' [POST_AI42] -
POST-NOTE AI42 :
IF AI42 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

**'PN_QA17_H51' [PN_AI42A] -
PROGRAMMING NOTE AI42A :
IF AROTHGOV = 1, CONTINUE WITH AI42A ;**

**IF AH59 = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AI46**

'QA17_H51' [AI42A] –

You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

귀하는 {또한} {AIM/MRMIP/Family PACT/PCIP/some government health plan} 의료보험에 가입했다고 말씀하셨습니다. {배우자/동거인}도 이 보험의 혜택을 받으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'POST_QA17_H51' [POST_AI42A] -
POST-NOTE AI42A :
IF AI42A = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1**

**'PN_QA17_H52' [PN_AI46] -
PROGRAMMING NOTE AI46 :
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"**

'QA17_H52' [AI46] –

Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

{배우자/동거인}께서 의료 보험을 가지고 있습니까? {지금까지 말씀드린 것 외의 다른 곳을} 통해 의료 보험을 가지고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, goto 'PN_QA17_H54'

If = -7, -8, goto 'PN_QA17_H58'

'QA17_H53' [AI47] -

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

{그분은} 어떤 종류의 의료 보험을 가지고 있습니까?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "다른 보험도 있습니까?"]

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

[IF NEEDED, SAY: "현재 또는 이전의 직장에서 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다."]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "그 분은 이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?"]

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H53' [POST_AI47] -**POST-NOTE AI47 :**

IF AI47 = 1, SET SPENPOTH = 1 AND SET SPINSURE = 1;

IF AI47 = 2, SET SPENPOTH = 1 AND SET SPINSURE = 1;

IF AI47 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF AI47 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;

IF AI47 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF AI47 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF AI47 = 8, SET SPIHS = 1;

IF AI47 = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIRECTH = 1 ;

IF AI47 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPENPOTH = 1;

IF AI47 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF AI47 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

'PN_QA17_H54' [PN_AI48] -**PROGRAMMING NOTE AI48 :**

IF SPINSURE ≠ 1, CONTINUE WITH AI48 ;

ELSE IF SPINSURE = 1 AND (SPENPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE AH62 ;

ELSE GO TO PROGRAMMING NOTE AI43

‘QA17_H54’ [AI48] –

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

{배우자/동거인}께서 어떤 종류의 의료 보험도 전혀 없다고 하셨는데요. 맞습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto ‘PN_QA17_H58’

‘QA17_H55’ [AI49] –

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

그분은 어떤 종류의 의료보험을 가지고 있습니까?

[CODE ALL THAT APPLY] [PROBE: "Any others?"] [PROBE: “그 외에도 더 있습니까?”]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “그 분은 이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?”]

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘POST_QA17_H55’ [POST_AI49] -

POST-NOTE AI49 :

IF AI49 = 1, SET SPENPOTH = 1 AND SET SPINSURE = 1;

IF AI49 = 2, SET SPENPOTH = 1 AND SET SPINSURE = 1;

IF AI49 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF AI49 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;

IF AI49 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF AI49 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF AI49 = 8, SET SPIHS = 1;

IF AI49 = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;

IF AI49 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;

IF AI49 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF AI49 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

‘PN_QA17_H56’ [PN_AH62] -

PROGRAMMING NOTE AH62 :

IF AI47 = (1, 2, 3, 10, 11) OR AI49 = (1, 2, 3, 10, 11) THEN CONTINUE WITH AH62 ;

IF AH43 = 1 (MARRIED), THEN DISPLAY “spouse’s”;

ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY “partner’s”;

ELSE SKIP TO PROGRAMMING NOTE AI43

'QA17_H56' [AH62] –

Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

이 보험에는 {배우자/동거인} 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

[IF NEEDED, SAY: “Even someone who does not live in this household.”]

[IF NEEDED, SAY: “이 가구 내에 거주하는 사람이 아니라도 상관 없습니다.”]

- ☐ 01 IN SPOUSE'S/PARTNER'S NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H58'

'POST_QA17_H56' [POST_AH62] -

POST-NOTE AH62 :

IF AH62 = 1 AND [AI47 = (1 OR 2) OR AI49 = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;

IF AH62 = 1 AND [AI47 = 3 OR AI49 = 3], SET KSPDIROW = 1;

IF AH62 = 1 AND [AI47 = 10 OR AI49 = 10], SET SPHBEX = 1 AND SPDIROW = 1;

IF AH62 = 1 AND [AI47 = 11 OR AI49 = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA17_H57' [AH63] –

Is the plan in your name, parent's name, or someone else's name?

이 의료 보험에는 누구의 이름으로 가입하셨습니까? 귀하입니까, 부모님의 이름입니까, 아니면 그 밖의 다른 사람의 이름입니까?

- ☐ 01 IN ADULT RESPONDENT'S NAME
- ☐ 02 IN ADULT RESPONDENT'S PARENT'S NAME
- ☐ 03 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H57' [POST_AH63] -

POST NOTE AH63:

IF AH63 = 1 AND [AI47 = (1 OR 2) OR AI49 = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;

IF AH63 = 1 AND [AI47 = 3 OR AI49 = 3], SET SPDIRAR = 1 AND ARSAMES = 1;

IF AH63 = 1 AND [AI47 = 10 OR AI49 = 10], SET SPHBEX = 1 AND SPDIRAR = 1 AND ARSAMES = 1;

IF AH63 = 1 AND [AI47 = 11 OR AI49 = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;

IF AH63 = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

'PN_QA17_H58' [PN_AI43] -

PROGRAMMING NOTE AI43 :

IF SPEMPOW = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO AI22C ;

ELSE IF [(AG8=1 OR 2) OR (AG11=1)] AND AG9#3 CONTINUE WITH AI43 ;

IF AH43 = 1 (MARRIED), THEN DISPLAY “spouse’s”;

ELSE IF AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner’s”

ELSE GO TO PROGRAMMING NOTE AI22C

'QA17_H58' [AI43] –

Does your {spouse's/partner's} employer offer health insurance to any of its employees?

귀하의 {배우자/ 동거인}의 직장에서는 직원들에게 의료 보험을 제공합니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_H62'

'QA17_H59' [AI44] –

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

그 분께서는 이 보험에 가입할 자격이 되십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, goto 'QA17_H61'

If = -7, -8, goto 'PN_QA17_H62'

'QA17_H60' [AI45] –

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

그 분께서 이 보험에 가입이 안 된 가장 주된 한 가지 이유는 무엇입니까?

- ☐ 01 COVERED BY ANOTHER PLAN
- ☐ 02 TOO EXPENSIVE
- ☐ 03 DOESN'T LIKE PLAN OFFERED
- ☐ 04 DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 91, -7, -8, goto 'PN_QA17_H62'

'QA17_H61' [AI45A] –

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

그 분께서 이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는 무엇입니까?

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

**'PN_QA17_H62' [PN_AI22C] -
PROGRAMMING NOTE AI22C :**
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN AI25 ;
IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO AI24 ;
ELSE CONTINUE WITH AI22C DISPLAY;
IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"
;
IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"
;
[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;
IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND " " ;
IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";
IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY " " ;
IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";
ELSE DISPLAY, "Is your health plan an HMO?"

'QA17_H62' [AI22C] –

{Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.} Is your {Medi-Cal/other} health plan an HMO?

{앞서 말씀해 주신 메디케어 플랜 이외에도, 귀하의 다른 의료보험에 대해서도 몇가지 여쭙보겠습니다. /다음에는 귀하의 주된 의료 보험에 대해 몇 가지 여쭙보겠습니다.} 귀하의 {Medi-Cal/다른} 의료 보험은 HMO 입니까?

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

[IF NEEDED, SAY: "HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다."]

[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."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'PN_QA17_H64'

**‘PN_QA17_H63’ [PN_AH122] -
PROGRAMMING NOTE AH122 :
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO AI22A ;
ELSE CONTINUE WITH AH122 ;**

‘QA17_H63’ [AH122] –

Is your health plan a PPO or EPO?

귀하의 의료 보험은 PPO 입니까, EPO 입니까?

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “EPO 는 Exclusive Provider Organization(독점적 의료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “PPO 는 Preferred Provider Organization(선호 의료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “귀하의 주된 의료 보험.”]

- ☐ 01 PPO
- ☐ 02 EPO
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H64' [PN_AI22A] -

PROGRAMMING NOTE AI22A :

IF ARINSURE = 1 AND ARM CARE ≠ 1, THEN CONTINUE WITH AI22A AND DISPLAY "your main";

IF ARINSURE = 1 AND ARM CARE = 1, THEN CONTINUE WITH AI22A AND DISPLAY "this"

'QA17_H64' [AI22A] -

What is the name of {your main/this} health plan?

{귀하의 주된/이} 의료 보험의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?"]

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE

- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_H64' [POST_AI22A] -

POST NOTE AI22A :

IF AI22A = 93, 87, OR 89 THEN SET ARMILIT=1

'PN_QA17_H65' [PN_AI25] -

PROGRAMMING NOTE AI25 :

**IF ARM CARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "Next I have some questions about your own main health plan."**

'QA17_H65' [AI25] -

{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?

{다음으로는 귀하의 주된 의료 보험에 대해 몇가지 질문을 드리겠습니다.} 귀하의 보험은 처방약도 보장해 줍니까? 즉, 귀하의 의료보험은 처방약 비용을 일부라도 지불합니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H66' [PN_AH71] -

PROGRAMMING NOTE AH71 :

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH AH71 ;
ELSE GO TO AI31**

'QA17_H66' [AH71] -

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

귀하의 의료 보험의 본인 부담금, 그러니까 디덕터블이 \$1,000 이 넘습니까?

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

[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H67' [AH72] -

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

귀하의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 \$2,000 이 넘습니까?

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

[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H68' [PN_AH73B] -

PROGRAMMING NOTE AH73B :

**IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH AH73B ;
ELSE CONTINUE WITH AI31**

'QA17_H68' [AH73B] -

Do you have a special account or fund you can use to pay for medical expenses?

귀하는 의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이 있습니까?]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H71'

'QA17_H69' [AH130] -

Do you have money in this account?

귀하는 이 계정에 돈을 갖고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H71'

'QA17_H70' [AH131] -

How much money do you have in this account? Your best guess is fine.

_____ (AMOUNT) [HR: 0 -9997]

귀하는 이 계정에 돈을 얼마나 갖고 있습니까? 가장 근접한 추정치도 괜찮습니다. _____ (금액)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H71' [AI31] -

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

지난 12 개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, goto 'QA17_H73'

If = -7, goto 'QA17_H79'

If = -8, goto 'QA17_H74'

‘QA17_H72’ [AH132] –

How long have you had your current health insurance?

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

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

'AH132M' [AH132M] - _____ NUMBER OF MONTHS

If >=0, goto ‘QA17_H77’

'AH132Y' [AH132Y] - _____ NUMBER OF YEARS

If >=0, goto ‘QA17_H77’

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If =-7, -8,, goto ‘QA17_H77’

‘QA17_H73’ [AH133] –

Out of the last 12 months, howmany months did you have your current health insurance plan?

지난 12개월 중에서 몇 개월을 현재 건강 보험에 가입해 있었습니까?

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

_____ NUMBER OF MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H74’ [AI32] –

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 의료 보험이 없었던 때에는, 어떤 다른 의료 보험이 있으셨습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If =2, -7, -8, goto ‘QA17_H77’

'QA17_H75' [AI33] –

Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

귀하가 들어있던 다른 의료보험은 어떤 것이었습니까? 메디-칼, 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY]

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

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H76' [PN_AH134] -
PROGRAMMING NOTE AH134:
IF MORE THAN ONE RESPONSE FROM AI33, THEN CONTINUE WITH AH134;
ELSE CONTINUE WITH AH135

'QA17_H76' [AH134] –

Prior to your current plan, which health insurance did you have?

현재 건강 보험에 가입하기 전에, 어떤 건강 보험에 가입했었습니까?

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H77' [PN_AH135] –
PROGRAMMING NOTE AH135:
IF AI32#1 OR AI31 = 1, THEN CONTINUE WITH AH135;
ELSE CONTINUE WITH AH136

'QA17_H77' [AH135] –

Prior to your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

현재 건강 보험에 가입하기 전에, Medi-CAL(메디칼)이나 고용주를 통한 보험이나 보험회사를 통해 직접 구매한 건강 보험, Covered California(커버드 캘리포니아), 또는 기타 건강 보험 플랜에 가입했었습니까?

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ 95 NO OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H78' [PN_AH136] -

PROGRAM NOTE AH136:

IF AH135 = 95, THEN SKIP TO AH137, ELSE CONTINUE.

IF ONLY ONE RESPONSE FROM AI33 THEN DISPLAY THAT RESPONSE

ELSE IF AH134 >0 DISPLAY RESPONSE FROM AH134

ELSE IF AH135 >0 DISPLAY RESPONSE FROM AH135

'QA17_H78' [AH136] -

How long did you have the plan from {AH134/AH135/AI33}?

{AH134/AH135/AI33}의 건강 보험 플랜에 가입한 지 얼마나 되었습니까?

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

'AH136M' [AH136M] - _____ NUMBER OF MONTHS

'AH136Y' [AH136Y] - _____ NUMBER OF YEARS

If >=0, goto 'QA17_H79'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H79' [AH137] -

During the past 12 months, did you change your health insurance plan?

지난 12개월 동안, 귀하의 배우자는 귀하의 건강 보험 플랜을 변경했습니까?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

[IF NEEDED: 보험 회사가 바뀌었든 바뀌지 않았든 상관 없이 건강 보험 플랜의 변화가 있었는지를 묻는 질문입니다.]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H80' [PN_AI34] -

PROGRAMMING NOTE AI34:

IF AI31 = 2, -7, -8 OR AI32 = 1, -7, -8 THEN CONTINUE,

ELSE SKIP TO AI35

'QA17_H80' [AI34] -

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

지난 12 개월 동안, 의료보험이 전혀 없던 때가 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H81' [PN_AI35] -

If AI34 HAS 1 OR AI32 HAS 2, Only ask 'QA17_H81'

PROGRAMMING NOTE AI35:

IF AI34=1 OR AI32=2, THEN CONTINUE WITH AI35, ELSE SKIP TO PN AH103H.

'QA17_H81' [AI35] -

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

지난 12 개월 동안, 의료보험이 전혀 없던 때가 있었습니까?

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

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, goto 'PN_QA17_H90'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_H90'

'QA17_H82' [AI36] -

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

그 기간 동안 의료 보험이 없으셨던 가장 주된 한 가지 이유는 무엇이었습니까?

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI36

'QA17_H83' [AH74] -

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

의료 보험이 없으셨던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니다?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, -7, -8, goto 'PN_QA17_H90'

'QA17_H84' [A124] –

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

아무런 의료 보험에도 들지 않으신 가장 주된 한 가지 이유는 무엇입니까?

[IF R SAYS NO NEED, PROBE WHY]

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H85' [AH75] –

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

의료 보험이 없으셨던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니다가?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H86' [A127] –

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

지난 12 개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_H88'

'QA17_H87' [A128] –

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

의료 보험없이 지내신 기간은 얼마나 되었습니까?

- ☐ 01 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 02 MORE THAN 3 YEARS AGO
- ☐ 03 NEVER HAD HEALTH INSURANCE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto 'PN_QA17_H90'

‘QA17_H88’ [AI29] –

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

지난 12 개월 중 몇 개월 동안 의료 보험에 가입되어 있으셨습니까?

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

_____ MONTHS [HR: 0-12]

If =0 , goto ‘PN_QA17_H90’

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H89’ [AI30] –

During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

의료 보험이 있으시던 기간 동안, 귀하가 들어있던 보험은 어떤 것이었습니까? 메디-칼, 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY]**[PROBE: "Any others?"]****[PROBE: “그 외에도 더 있습니까?”]**

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER OR UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_H90’ [PN_AH103h] -

PROGRAMMING NOTE AH103h :

IF ARINSURE ≠ 1 OR AI32 = 2 OR ARDIRECT = 1 OR AI30 = (5, 6) OR AI33 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH AH103h ;
ELSE GO TO PROGRAMMING NOTE AH139

‘QA17_H90’ [AH103h] –

In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

지난 12 개월 이내에, 귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 의료 보험을 구입하려고 시도한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_H107’

‘QA17_H91’ [AH110h] –

Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

그것은 어떤 것이었습니까? 다음 보기 중 선택해 주십시오.

- ☐ 01 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- ☐ 02 THROUGH COVERED CALIFORNIA, OR
- ☐ 03 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto ‘QA17_H94’

‘PN_QA17_H92’ [PN_AH98h] -

PROGRAMMING NOTE AH98h :

IF AH110h = 1; THEN CONTINUE WITH AH98h ;

IF AH110h = 3; THEN CONTINUE WITH AH98h AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”

ELSE GO TO PROGRAMMING NOTE AH111h ;

‘QA17_H92’ [AH98h] –

{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed? Was it...

귀하에게 필요한 혜택을 제공하는 의료 보험을 찾기가 얼마나 어려웠습니까?

- ☐ 01 Very difficult,
- ☐ 01 매우 어려웠음
- ☐ 02 Somewhat difficult,
- ☐ 02 약간 어려웠음
- ☐ 03 Not too difficult, or
- ☐ 03 별로 어렵지 않았음
- ☐ 04 Not at all difficult?
- ☐ 04 전혀 어렵지 않았음
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H93’ [AH99h] –

How difficult was it to find a plan you could afford? Was it...

귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

- ☐ 01 Very difficult,
- ☐ 01 매우 어려웠음
- ☐ 02 Somewhat difficult,
- ☐ 02 약간 어려웠음
- ☐ 03 Not too difficult, or
- ☐ 03 별로 어렵지 않았음
- ☐ 04 Not at all difficult?
- ☐ 04 전혀 어렵지 않았음
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H94' [AH100h] –

Did anyone help you find a health plan?

귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_H96'

'QA17_H95' [AH101h] –

Who helped you?

누가 도움을 주었습니까?

- ☐ 01 BROKER
- ☐ 02 FAMILY MEMBER/FRIEND
- ☐ 03 INTERNET
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H96' [PN_AH111h] -

PROGRAMMING NOTE AH111h :

IF AH110h = 2; THEN CONTINUE WITH AH111h ;

IF AH110h = 3; THEN CONTINUE WITH AH111h AND DISPLAY "Now, think about your experience with Covered California."

ELSE GO TO PROGRAMMING NOTE AH115h ;

'QA17_H96' [AH111h] –

{Now, think about your experience with Covered California.}

지금부터는 Covered California 에 대한 귀하의 경험을 말씀해 주십시오

How difficult was it to find a plan with the coverage you needed through Covered California?

Covered California 를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나 어려웠습니까?

- ☐ 01 Very difficult,
- ☐ 01 매우 어려웠음
- ☐ 02 Somewhat difficult,
- ☐ 02 약간 어려웠음
- ☐ 03 Not too difficult, or
- ☐ 03 별로 어렵지 않았음
- ☐ 04 Not at all difficult?
- ☐ 04 전혀 어렵지 않았음
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H97' [AH112h] –

How difficult was it to find a plan you could afford? Was it...

귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

- ☐ 01 Very difficult,
- ☐ 01 매우 어려웠음
- ☐ 02 Somewhat difficult,
- ☐ 02 약간 어려웠음
- ☐ 03 Not too difficult, or
- ☐ 03 별로 어렵지 않았음
- ☐ 04 Not at all difficult?
- ☐ 04 전혀 어렵지 않았음
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H98' [AH113h] –

Did anyone help you find a health plan?

귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H100'

'QA17_H99' [AH114h] –

Who helped you?

누가 도움을 주었습니까?

- ☐ 01 BROKER
- ☐ 02 FAMILY MEMBER / FRIEND
- ☐ 03 INTERNET
- ☐ 04 CERTIFIED ENROLLMENT COUNSELOR
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH114h

'QA17_H100' [AH115h] –

Did you have all the information you felt you needed to make a good decision on a health plan?

귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고 생각하는 모든 정보를 가지고 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H101' [PN_AH116h] -**PROGRAMMING NOTE AH116h :****IF AH37 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH AH116h ;
ELSE GO TO AH117h ;****'QA17_H101'** [AH116h] -

Were you able to get information about your health plan options in your language?

귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로 제공받을 수 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H102' [AH117h] -

Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

의료 보험을 선택하는 데 있어서, 의료 보험 비용은 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H103' [AH118h] -

Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H104' [AH119h] -

Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

귀하가 원하는 병원에서 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H105’ [AH120h] –

Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

플랜의 네트워크 내에서 의사를 선정하는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_H106’ [PN_AH121h] -

PROGRAMMING NOTE AH121h :

IF AH106 = 1 THEN DISPLAY “Bronze”

ELSE IF AH106 = 2 THEN DISPLAY “Silver”

ELSE IF AH106 = 3 THEN DISPLAY “Gold”

ELSE IF AH106 = 4 THEN DISPLAY “Platinum”

ELSE IF AH106 = 6 THEN DISPLAY “Minimum coverage”

ELSE DISPLAY “ “;

‘QA17_H106’ [AH121h] –

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan’s network, or was it something else?

마지막으로 귀하가 {브론즈/실버/골드/플래티넘/최소 보장} 플랜을 선택하신 가장 중요한 이유는 무엇입니까? 비용, 원하는 의사, 원하는 병원, 네트워크 내에 속한 의사들 때문입니까, 아니면 다른 이유가 있습니까?

- ☐ 01 COST
- ☐ 02 SPECIFIC DOCTOR
- ☐ 03 SPECIFIC HOSPITAL
- ☐ 04 CHOICE OF DOCTORS IN NETWORK
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AH121h

'PN_QA17_H107' [PN_AH139] - PN_AH139
PROGRAMMING NOTE AH139:
IF ARINSURE = 1, CONTINUE WITH AH139;
ELSE SKIP TO AH14;

'QA17_H107' [AH139] –

Overall, how satisfied are you with your current health insurance plan? Are you...

현재 가입돼 있는 건강 보험 플랜에 대해 전반적으로 어느 정도로 만족하십니까? 귀하의 만족도는?

- ☐ 01 Very satisfied
- ☐ 01 매우 만족
- ☐ 02 Somewhat satisfied
- ☐ 02 다소 만족
- ☐ 03 Somewhat dissatisfied, or
- ☐ 03 다소 불만족
- ☐ 04 Very dissatisfied?
- ☐ 04 매우 불만족
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H108' [PN_AH14] -
PROGRAMMING NOTE AH14 :
IF AH15A = 1 (HOSPITALIZED FOR ASTHMA) OR AB80 = 1 (HOSPITALIZED FOR ASTHMA) THEN GO TO
PROGRAMMING NOTE AH76 ;
ELSE CONTINUE WITH AH14

'QA17_H108' [AH14] –

During the past 12 months, were you a patient in a hospital overnight or longer?

지난 12 개월 동안, 환자로서 하룻밤 이상 병원에 입원했던 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_PN_AH77'

**'PN_QA17_H109' [PN_AH76] -
PROGRAMMING NOTE AH76:
IF ARINSURE ≠ 1 OR AI35 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS),
THEN CONTINUE WITH AH76 AND IF AH15=1 OR AB80 =1 display "Previously you mentioned you were a
patient in a hospital overnight or longer" ;
ELSE GO TO PROGRAMMING NOTE AH77**

'QA17_H109' [AH76] –

Was any of that hospital care paid for by Medi-Cal?

그 병원비 중 메디-칼로 보장된 비용이 조금이라도 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_H110' [PN_AH77] -
PROGRAMMING NOTE AH77 :
[IF ARINSURE ≠ 1 OR AI35 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)]
AND AA3 =2 (FEMALE) AND AD13 =1 (PREGNANT) OR SC14A =1 , THEN CONTINUE WITH AH77 ;
ELSE GO TO NEXT SECTION**

'QA17_H110' [AH77] –

During the last 12 months, did you get prenatal care that you didn't have to pay for?

지난 12 개월 동안, 출산 전 진료를 받았는데 귀하가 비용을 지불할 필요가 없었던 적이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H112'

'QA17_H111' [AH78] –

Was it paid for by Medi-Cal?

그 비용은 메디-칼로 보장되었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_H112' [PN_AH79B] -

PROGRAM NOTE AH79B:

IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO AH81B

ELSE IF AI32 = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your spouse's current health plan", AND CONTINUE WITH AH79B

'QA17_H112' [AH79B] -

{The following questions are about your current health plan.}

While you've had your current health plan, have you reached the limit of what your insurance company would pay for?

{다음 질문은 현재 건강 보험에 대한 것입니다.} 현재 건강보험에 가입한 후, 보험회사의 의료비 지불 한도까지 도달한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H114'

'QA17_H113' [AH80B] -

Did this happen in the past 12 months?

이런 일이 지난 12개월 동안에 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_H114' [AH81B] -

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 12개월 동안, 본인이나 가족 구성원의 의료비를 지불하기 어려웠거나 지불할 수 없었던 적이 있었습니까?

[IF NEEDED, SAY: "Dental bills should be included."]

[IF NEEDED, SAY: "치과비도 포함시키십시오."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto PN_CF10A

‘QA17_H115’ [AH83B] –

What is the total amount of medical bills?

의료비 총액이 얼마입니까?

[IF NEEDED, SAY: “The bills can be from earlier years as well as this year.”]

- ☐ 01 LESS THAN \$1,000
- ☐ 02 \$1,000 TO LESS THAN \$2,000
- ☐ 03 \$2,000 TO LESS THAN \$4,000
- ☐ 04 \$4,000 TO LESS THAN \$8,000
- ☐ 05 \$8,000 OR MORE
- ☐ 06 NONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H116’ [AH84B] –

Were you or your family member uninsured at the time care was provided?

치료를 받을 당시에 본인이나 가족 구성원이 보험에 미가입된 상태였습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H117’ [AH85B] –

Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

그런 의료비 부담으로 인해 식료품비나 난방비, 주택 임대료와 같은 기본적 지출을 할 수 없었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_H118’ [AH86B] –

Because of these medical bills, did you take on credit card debt?

그런 의료비 부담으로 인해 귀하는 신용 카드 빚을 졌습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section I: Child Adolescent Health Insurance

'PN_QA17_I1' [PN_CF10A] -

PROGRAMMING NOTE CF10A :

IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE IA10A TO ASK ABOUT SELECTED ADOLESCENT;

IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE MA1 ;

ELSE CONTINUE WITH CF10A

'QA17_I1' [CF10A] –

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?

(CHILD)(이)가 귀하와 같은 의료 보험을 갖고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I19'

'POST_QA17_I1' [POST_CF10A] -

POST-NOTE CF10A :

IF CF10A = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARIHS = 1, SET CHIHS = 1

IF CF10A = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

'PN_QA17_I2' [PN_MA1] -

PROGRAMMING NOTE MA1 :

IF SPINSURE ≠ 1, THEN SKIP TO CF1 ;

ELSE IF CF10A = 2 AND ARSAMESP = 1, THEN SKIP TO CF1 ;

ELSE CONTINUE WITH MA1

'QA17_I2' [MA1] -

Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

(CHILD)(이)가 {귀하의 배우자/ 귀하의 동거인/ 배우자 이름/ 동거인 이름}과 같은 보험을 갖고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I19'

'POST_QA17_I2' [POST_MA1] -

IF MA1 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPIHS = 1, SET CHIHS = 1

IF MA1 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

IF MA1 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPENPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPENPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

POST-NOTE MA1 :

IF MA1 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

'QA17_I3' [CF1] -

Is {he/she} currently covered by Medi-CAL?

이 자녀는 현재 메디칼 (Medi-CAL) 에 들어 있습니까?

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: “메디-칼은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_I3' [POST_CF1] -

POST-NOTE CF1 :

IF CF1 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

'QA17_I4' [CF3] –

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(CHILD) 는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해 제공되는 의료 보험이나 HMO에 가입되어있습니까?

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_I6'

'POST_QA17_I4' [POST_CF3] -

POST-NOTE CF3 :

IF CF3 = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA17_I5' [AI90] –

Is this plan through an employer, through a union, or through Covered California's SHOP program?

이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 입니까, 아니면 커버드 캘리포니아의 슝(SHOP) 프로그램을 통해서입니까?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다"]

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI90

'POST_QA17_I5' [POST_AI90] -

POST-NOTE FOR AI90 :

IF AI90 = 3, THEN SET CHHBEX = 1

'PN_QA17_I6' [PN_CF4] -
PROGRAM NOTE CF4 :
IF CHINSURE = 1 THEN GO TO AI92 ;
ELSE CONTINUE WITH CF4

'QA17_I6' [CF4] –

Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

(CHILD) (이)는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

[IF NEEDED, SAY: "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"]

[IF NEEDED, SAY: "암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 의료 보험은 포함시키지 마십시오."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_I13'

'POST_QA17_I6' [POST_CF4] -
POST-NOTE CF4 :
IF CF4 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

'PN_QA17_I7' [PN_AI91] -
PROGRAMMING NOTE AI91 :
IF CHDIRECT = 1, THEN CONTINUE WITH AI91 ;
ELSE GO TO PROGRAMMING NOTE AI92

'QA17_I7' [AI91] –

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

귀하는 이 의료 보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI91

'POST_QA17_I7' [POST_AI91] -
POST-NOTE FOR AI91 :
IF AI91 = 2, THEN SET CHHBEX = 1

'PN_QA17_I8' [PN_AI92] -
PROGRAMMING NOTE AI92
IF CHHBEX = 1, THEN CONTINUE WITH AI92 ;
ELSE GO TO PROGRAMMING NOTE AI54 ;

'QA17_I8' [AI92] -

Was this a bronze, silver, gold or platinum plan?

이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

- ☐ 01 BRONZE
- ☐ 02 SILVER
- ☐ 03 GOLD
- ☐ 04 PLATINUM
- ☐ 05 MEDI-CAL / MEDICAID
- ☐ 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI92

'PN_QA17_I9' [PN_AI93] -
PROGRAMMING NOTE AI93
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH AI93 ;
ELSE GO TO PROGRAMMING NOTE AI54 ;

'QA17_I9' [AI93] -

Was there a subsidy or discount on the premium for this plan?

이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I10' [PN_AI54] -

PROGRAMMING NOTE AI54 :

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH AI54 ;
ELSE GO TO CF6**

'QA17_I10' [AI54] -

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) 의 의료 보험료나 관련 비용의 전부 혹은 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(Co-pays)이나 본인 부담금(deductibles)에 대한 비용은 포함시키지 마십시오.

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

[IF NEEDED, SAY: "공동 부담액(co-pay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "공제액(deductibles)이란 보험회사에서 지불해주시기 전에 본인이 지불하는 의료비용입니다."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_I11' [AI50] -

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?

직장 노동조합, 전문인 단체 등 다른 사람이 아이의 의료보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_I13'

'QA17_I12' [AI51] –

Who else pays all or some portion of the cost for (CHILD)'s health plan?

그 외에 또 누가 (CHILD) (이)의 의료 보험비용의 전부 또는 일부를 지불합니까?

[CODE ALL THAT APPLY.]

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- ☐ 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 10 COVERED CALIFORNIA
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_I12' [POST_AI51] -

POST-NOTE AI51 :

IF AI51 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF AI51 = 7, SET CHMCAL = 1

IF AI51 = 10, SET CHHBEX = 1;

'PN_QA17_I13' [PN_CF6] -

PROGRAMMING NOTE CF6 :

IF CHINSURE = 1, GO TO PN MA3 ;

ELSE CONTINUE WITH CF6

'QA17_I13' [CF6] –

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

자녀분은 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른 군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'PN_QA17_I19'

'POST_QA17_I13' [POST_CF6] -

POST-NOTE CF6 :

IF CF6 = 1, SET CHMILIT = 1 AND CHINSURE = 1

'QA17_I14' [CF7] –

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

{자녀분/ 이 아이} (은)는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Health Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

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

[IF NEEDED, SAY: “에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP) 또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다.”]

- ☐ 01 AIM
- ☐ 02 MISTER MIP/MRMIP
- ☐ 03 HEALTHY KIDS
- ☐ 04 NO OTHER PLAN
- ☐ 91 SOMETHING ELSE (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 91, goto 'PN_QA17_I19'

OTHER_CF7

'POST_QA17_I14' [POST_CF7] -

POST-NOTE CF7 :

IF CF7 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

'QA17_I15' [CF8] –

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

자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_I18'

‘QA17_I16’ [CF9] –

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

자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: “그 외에도 더 있습니까?”]

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘POST_QA17_I16’ [POST_CF9] -

POST-NOTE CF9 :

IF CF9 = 1, SET CHEMP = 1 AND CHINSURE = 1

IF CF9 = 2, SET CHEMP = 1 AND CHINSURE = 1

IF CF9 = 3, SET CHDIRECT = 1 AND CHINSURE = 1

IF CF9 = 4, SET CHMCARE = 1 AND CHINSURE = 1

IF CF9 = 5, SET CHMCAL = 1 AND CHINSURE = 1

IF CF9 = 7, SET CHMILIT = 1 AND CHINSURE = 1

IF CF9 = 8, SET CHIHS = 1

IF CF9 = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT = 1;

IF CF9 = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;

IF CF9 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1

IF CF9 = 92, SET CHOTHER = 1 AND CHINSURE = 1

IF CF9 = -7 OR -8, SET CHINSURE = 1

‘PN_QA17_I17’ [PN_CF9VER] -

PROGRAMMING NOTE CF9VER :

IF CF9 = 4 (CHILD HAS MEDICARE), CONTINUE WITH CF9VER ;

ELSE SKIP TO PROGRAMMING NOTE CF1A

‘QA17_I17’ [CF9VER] –

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

재확인하는 차원에서 다시 여쭙어 봅니다. (CHILD)이(가) 메디케어 혜택을 받는다고 하셨습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_I18' [PN_CF1A] -
PROGRAMMING NOTE CF1A :
IF CHINSURE ≠ 1 CONTINUE WITH CF1A ;
ELSE GO TO MA3 ;**

'QA17_I18' [CF1A] –

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

(CHILD) 이(가) 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는 무엇입니까?

- ☐ 01 PAPERWORK TOO DIFFICULT
- ☐ 02 DIDN'T KNOW IF ELIGIBLE
- ☐ 03 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 OTHER NOT ELIGIBLE
- ☐ 06 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 07 DON'T NEED IT BECAUSE HEALTHY
- ☐ 08 ALREADY HAVE INSURANCE
- ☐ 09 DIDN'T KNOW IT EXISTED
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_CF1A

**'PN_QA17_I19' [PN_MA3] -
PROGRAMMING NOTE MA3 :
IF CF10A = 1 AND ARMCARE = 1 AND AH124 = 1, THEN MA3 = AH124 AND MA2 = AH125 AND SKIP
TO CF14 ;
ELSE IF CF10A = 1, THEN MA3 = AI22C AND MA2 = AI22A AND CF14 = AI25 AND GO TO PN AI79 ;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH MA3 ;
ELSE GO TO PN AI79**

'QA17_I19' [MA3] –

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

(CHILD) (이)의 주된 의료 보험이 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 its an emergency."]

[IF NEEDED, SAY: "HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I21'

'PN_QA17_I20' [PN_AI115] -
PROGRAMMING NOTE AI115 :
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO MA2 ;
ELSE CONTINUE WITH AI115 ;

'QA17_I20' [AI115] –

Is (CHILD)'s health plan a PPO or EPO?

(CHILD)의 의료 보험은 PPO 입니까, EPO 입니까?

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."].]

[IF NEEDED, SAY: "EPO 는 Exclusive Provider Organization(독점적 외료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO 는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험."]

- ☐ 01 PPO
- ☐ 02 EPO
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI115

‘QA17_I21’ [MA2] –

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

(CHILD) (이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an insurance card or something else with the plan name on it?”]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “혹시 (CHILD) (이)의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?”]

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS’ INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES

- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_MA2

'POST_QA17_I21' [POST_MA2] - POST_MA2

POST NOTE MA2 :

IF MA2 = 93, 87, OR 89 THEN SET CHMILIT=1

'QA17_I22' [CF14] –

Is (CHILD) covered for prescription drugs?

(CHILD)(이)의 보험은 처방약도 보장해 줍니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I23' [PN_AI79] -

PROGRAMMING NOTE FOR AI79 :

**IF (ARINSURE ≠ 1 OR CF10A ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH AI79 ;
ELSE SKIP TO PROGRAMMING NOTE CF18**

'QA17_I23' [AI79] -

Does (CHILD)'s health plan have a deductible that is more than \$1,000?

(CHILD) (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 \$1,000 이 넘습니까?

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

[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_I24' [AI80] -

Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

(CHILD) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 \$2,000 이 넘습니까?

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

[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_I25' [PN_AI81] -
PROGRAMMING NOTE AI81 :
IF (AI79 = 1 OR 3) OR (AI80 = 1 OR 3), CONTINUE WITH AI81 ;
ELSE SKIP TO PROGRAMMING NOTE CF18**

'QA17_I25' [AI81] -

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

(CHILD)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 있습니다. 그밖에 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 직장에서 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_I26' [PN_CF18] -
PROGRAMMING NOTE CF18 :
IF CHINSURE = 1, GO TO CF24 ;
ELSE CONTINUE WITH CF18**

'QA17_I26' [CF18] -

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

(CHILD) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_CF18

'QA17_I27' [CF20] -

Was (CHILD) covered by health insurance at any time during the past 12 months?

(CHILD) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I29'

'QA17_I28' [CF21] –

How long has it been since (CHILD) last had health insurance?

(CHILD)(이)가 의료 보험 없이 지낸 기간은얼마나 되었습니까?

- ☐ 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 02 MORE THAN 3 YEARS AGO
- ☐ 03 NEVER HAD HEALTH INSURANCE COVERAGE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto 'PN_QA17_I37'

'QA17_I29' [CF22] –

For how many of the last 12 months did {he/she} have health insurance?

지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]
_____ MONTHS [HR: 0-12]

If = 0, goto 'PN_QA17_I37'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_I30' [CF23] -

During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

(CHILD)(이)가 의료 보험이 있던 기간 동안 들어있던 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "그 외에도 더 있습니까?"]

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If =1, 3, 5, 6, 91, -7, -8, goto 'PN_QA17_I37'

'QA17_I31' [CF24] –

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

(CHILD) (은)는 지난 12 개월 내내 현재와 같은 의료 보험에 들어 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 3, goto 'PN_QA17_I37'

'QA17_I32' [CF25] –

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

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_I34'

'QA17_I33' [CF26] –

Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

이 다른 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "그 외에도 더 있습니까?"]

- ☐ 01 MEDI-CAL
- ☐ 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_I34' [CF27] –

During the past 12 months, was there any time when {he/she} had no health insurance at all?

지난 12 개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_IA10A'

'QA17_I35' [CF28] -

For how many of the past 12 months did {he/she} have no health insurance?

지난 12 개월 동안(CHILD)이(가) 의료보험이 없었던 기간은 몇 개월입니까?

[IF < 1 MONTH, ENTER "1"]

MONTHS [RANGE: 1-12]
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA17_I36' [CF29] -

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

(CHILD) (이)가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

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

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I37' [PN_IA10A] -
PROGRAMMING NOTE IA10A :
IF NO TEEN SELECTED, GO TO PN AI56 ;
IF ARINSURE = 1, CONTINUE WITH IA10A ;
IF ARINSURE ≠ 1, GO TO PN MA5 ;
ELSE CONTINUE WITH IA10A

'QA17_I37' [IA10A] -

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}?

(TEEN) (이)가 귀하와 같은 의료 보험을 갖고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I56'

'POST_QA17_I37' [POST_IA10A] -
POST-NOTE IA10A :
IF IA10A = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF IA10A = 1 AND ARIHS = 1, SET TEIHS = 1
IF IA10A = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

**'PN_QA17_I38' [PN_MA5] -
PROGRAMMING NOTE MA5 :
IF SPINSURE ≠ 1 THEN SKIP TO MA6 ;
ELSE IF IA10A = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE MA6 ;
ELSE CONTINUE WITH MA5**

'QA17_I38' [MA5] -

Does (TEEN) have the same insurance as your spouse?

(TEEN) (이)가 귀하의 배우자와 같은 보험을 갖고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I56'

**'POST_QA17_I38' [POST_MA5] -
POST-NOTE MA5 :
IF MA5 = 1 AND SPMPCARE = 1, SET TEMPCARE = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPIHS = 1, SET TEIHS = 1
IF MA5 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF MA5 = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1**

'PN_QA17_I39' [PN_MA6] -

PROGRAMMING NOTE MA6 :

IF TEINSURE ≠ 1, THEN SKIP TO IA1 ;

ELSE IF (IA10A = 2 AND ARSAMECH = 1) OR (MA5 = 2 AND SPSAMECH = 1), THEN SKIP TO IA1 ;

ELSE CONTINUE WITH MA6 ;

'QA17_I39' [MA6] -

Does (TEEN) have the same insurance as (CHILD)?

(TEEN) (은) 는 (CHILD) (와)과 같은 보험을 갖고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I68'

'POST_QA17_I39' [POST_MA6] -

POST-NOTE MA6 :

IF MA6 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHIHS = 1, SET TEIHS = 1;

IF MA6 = 1 AND CHOTHER = 1, SET TEOTHER = 1;

IF MA6 = 1 AND CHHBEX = 1, SET TEHBEX = 1

'QA17_I40' [IA1] -

Is {he/she} currently covered by Medi-CAL?

이 자녀는 현재 메디칼(Medi-CAL)에 들어 있습니까?

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: “메디-칼(Medi-CAL)은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애인이나 노령자들을 위한 보험입니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_I40' [POST_IA1] -

POST-NOTE IA1 :

IF IA1 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

'QA17_I41' [IA3] –

Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(TEEN)(은)는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해서 가입한 의료 보험이나 HMO 에 들어 있습니까?

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_I43'

'POST_QA17_I41' [POST_IA3] -

POST-NOTE IA3 :

IF IA3 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA17_I42' [AI94] –

Is this plan through an employer, through a union, or through Covered California's SHOP program?

이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 있니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다."]

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI94

'POST_QA17_I42' [POST_AI94] -

POST-NOTE FOR AI94 :

IF AI94 = 3, THEN SET TEHBEX = 1

'PN_QA17_I43' [PN_I44] -
PROGRAMMING NOTE IA4 :
IF TEINSURE = 1 THEN GO TO AI95 ;
ELSE CONTINUE WITH IA4

'QA17_I43' [IA4] –

Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

(TEEN) (이)는 귀하가 보험회사나 HMO 로부터 직접 구입했거나, Covered California 를 통해서 구입한 의료 보험의 혜택을 받으니까?

[IF NEEDED, SAY: "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"]

[IF NEEDED, SAY: "암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 의료 보험은 포함시키지 마십시오."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_I50'

'POST_QA17_I43' [POST_IA4] -
POST-NOTE IA4 :
IF IA4 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

'PN_QA17_I44' [PN_AI95] -
PROGRAMMING NOTE AI95 :
IF TEDIRECT = 1, THEN CONTINUE WITH AI95 ;
ELSE GO TO PROGRAMMING NOTE AI96

'QA17_I44' [AI95] –

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

귀하는 이 의료보험을 어떻게 구입하셨습니다까? 보험회사나 HMO 에서 직접 구입하셨습니다까, 아니면 커버드 캘리포니아를 통해서 하셨습니다까?

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI95

'POST_QA17_I44' [POST_AI95] -
POST-NOTE FOR AI95 :
IF AI95 = 2, THEN SET TEHBEX = 1

'PN_QA17_I45' [PN_AI96] -
PROGRAMMING NOTE AI96
IF TEHBEX = 1, THEN CONTINUE WITH AI96 ;
ELSE GO TO PROGRAMMING NOTE AI55 ;

'QA17_I45' [AI96] –

Was this a bronze, silver, gold or platinum plan?

이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

- ☐ 01 BRONZE
- ☐ 02 SILVER
- ☐ 03 GOLD
- ☐ 04 PLATINUM
- ☐ 05 MEDI-CAL / MEDICAID
- ☐ 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_AI96

'PN_QA17_I46' [PN_AI97] -
PROGRAMMING NOTE AI97
IF AI94 = 3, THEN GO TO PN AI55 ;
ELSE CONTINUE WITH AI97 ;

'QA17_I46' [AI97] –

Was there a subsidy or discount on the premium for this plan?

이 의료 보험의 보험료에는 보조금이나 할인이 제공되었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_I47’ [PN_AI55] -

PROGRAMMING NOTE AI55 :

**IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH AI55 ;
ELSE GO TO PROGRAMMING NOTE IA6**

‘QA17_I47’ [AI55] –

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 (TEEN) 의 의료 보험료나 관련 비용의 전부 혹은 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(Co-pays)이나 본인 부담금(deductibles)에 대한 비용은 포함시키지 마십시오.

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

[IF NEEDED, SAY: “공동 부담액(co-pays)이란 다른 사람이 귀하의 의료보험료를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 서비스를 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다.”]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying.”]

[IF NEEDED, SAY: “공제액(deductibles)이란 보험회사에서 지불해주기 전에 본인이 지불하는 의료비용입니다.”]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

[IF NEEDED, SAY: “보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_I48’ [AI52] –

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?

직장, 노동조합, 또는 전문인 단체와 같은 다른 사람이 (TEEN) (이)의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_I50’

‘QA17_I49’ [AI53] –

Who else pays all or some portion of the cost for (TEEN)’s health plan?

그 외에 또 누가 (TEEN) (이)의 의료 보험 비용의 전부 또는 일부를 지불합니까?

[CODE ALL THAT APPLY.]

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE’S/PARTNER’S CURRENT EMPLOYER
- ☐ 05 SPOUSE’S/PARTNER’S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 10 COVERED CALIFORNIA
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘POST_QA17_I49’ [POST_AI53] -

POST-NOTE AI53 :

IF AI53 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;

IF AI53 = 7, SET TEMCAL = 1;

IF AI53 = 10, SET TEHBEX =1;

‘PN_QA17_I50’ [PN_IA6] -

PROGRAMMING NOTE IA6 :

IF TEINSURE = 1, GO TO PROGRAMMING NOTE IA1A ;

ELSE CONTINUE WITH IA6

‘QA17_I50’ [IA6] –

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

자녀분이 CHAMPUS/CHAMP VA, Tricare, 또는 군인이나 군인가족을 위한 의료혜택을 받고 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto ‘PN_QA17_I56’

‘POST_QA17_I50’ [POST_IA6] -

POST-NOTE IA6 :

IF IA6 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

'QA17_I51' [IA7] -

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

{자녀분/ 이 아이} (은)는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Healthy Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

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

[IF NEEDED, SAY: "에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP) 또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다. "[

- ☐ 01 AIM
- ☐ 02 MISTER MIP/MRMIP
- ☐ 03 Family PACT
- ☐ 04 HEALTHY KIDS
- ☐ 05 NO OTHER PLAN
- ☐ 91 SOMETHING ELSE (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 91, goto 'PN_QA17_I56'

OTHER_IA7

'POST_QA17_I51' [POST_IA7] -

POST-NOTE IA7 :

IF IA7 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

'QA17_I52' [IA8] - Does {he/she} have any health insurance coverage through a plan that I missed?

자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_I56'

'QA17_I53' [IA9] –

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

자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

[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?"]

[PROBE: “그 외에도 더 있습니까?”]

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'POST_QA17_I53' [POST_IA9] -

POST-NOTE IA9 :

IF IA9 = 1, SET TEEMP = 1 AND TEINSURE = 1;

IF IA9 = 2, SET TEEMP = 1 AND TEINSURE = 1;

IF IA9 = 3, SET TEDIRECT = 1 AND TEINSURE = 1;

IF IA9 = 4, SET TEMCARE = 1 AND TEINSURE = 1;

IF IA9 = 5, SET TEMCAL = 1 AND TEINSURE = 1;

IF IA9 = 7, SET TEMILIT = 1 AND TEINSURE = 1;

IF IA9 = 8, SET TEIHS = 1;

IF IA9 = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;

IF IA9 = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;

IF IA9 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;

IF IA9 = 92, SET TEOTHER = 1 AND TEINSURE = 1;

IF IA9 = -7 OR -8, SET TEINSURE = 1

'PN_QA17_I54' [PN_IA9VER] -

PROGRAMMING NOTE IA9VER :

**IF IA9 = 4 (TEEN HAS MEDICARE), CONTINUE WITH IA9VER ;
ELSE SKIP TO PROGRAMMING NOTE IA1A**

'QA17_I54' [IA9VER] –

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

재확인 하는 차원에서 다시 여쭙어 봅니다. (TEEN)이(가) 메디케어 혜택을 받는다고 하셨습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I55' [PN_IA1A] -

PROGRAMMING NOTE IA1A :

**IF TEINSURE ≠ 1 CONTINUE WITH IA1A ;
ELSE GO TO MA8 ;**

'QA17_I55' [IA1A] –

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

(TEEN) (이)가 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는 무엇입니까?

- ☐ 01 PAPERWORK TOO DIFFICULT
- ☐ 02 DIDN'T KNOW IF ELIGIBLE
- ☐ 03 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 OTHER NOT ELIGIBLE
- ☐ 06 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 07 DON'T NEED IT BECAUSE HEALTHY
- ☐ 08 ALREADY HAVE INSURANCE
- ☐ 09 DIDN'T KNOW IT EXISTED
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_IA1A

'PN_QA17_I56' [PN_MA8] -

PROGRAMMING NOTE MA8 :

IF IA10A = 1 AND ARMCARE = 1 AND AH124 = 1, THEN MA8 = AH124 AND MA7 = AH125 AND SKIP TO IA14 ;
ELSE IF IA10A = 1, THEN MA8 = AI22C AND MA7 = AI22A AND IA14 = AI25 AND GO TO PN AI82 ;
ELSE IF MA6 = 1, THEN MA8 = MA3 AND MA7 = MA2 AND IA14 = CF14 AND GO TO PN AI82 ;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH MA8 ;
ELSE GO TO PROGRAMMING NOTE AI82

'QA17_I56' [MA8] -

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

(TEEN) (이)의 주된 의료 보험은 HMO, 즉 건강 관리 기구(Health Maintenance Organization)입니까?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF NEEDED, SAY: "HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지 않습니다."]

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

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험."]

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I58'

**‘PN_QA17_I57’ [PN_AI116] -
PROGRAMMING NOTE AI116 :
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO MA7 ;
ELSE CONTINUE WITH AI116 ;**

‘QA17_I57’ [AI116] –

Is (TEEN)’s health plan a PPO or EPO?

(TEEN)의 의료 보험은 PPO 입니까, EPO 입니까?

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: “EPO 는 Exclusive Provider Organization(독점적 의료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: “PPO 는 Preferred Provider Organization(선호 의료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “{His/Her} MAIN health plan.”]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “자녀분의 주된 의료 보험.”]

- ☐ 01 PPO
- ☐ 02 EPO
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_I58’ [MA7] –

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

(TEEN) (이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (TEEN) have an insurance card or something else with the plan name on it?”]**[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “혹시 (TEEN) (이)의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?”]**

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS’ INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES

- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_MA7

'POST_QA17_I58' [POST_MA7] - POST_MA7**POST NOTE MA7 :****IF MA7 = 93, 87, OR 89 THEN SET TEMILIT=1****'QA17_I59'** [IA14] –

Is (TEEN) covered for prescription drugs?

(TEEN)(이)의 보험은 처방약도 보장해 줍니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I60' [PN_AI82] -**PROGRAMMING NOTE FOR AI82 :****IF [(ARINSURE ≠ 1 OR IA10A ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH AI82 ;
ELSE SKIP TO PN IA18****'QA17_I60' [AI82] -**

Does (TEEN)'s health plan have a deductible that is more than \$1,000?

(TEEN) (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 \$1,000 이 넘습니까?

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_I61' [AI83] -

Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

(TEEN) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 \$4,000 이 넘습니까?

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_I62' [PN_AI84] -
PROGRAMMING NOTE AI84 :
IF (AI82 = 1 OR 3) OR (AI83 = 1 OR 3), CONTINUE WITH AI84 ;
ELSE SKIP TO PROGRAMMING NOTE IA18**

'QA17_I62' [AI84] -

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

(TEEN)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 있습니다. 또 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 직장에서 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_I63' [PN_IA18] -
PROGRAMMING NOTE IA18 :
IF TEINSURE = 1, GO TO IA24 ;
ELSE CONTINUE WITH IA18**

'QA17_I63' [IA18] -

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

(TEEN) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_IA18

'QA17_I64' [IA20] -

Was (TEEN) covered by health insurance at any time during the past 12 months?

(TEEN) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_I66'

'QA17_I65' [IA21] - How long has it been since (TEEN) last had health insurance?

(TEEN) (이)가 의료 보험 없이 지낸 기간은 얼마나 되었습니까?

- ☐ 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 02 MORE THAN 3 YEARS AGO
- ☐ 03 NEVER HAD HEALTH INSURANCE COVERAGE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto 'PN_QA17_I74'

'QA17_I66' [IA22] -

For how many of the last 12 months did {he/she} have health insurance?

지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]
 _____ MONTHS [HR: 0-12]

If = 0 , goto 'PN_QA17_I74'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_I67' [IA23] -

During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

(TEEN)(이)가 의료 보험이 있던 기간 동안, 들어있던 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "그 외에도 더 있습니까?"]

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 3, 5, 6, 91, -7, -8, goto 'PN_QA17_I74'

‘QA17_I68’ [IA24] –

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

(TEEN) (은)는 지난 12 개월 내내 현재와 같은 의료 보험에 들어 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto ‘PN_QA17_I74’

‘QA17_I69’ [IA25] -

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

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_I71’

‘QA17_I70’ [IA26] –

Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

이 다른 의료 보험은 어떤 것이었습니까? 메디-칼, 귀하의 직장을 통해 가입한 보험, 귀하가 직접 보험회사로 부터 구입한 보험, 혹은 귀하가 커버드 캘리포니아(Covered California)를 통해 구입한 보험이었습니까, 아니면 제가 말씀 드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "그 외에도 더 있습니까?"]

- ☐ 01 MEDI-CAL
- ☐ 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_I71’ [IA27] –

During the past 12 months, was there any time when {he/she} had no health insurance at all?

지난 12 개월동안, {CHILD NAME/AGE/SEX}에게 의료 보험이 전혀 없던 때가 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_I74’

‘QA17_I72’ [IA28] –

For how many of the past 12 months did {he/she} have no health insurance?

지난 12 개월 동안 자녀분에게 의료보험이 없었던 기간은 몇 개월입니까?

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_I73’ [IA29] –

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

(TEEN) (이)가 보험에 들어 있지 않았던 동안, 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

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

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

OTHER_IA29

'PN_QA17_I74' [PN_AI56] -

PROGRAMMING NOTE AI56 :

IF NO TEEN SELECTED, GO TO SECTION J;

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father";

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA17_I74' [AI56] –

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

(TEEN)의 {어머니/ 아버지}는 어느 나라에서 출생하셨습니다?

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

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I75' [PN_AI57] -

PROGRAMMING NOTE AI57 :

IF AI56 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;

ELSE CONTINUE WITH AI57 ;

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father"

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA17_I75' [AI57] -

Does (TEEN)'s {mother/father} now live in the U.S.?

(CHILD)의 {어머니/ 아버지}는 현재 미국에 살고 계십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 MOTHER/FATHER DECEASED
- ☐ 04 MOTHER/FATHER NEVER LIVED IN US
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I76' [PN_AI58] -

PROGRAMMING NOTE AI58 :

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father";

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

IF AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";

ELSE DISPLAY "Is"

'QA17_I76' [AI58] -

{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

(TEEN)의 {어머니/ 아버지}는 미국 시민권자 {이십니까?/ 었습니까?}

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I77' [PN_AI59] -

PROGRAMMING NOTE AI59 :

IF AI58 =1 SKIP TO PN_AI60
 IF AA3 = 1 (R IS MALE), DISPLAY "mother";
 IF AA3 = 2 (R IS FEMALE), DISPLAY "father";
 IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

IF AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";

ELSE DISPLAY "Is"

'QA17_I77' [AI59] –

{Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

(TEEN)의 {어머니/ 아버지}는 그린 카드를 소지한 영주권자{이십니까? /였습니까?}

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]

[IF NEEDED, SAY: "흔히들 "그린 카드"라고는 하지만, 실제 색깔은 분홍색이나 파란색, 흰색일 수도 있습니다."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_I78' [PN_AI60] -

PROGRAMMING NOTE AI60 :

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father"

'QA17_I78' [AI60] –

About how many years has (TEEN)'s {mother/father} lived in the United States?

(TEEN)의 {어머니/ 아버지}는 미국에서 대략 몇 년이나 사셨습니까?

NUMBER OF YEARS

YEAR FIRST CAME AND LIVE IN U.S.

OTHER_AI60

- ☐ 01 NUMBER OF YEARS
- ☐ 02 YEAR FIRST CAME TO LIVE IN US
- ☐ 03 MOTHER/FATHER DECEASED
- ☐ 04 MOTHER/FATHER NEVER LIVED IN US
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section J: Health Care Utilization and Access

**'PN_QA17_J1' [PN_AH5] -
PROGRAMMING NOTE AH5 :
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU
receive";
ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"**

'QA17_J1' [AH5] –

{Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?

이제는 받고 계시는 의료 서비스에 대해 여쭙보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 방문하셨습니까?

- _____ TIMES [HR: 0-365]
☐ -7 REFUSED
☐ -8 DON'T KNOW

**'PN_QA17_J2' [PN_AH6] -
PROGRAMMING NOTE AH6 :
IF AH5 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH AH6 ;
ELSE GO TO PROGRAMMING NOTE AJ114**

'QA17_J2' [AH6] –

About how long has it been since you last saw a doctor about your own health?

자신의 건강 문제 때문에 가장 최근에 의사를 본 게 얼마 전이었습니까?

- ☐ 00 ONE YEAR AGO OR LESS
☐ 01 MORE THAN 1 UP TO 2 YEARS AGO
☐ 02 MORE THAN 2 UP TO 5 YEARS AGO
☐ 03 MORE THAN 5 YEARS AGO
☐ 04 NEVER
☐ -7 REFUSED
☐ -8 DON'T KNOW

**‘PN_QA17_J3’ [PN_AJ114] -
PROGRAMMING NOTE AJ114 :
IF AH6 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE AJ77 ;
ELSE CONTINUE WITH AJ114**

‘QA17_J3’ [AJ114] –

About how long has it been since you last saw a doctor or medical provider for a routine check-up?

귀하가 일상적인 검진을 받기 위해 의사나 의료 제공자를 마지막으로 방문한 지가 대략 얼마나 되었습니까?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

[IF NEEDED, SAY: “일상적인 검진이란 병이나 건강 문제가 없을 때 의사를 방문하는 것을 말합니다. 일상적인 검진을 할 때는 흡연과 같은 건강과 관련된 행동에 대한 질문을 할 수도 있습니다.”]

- ☐ 00 ONE YEAR AGO OR LESS
- ☐ 01 MORE THAN 1 UP TO 2 YEARS AGO
- ☐ 02 MORE THAN 2 UP TO 5 YEARS AGO
- ☐ 03 MORE THAN 5 YEARS AGO
- ☐ 04 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘PN_QA17_J4’ [PN_AJ77] -
PROGRAMMING NOTE AJ77 :
IF AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ77 ;
ELSE GO TO PROGRAMMING NOTE AJ102**

‘QA17_J4’ [AJ77] –

Do you have a personal doctor or medical provider who is your main provider?

귀하의 담당 의사 역할을 하는 주치의나 의료 제공자가 있습니까?

[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]

[IF NEEDED, SAY: “여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 다른 의료 제공자가 포함될 수 있습니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J5' [PN_AJ102] - PN_AJ102

PROGRAMMING NOTE AJ102:

IF ARINSURE =1 OR AH1 = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ102

ELSE GO TO PROGRAMMING NOTE AJ80

IF AJ77 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";

ELSE DISPLAY "a";

'QA17_J5' [AJ102] –

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

지난 12 개월 동안, 귀하가 아프거나 다쳐서 담당의사 또는 외료 제공자와이틀 안에 진료 예약을 잡으려고 시도했던 적이 있으셨습니까?

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

[IF NEEDED, SAY: “어전트 케어 (urgent care), 즉 긴급 진료나 응급실에 가게 된 경우는 제외해 주십시오. 이 질문에는 진료 예약에만 해당됩니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

IF = 2, -7, -8 go to 'PN_QA17_J7'

'QA17_J6' [AJ103] –

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

예약을 이틀 안에 할 수 있었던 경우가 얼마나 자주 있었습니까?

- ☐ 01 Never,
- ☐ 01 전혀 없었음
- ☐ 02 Sometimes,
- ☐ 02 가끔
- ☐ 03 Usually, or
- ☐ 03 보통
- ☐ 04 Always
- ☐ 04 항상
- ☐ -7 DON'T KNOW
- ☐ -8 REFUSED

'PN_QA17_J7' [PN_AJ80] -

PROGRAMMING NOTE AJ80:

**IF AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND AJ77 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(AB40 = 1 OR AB41 = 1 (HAS ASTHMA)) OR AB22 = 1 (HAS DIABETES) OR AB34 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH AJ80;
ELSE GO TO AJ152**

'QA17_J7' [AJ80] -

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?

귀하가다니는병원이나클리닉에는다른의사에게진료나검사를받거나,
치료같은의료서비스를받을수있도록도와주는사람이있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J8' [AJ152] -

During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

지난 12 개월 동안, 귀하께서는 병원에 방문하는 대신 비디오를 통한 화상 대화나 전화 통화를 통해 의사나 의료 제공자의 진료를 받으신 적이 있으십니까?

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]

[IF NEEDED, SAY: "예약을 하기 위한 통화나 처방약 리필과 관련된 통화는 제외해 주십시오. 간호사의 헬프라인에 걸었던 전화는 제외해 주십시오."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_J10'

'QA17_J9' [AJ153] -

Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

진료는 피부나 눈에 생긴 문제에 대한 것이었습니까, 정신 건강이나 정서 문제에 대한 것이었습니까, 아니면 기타 다른 건강문제와 관련된 것이었습니까?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "다른 문제와 관련된 것은 없으셨습니까?"]

- ☐ 01 SKIN PROBLEM
- ☐ 02 EYE PROBLEM
- ☐ 03 MENTAL OR EMOTIONAL HEALTH PROBLEM
- ☐ 91 OTHER HEALTH PROBLEM (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J10' [PN_AJ8B] -

PROGRAMMING NOTE AJ8 :

IF AH5 > 0 OR AH6 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH AJ8 ;

ELSE GO TO PROGRAMMING NOTE AJ105

'QA17_J10' [AJ8B] -

The last time you saw a doctor, did you have a hard time understanding the doctor?

지난 번에 의사를 보았을 때 의사가 하는 말이 알아듣기 힘들었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_J12'

If = -7, -8, goto 'PN_QA17_J15'

'PN_QA17_J11' [PN_AJ50] -

PROGRAMMING NOTE AJ50 :

IF AJ8B = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH AJ50 ;

SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME AJ50 WAS ASKED;

ELSE SKIP TO PROGRAMMING NOTE AJ105

'QA17_J11' [AJ50] -

In what language did the doctor speak to you?

그 의사는 귀하와 어떤 언어로 대화합니까?

- ☐ 01 ENGLISH
- ☐ 02 SPANISH
- ☐ 03 CANTONESE
- ☐ 04 VIETNAMESE
- ☐ 05 TAGALOG
- ☐ 06 MANDARIN
- ☐ 07 KOREAN
- ☐ 08 ASIAN INDIAN LANGUAGES
- ☐ 09 RUSSIAN
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_J13'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto 'PN_QA17_J15'

OTHER_AJ50

‘QA17_J12’ [AJ9] –

Was this because you and the doctor spoke different languages?

그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_J13’ [AJ10] –

Did you need someone to help you understand the doctor?

의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_J15’

‘QA17_J14’ [AJ11] –

Who was this person who helped you understand the doctor?

의사의 말을 알아 듣도록 도와 주었던 사람이 누구였습니까?

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

- ☐ 01 MINOR CHILD (UNDER AGE 18)
- ☐ 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- ☐ 03 NON-MEDICAL OFFICE STAFF
- ☐ 04 MEDICAL STAFF INCLUDING NURSES/DOCTORS
- ☐ 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- ☐ 06 OTHER (PATIENTS, SOMEONE ELSE)
- ☐ 07 DID NOT HAVE SOMEONE TO HELP
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_J15’ [PN_AJ105] -

PROGRAMMING NOTE AJ105 :

**IF AH37 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH AJ105 ;
ELSE GO TO PROGRAMMING NOTE AJ106**

‘QA17_J15’ [AJ105] –

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

캘리포니아 주에서는 병원에서 진료를 받는 동안 통역 서비스를 무료로 받을 권리가 있습니다. 지금까지 이러한 권리가 있다는 것을 알고 계셨습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J16' [PN_AJ106] -

PROGRAMMING NOTE AJ106 :

**IF [ARINSURE = 1 OR AI27 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)]
AND AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ106 ;
ELSE GO TO AH16**

'QA17_J16' [AJ106] -

In the past 12 months, did you change where you usually go for health care?

지난 12 개월 동안, 진료를 받으러 다니던 병원을 바꾼 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_J18'

'QA17_J17' [AJ107] -

Did you have to change because of your health insurance plan?

의료 보험 때문에 병원을 바꾸어야 했습니까?

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]

[IF NEEDED, SAY: "의료 보험과 관련된 이유로 진료를 받으러 다니던 병원을 바꾸어야 했습니까?"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J18' [AH16] -

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

지난 12 개월 동안 의사가 처방해준 약을 사는 것을 미루거나 아예 사지 않으신 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_J21'

'QA17_J19' [AJ19] -

Was cost or lack of insurance a reason why you delayed or did not get the prescription?

비용 문제나 보험이 없던 것이 처방약을 늦게 받거나 받지 못한 이유였습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J20' [PN_AJ176] -
PROGRAMMING NOTE AJ167a:
IF ARINSURE = 1, THEN CONTINUE WITH AJ167a;
ELSE GO TO AH22

'QA17_J20' [AJ176] –

Did you delay or not get a medicine while you had your current insurance plan?

현재 건강보험 플랜에 가입한 후로 미루거나 받지 않은 의료 혜택이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J21' [AH22] –

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 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것과 같은 귀하가 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_J27'

'QA17_J22' [AJ129] –

Did you get the care eventually?

귀하는 결국 진료를 받았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J23' [AJ20] –

Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

비용 문제나 보험이 없던 것이 필요한 진료를 연기했거나 받지 못한 이유였습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_J25'

'QA17_J24' [AJ130] –

Was that the main reason?

그것이 주된 이유였습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'QA17_J27'

'QA17_J25' [AJ131] –

What was the one main reason why you delayed getting the care you felt you needed?

귀하가 필요하다고 느낀 진료받기를 연기한 한 가지 주된 이유는 무엇이었습니까?

- ☐ 01 COULDN'T GET APPOINTMENT
- ☐ 02 MY INSURANCE NOT ACCEPTED
- ☐ 03 INSURANCE DID NOT COVER
- ☐ 04 LANGUAGE PROBLEMS
- ☐ 05 TRANSPORTATION PROBLEMS
- ☐ 06 HOURS NOT CONVENIENT
- ☐ 07 NO CHILD CARE FOR CHILDREN AT HOME
- ☐ 08 FORGOT OR LOST REFERRAL
- ☐ 09 I DIDN'T HAVE TIME
- ☐ 10 COULDN'T AFFORD/COST TOO MUCH
- ☐ 11 NO INSURANCE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J26' [PN_AJ177] -

PROGRAMMING NOTE AJ168a:

IF ARINSURE = 1, THEN CONTINUE WITH AJ168a;

ELSE GO TO AH136

'QA17_J26' [AJ177] –

Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

현재 건강보험 플랜에 가입한 후로 필요하다고 생각되지만 미루거나 받지 않은 다른 의료 혜택이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J27' [AJ136] –

The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

다음의 질문들은 전문의에 대한 것입니다. 전문의란 외과의사, 심장과의사, 알러지 의사, 피부과의사 같은 의사들, 그리고 의료 서비스의 한 분야를 전문적으로 진료하는 의사들을 말합니다.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

지난 12 개월 동안, 귀하 또는 주치의가 귀하가 전문의의 진료를 받을 필요가 있다고 생각한 적이 있습니까?

[IF NEEDED: Do not include dental visits.] [IF NEEDED, SAY: “치과 방문은 포함시키지 마십시오.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J28' [PN_AJ137] -

PROGRAMMING NOTE AJ137 :

IF AJ136 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH AJ137 ;

ELSE GO TO AJ133

'QA17_J28' [AJ137] –

During the past 12 months, did you have any trouble finding a medical specialist who would see you?

지난 12 개월 동안, 귀하를 진료할 전문의를 찾는 데 문제가 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J29' [AJ138] –

During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

지난 12 개월 동안, 전문의의 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J30' [PN_AJ139] -

PROGRAMMING NOTE AJ139 :

IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH AJ139 ;

ELSE SKIP TO AJ133

'QA17_J30' [AJ139] –

During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

지난 12 개월 동안, 전문의 병원에서 자기들은 귀하의 주 의료 보험을 받지 않는다고 말한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J31' [AJ133] –

Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

이제 일반의에 대해 답변해 주십시오. 지난 12 개월 동안, 귀하를 진료해 줄 일반의를 찾는 데 문제가 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J32' [AJ134] –

During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

지난 12 개월 동안, 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J33' [PN_AJ135] -

PROGRAMMING NOTE AJ135 :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH AJ135 ;
ELSE SKIP TO AJ169

'QA17_J33' [AJ135] –

During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

지난 12 개월 동안, 병원에서 귀하의 주 의료 보험을 받지 않겠다고 말한 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_J34’ [PN_AJ169] -

PROGRAMMING NOTE AJ169:
IF AGE > 49 YEARS GO TO AG1;
ELSE IF AA3 = 1 THEN GO TO AJ144B;
ELSE CONTINUE WITH AJ169

‘QA17_J34’ [AJ169] –

Which of the following statements best describes your pregnancy plans? Would you say...

귀하의 임신 계획을 가장 잘 설명한 문장은 다음 중 어느 것입니까? 다음 중에서 선택하십시오.

- ☐ 01 You do not plan to get pregnant within the next 12 months,
- ☐ 01 향후 12개월 내에 임신할 계획이 없습니다,
- ☐ 02 You are not sexually active
- ☐ 02 성행위를 하지 않습니다
- ☐ 03 You are planning to get pregnant within the next 12 months, or
- ☐ 03 향후 12개월 내에 임신할 계획입니다
- ☐ 04 You are currently pregnant?
- ☐ 04 현재 임신 중입니다
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_J35’ [PN_AF40B] -

PROGRAMMING NOTE AF40B:**IF AD13 = 1 (PREGNANT), GO TO AG1;****IF AA3 = 2 (FEMALE) AND AD46 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO AG1; IF AJ169= 2, 4(NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO AJ144B;****ELSE CONTINUE WITH AF40B**

‘QA17_J35’ [AF40B] –

Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

본인께서나, 아니면 상대방 남자분께서 임신을 예방하기 위해 피임을하시나요? 여기엔 남성 또는 여성 불임 수술도 포함됩니다.

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, 3, -7, -8, goto ‘QA17_J39’

'PN_AJ154' [PN_AJ154] -
PROGRAMMING NOTE AJ154:
IF AF40B = 2(NO) OR -7 (REF) OR -8 (DK), GO TO AJ170;
ELSE CONTINUE WITH AJ154

'AJ154' [AJ154] –

Which birth control method or methods are you using?

귀하께서는 어떤 방법으로 피임을 하십니까?

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “다른 보형도 있습니까?”]

- ☐ 01 TUBAL LIGATION (TUBES TIED OR CUT)
- ☐ 02 VASECTOMY (MALE STERILIZATION)
- ☐ 03 IUD (MIRENA, PARAGARD)
- ☐ 04 IMPLANT (IMPLANON, NEXPLANON)
- ☐ 05 BIRTH CONTROL PILLS
- ☐ 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- ☐ 07 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_J37’ [AJ170] –

What is the MAIN reason you are NOT currently using birth control?

귀하가 현재 피임을 하지 않는 주된 이유는 무엇입니까?

- ☐ 01 TRYING TO GET PREGNANT/WANT A BABY
- ☐ 02 HAVEN'T FOUND A METHOD I LIKE
- ☐ 03 COST
- ☐ 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ☐ 05 NO TRANSPORTATION
- ☐ 06 DON'T KNOW WHERE TO GET IT
- ☐ 07 DON'T BELIEVE IN BIRTH CONTROL
- ☐ 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ☐ 09 PARTNER WON'T LET ME
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_J38’ [AJ171] –

Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant (that thing in your arm)?

의사, 의료 서비스 제공자, 또는 가족 계획 상담사가 IUD(자궁 내 장치) 또는 임플란트(팔에 이식하는 것)에 대해 설명해준 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J39' [PN_AJ144B] -
PROGRAMMING NOTE AJ144B:
IF AA3=2 (FEMALE) THEN GO TO AG1;
ELSE IF AA3=1 (MALE) CONTINUE WITH AJ144B;

'QA17_J39' [AJ144B] -

During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

지난 12개월 동안, 귀하는 의사나 의료 제공자로부터 남성 또는 여성의 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J40' [AJ172] -

Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

본인께서나, 아니면 상대방 남자분께서 임신을 예방하기 위해 피임을 하시나요? 여기엔 남성 또는 여성 불임 수술도 포함됩니다.

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO FEMALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J41' [PN_AJ174] -
PROGRAMMING NOTE AJ174:
IF AJ172 = 2 (NO) or 3 (NO FEMALE PARTNER) THEN GO TO AJ175;
ELSE CONTINUE WITH AJ174;

'QA17_J41' [AJ174] -

Which birth control method or methods are you using?

귀하께서는 어떤 방법으로 피임을 하십니까?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "다른 보형도 있습니까?"]

- ☐ 03 IUD (MIRENA, PARAGARD)
- ☐ 04 IMPLANT (IMPLANON, NEXPLANON)
- ☐ 05 BIRTH CONTROL PILLS
- ☐ 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- ☐ 07 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_J42' [PN_AJ175] -
PROGRAMMING NOTE AJ175:
IF AJ172=2 (N0), CONTINUE WITH AJ175;
ELSE GO TO AG1;

'QA17_J42' [AJ175] -

What is the MAIN reason you are NOT currently using birth control?

귀하가 현재 피임을 하지 않는 주된 이유는 무엇입니까?

- ☐ 01 TRYING TO GET PREGNANT/WANT A BABY
- ☐ 02 HAVEN'T FOUND A METHOD I LIKE
- ☐ 03 COST
- ☐ 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ☐ 05 NO TRANSPORTATION
- ☐ 06 DON'T KNOW WHERE TO GET IT
- ☐ 07 DON'T BELIEVE IN BIRTH CONTROL
- ☐ 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ☐ 09 PARTNER WON'T LET ME
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_J43' [AG1] -

These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

다음 질문들은 치아 건강에 관한 것입니다. 귀하가 마지막으로 치과 의사나 치과 클리닉을 방문한 지 대략 얼마나 되었습니까? 치 위생사와 모든 종류의 치과 진료 전문가들을 포함시키십시오.

- ☐ 00 HAVE NEVER VISIT
- ☐ 01 6 MONTHS AGO OR LESS
- ☐ 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- ☐ 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- ☐ 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- ☐ 05 MORE THAN 5 YEARS AGO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 0, -7, -8, goto 'QA17_J45'

'QA17_J44' [AJ167] -

Was it for a routine checkup or cleaning, or was it for a specific problem?

치과에 간 이유는 정기 검진이나 클리닝을 위해서였습니까? 아니면, 치아에 어떤 문제가 생겨서였습니까?

- ☐ 01 ROUTINE CHECKUP OR CLEANING
- ☐ 02 SPECIFIC PROBLEM
- ☐ 03 BOTH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_J45’ [AG3] –

Do you now have any type of insurance that pays for part or all of your dental care?

귀하는 현재 치과 진료비를 전부 혹은 일부를 보조해 주는 보험이 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_J46’ [AJ168] –

How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

귀하의 치아 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그런대로 괜찮습니까, 아니면 좋지 않습니까?

- ☐ 01 EXCELLENT
- ☐ 02 VERY GOOD
- ☐ 03 GOOD
- ☐ 04 FAIR
- ☐ 05 POOR
- ☐ 06 HAS NO NATURAL TEETH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section DM: Discrimination

‘QA17_DM1’ [DMC8] –

These next questions are about things that have happened to you while receiving medical care.

다음에 드릴 질문들은 귀하께서 병원에서 치료를 받으셨을 때의 경험에 대한 것입니다.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

귀하가 다른 인종이나 민족이었다면 더 나은 치료를 받을 수도 있었을 것이라고 느끼신 적이 한 번이라도 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_DM3’

‘QA17_DM2’ [DMC9] –

Think about the last time this happened. How long ago was that?

마지막으로 이런 경험을 한 것이 언제입니까?

- ☐ 01 A YEAR AGO OR LESS
- ☐ 02 MORE THAN 1 UP TO 2 YEARS AGO
- ☐ 03 MORE THAN 2 UP TO 3 YEARS AGO
- ☐ 04 MORE THAN 3 UP TO 5 YEARS AGO
- ☐ 05 MORE THAN 5 UP TO 10 YEARS AGO
- ☐ 06 MORE THAN 10 UP TO 20 YEARS AGO
- ☐ 07 MORE THAN 20 YEARS AGO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_DM3’ [DMC3] –

Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say...

귀하가 이제까지 살아오면서, 치료를 받을 때 부당한 대우를 받은 적이 얼마나 자주 있었습니까?

- ☐ 01 Never,
- ☐ 02 Rarely,
- ☐ 03 Sometimes, or
- ☐ 04 Often?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto ‘QA17_K1’

'QA17_DM4' [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 이제까지 살아오면서 부당한 대우를 받은 주된 이유라고 생각하십니까?

- ☐ 01 Your ancestry or national origin
- ☐ 01 민족 또는 출신국
- ☐ 02 Because of your gender or sex
- ☐ 02 성별
- ☐ 03 Because of your race or skin color
- ☐ 03 인종 또는 피부색
- ☐ 04 Because of your age, or
- ☐ 04 연령
- ☐ 05 Because of the way you speak English, or
- ☐ 05 연령
- ☐ 06 For some other reason? (Specify: _____)
- ☐ 06 그 밖의 다른 이유? (구체적으로: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_DM5' [DMC7] –

Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

지금까지 살아오면서, 이렇게 부당한 대우를 받은 경험들 때문에 얼마나 스트레스를 받으신 편입니까?

- ☐ 01 Not at all stressful
- ☐ 01 전혀 스트레스를 받지 않았다
- ☐ 02 A little stressful
- ☐ 02 약간 스트레스를 받았다
- ☐ 03 Somewhat stressful, or
- ☐ 03 상당히 스트레스를 받았다
- ☐ 04 Extremely stressful?
- ☐ 04 매우 스트레스를 받았다
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'PN_QA17_K1' [PN_AK3] -

PROGRAMMING NOTE AK3 :

**IF AK1 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR AG10 = 1 (R USUALLY WORKS) CONTINUE WITH AK3 ;
ELSE GO TO PROGRAMMING NOTE AK20**

'QA17_K1' [AK3] -

The next questions are about your employment.

다음의 질문들은 귀하의 고용 상태에 대한 것입니다.

How many hours per week do you usually work at all jobs or businesses?

귀하는 자신의 모든 직장 또는 사업체에서 보통 주 당 몇 시간씩 일하십니까?

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

_____ HOURS [HR: 0-95]

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA17_K2' [AK7] -

How long have you worked at your main job?

지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

[IF NEEDED, SAY: "That is, for your current employer."]

[IF NEEDED, SAY: "지금 다니시는 직장을 말합니다."]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AK7M' [AK7M] - _____ MONTHS [HR: 0-12]

'AK7Y' [AK7Y] - _____ YEARS [HR: 0-50]

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

'PN_QA17_K3' [PN_AK10] -

PROGRAMMING NOTE AK10 :

**IF AK1 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR AG10 = 1 (USUALLY WORKS), CONTINUE WITH AK10 ;
ELSE SKIP TO PROGRAMMING NOTE AK20**

'QA17_K3' [AK10] -

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?

지난 달, 귀하가 시간당 임금과 월급, 팁, 커미션 등을 포함한 모든 직장 및 비즈니스에서 번 소득은 모두 얼마입니까? 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

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

\$_____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

'PN_QA17_K4' [PN_AK20] -

PROGRAMMING NOTE AK20 ;

IF AG8 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR AG11 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH AK20 AND:

IF AK1 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND AH43 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF AK1 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "The next question is about your partner's employment."

IF AH43 = 1 THEN DISPLAY "spouse";

ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner";

ELSE SKIP TO AK22

'QA17_K4' [AK20] -

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

{다음 질문은 귀하의 배우자의 고용 상태에 대한 것입니다.}

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

귀하의 {남편/부인/배우자}는 그 분의 모든 직장 또는 사업체에서 보통 주 당 몇 시간씩 일하십니까?

_____ HOURS [HR: 0-95]

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

'PN_QA17_K5' [PN_AK10A] -

PROGRAMMING NOTE AK10A :

IF AK20 ≠ 0 CONTINUE WITH AK10A ;

IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner's";

ELSE GO TO AK22

'QA17_K5' [AK10A] -

What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

지난 달, 귀하의 {배우자/동거인} (이/가) 시간당 임금과 월급, 팁, 커미션 등을 포함한 모든 직장파 비즈니스에서 번 소득은 모두 얼마입니까? 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

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

NUM_HOU_AK10A

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_K6' [AK22] -

What is your best estimate of your household's total annual income from all sources before taxes in 2016?

세금을 공제하기 전 2016 년 귀하 가구의 연간 총 수입은 얼마나 됩니까? 아시는 대로 말씀해 주십시오.

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF NEEDED, SAY: "직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 지원 등을 포함해 주십시오. 아울러, 이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의 수입도 포함해 주십시오."]

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

\$_____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_K8'

'QA17_K7' [AK22A] -

PLEASE VERIFY AMOUNT ENTERED:

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

귀하의 총 가구수입을 (AMOUNT) 라고 기록했는데, 맞습니까?

- ☐ 1 YES
- ☐ 2 NO

If = 1, goto 'PN_QA17_K14'

If = 2, Go back to 'QA17_K6'

'PN_QA17_K8' [PN_AK11] -
PROGRAMMING NOTE AK11 :
IF AK22 = -7 OR -8 CONTINUE WITH AK11 ;
ELSE GO TO PROGRAMMING NOTE AK17

'QA17_K8' [AK11] -

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

저희가 정확하게 알 필요는 없습니다. 그렇지만, 귀댁의 세금 공제전 연간 가구당 총수입이 \$20,000 이상입니까, 이하입니까?

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$20K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_K10'

If = -7, -8, goto 'PN_QA17_K14'

'QA17_K9' [AK12] -

Is it ...

수입이...

- ☐ 01 \$5,000 or less,
- ☐ 02 \$5,001 to \$10,000,
- ☐ 03 \$10,001 to \$15,000, or
- ☐ 04 \$15,001 to 20,000?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, -7, -8, goto 'PN_QA17_K14'

'QA17_K10' [AK13] -

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

수입이 연 \$70,000 이상입니까, 아니면 그 이하입니까?

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$70K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_K12'

If = -7, -8, goto 'PN_QA17_K14'

‘QA17_K11’ [AK14] –

Is it ...

귀가구의 연간 수입이...

- ☐ 01 \$20,001 to \$30,000,
- ☐ 02 \$30,001 to \$40,000,
- ☐ 03 \$40,001 to \$50,000,
- ☐ 04 \$50,001 to \$60,000, or
- ☐ 05 \$60,001 to \$70,000?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 5, -7, -8, goto ‘PN_QA17_K14’**‘QA17_K12’ [AK15] –**

Is it more or less than \$135,000 per year?

수입이 연 \$135,000 이상입니까, 이하입니까?

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$135K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto ‘PN_QA17_K14’**‘QA17_K13’ [AK16] –**

Is it ...

수입이...

- ☐ 01 \$70,001 to \$80,000,
- ☐ 02 \$80,001 to \$90,000,
- ☐ 03 \$90,001 to \$100,000, or
- ☐ 04 \$100,001 to \$135,000?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_K14' [PN_AK17] -
PROGRAMMING NOTE AK17 :
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE AK18 ;
ELSE CONTINUE WITH AK17**

'QA17_K14' [AK17] -

Including yourself, how many people living in your household are supported by your total household income?

가구 구성원 중 이 총 가구 수입으로 부양받는 사람들이 본인을 포함하며 몇 명입니까?

_____ NUMBER OF PEOPLE [HR: 1-20]

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

**'PN_QA17_K15' [PN_AK18] -
PROGRAMMING NOTE AK18 :
AK18 MUST BE LESS THAN AK17 ;
IF R IS ONLY MEMBER OF HH, GO TO AK32 ;
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) = AK17 GO
TO PROGRAMMING NOTE AK32 ;
ELSE CONTINUE WITH AK18**

'QA17_K15' [AK18] -

How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

{INSERT NUMBER FROM QA15_K15} 중 몇 명이 18 세 미만의 자녀분이십니까?

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA17_K16' [AK32] -

Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

현재 함께 살고 있지는 않지만 미국에 살고 있고, 이 총 가구 수입에 의존하는 다른 사람들이 있습니까?

- ☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_AM1'

'QA17_K17' [AK33] -

How many?

그러한 사람들이 몇 명이나 됩니까?

_____ NUMBER OF PEOPLE [HR: 1-20]
☐ -7 REFUSED
☐ -8 DON'T KNOW

'PN_QA17_K18' [PN_AM1B] -

PROGRAMMING NOTE AM1B :

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH AM1B ;

IF HH Income ≤ 300% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1) AND SAMPLED COUNTY IS SAN FRANCISCO OR ALAMEDA], CONTINUE WITH AM1B; **ELSE GO TO AL2**

'PN_AM1B_2' [PN_AM1B_2] -

PROGRAMMING NOTE AM1B :

IF AK17 = 1, THEN DISPLAY "I",
ELSE IF AK17 > 1 DISPLAY "We"

'QA17_K18' [AM1B] -

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 집에서 드신 음식에 대해, 그리고 식비를 부담하실 수 있었는지에 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: "The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 귀하 본인과 귀하 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.

Was that often true, sometimes true, or never true for you and your household in the last 12 months? "The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

첫번째 문장은 "{I/we}가 산 음식은 금방 떨어졌고, {I/we}는 음식을 더 살 돈이 없었다"입니다. 지난 12 개월 동안의 귀하 본인과 귀하 가정의 경우에, 이 말이 여러번 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

- ☐ 01 OFTEN TRUE
- ☐ 02 SOMETIMES TRUE
- ☐ 03 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_K19' [PN_AM2B] -
PROGRAMMING NOTE AM2B :
IF AK17 = 1, THEN DISPLAY "I",
ELSE IF AK17 > 1 DISPLAY "We"

'QA17_K19' [AM2B] -

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?

두번째 문장은 "{내/우리}가 골고루 영양분을 섭취할 수 있는 식사를 할 금전적 여유가 없었다"입니다. 지난 12 개월 동안 귀하와 귀 가구를 생각할 때, 이것은 흔히 있는 일, 가끔 있는 일, 전혀 일어나지 않은 일 중 무엇입니까?

- ☐ 01 OFTEN TRUE
- ☐ 02 SOMETIMES TRUE
- ☐ 03 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_K20' [AM3B] -

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 없었기때문에 식사 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오로 대답해주십시오.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_K22'

'QA17_K21' [AM3C] -

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?

- ☐ 01 ALMOST EVERY MONTH
- ☐ 02 SOME MONTHS BUT NOT EVERY MONTH
- ☐ 03 ONLY IN 1 OR 2 MONTHS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_K22' [AM4B] –

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 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_K23' [AM5B] –

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

지난 12 개월 동안 귀하가 음식을 살 충분한 돈이 없었기 때문에 배가 고팠지만 음식을 걸렀던 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section L: Public Program Participation

IF HOUSEHOLD INCOME IS \leq 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE \neq 1)] CONTINUE WITH SECTION L;

ELSE GO TO AK23

'QA17_L1' [AL2] –

Are you now receiving TANF or CalWORKs?

귀하는 현재 탠프(TANF)나 캘웍스(CalWORKs)를 받고 있습니까?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "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."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_L2' [PN_IAP1] -

PROGRAMMING NOTE IAP1 :

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH IAP1 ;

ELSE GO TO AL5 ;

'QA17_L2' [IAP1] –

Is(TEEN) now receiving TANF or CalWORKs?

{청년,남/여}{이}가 AFDC 나 TANF 나 칼웍스를 현재 받고 있습니까?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "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."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L3’ [AL5] –

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

귀하는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고 계십니까?

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: “이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT 는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_L4’ [PN_IAP2] -

PROGRAMMING NOTE LAP2 :

IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH LAP2 ;

ELSE GO TO AL6

‘QA17_L4’ [IAP2] –

Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

{ADOLESCENT /AGE/SEX}(이)는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고 있습니까?

[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.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L5’ [AL6] –

Are you receiving Supplemental Security Income (SSI)?

SSI 를 받고 계십니까?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

[IF NEEDED, SAY: “SSI 는 생활보조금을 말합니다. 사회보장금하곤 다릅니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_L6’ [PN_AL7] -

PROGRAMMING NOTE AL7 :

IF AA3 = 2 (FEMALE) AND [AD13 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]

CONTINUE WITH AL7 ;

ELSE GO TO PROGRAMMING NOTE AL9

‘QA17_L6’ [AL7] –

Are you on WIC?

WIC(윅) 혜택을 받고 계십니까?

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

[IF NEEDED, SAY: “WIC(윅)은 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_L7’ [PN_AL9] -

PROGRAMMING NOTE AL9 :

IF AL8 = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR AA2A = 6) AND (POVERTY < 6 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH AL9 ; ELSE SKIP TO PROGRAMMING NOTE AL15B ;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM AK17 .

IF AK17 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF AK17 = 1 DISPLAY \$2000;

IF AK17 = 2 DISPLAY \$3000;

IF AK17 = 3 DISPLAY \$3150;

IF AK17 = 4 DISPLAY \$3300;

IF AK17 = 5 DISPLAY \$3450;

IF AK17 = 6 DISPLAY \$3600;

IF AK17 = 7 DISPLAY \$3750;

IF AK17 = 8 DISPLAY \$3900;

IF AK17 = 9 DISPLAY \$4050;

IF AK17 ≥ 10 DISPLAY \$4200;

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “your family’s”;

ELSE DISPLAY “your”

‘QA17_L7’ [AL9] –

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}?

귀하가 소유한 주택이나 자동차의 가치를 제외하고, {귀하/ 귀하의 가족} (이/가) 소유한 현금, 저축, 투자금 등 자산의 총 가치가 {PROPERTY LIMIT}를 넘습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto ‘PN_QA17_L14’

'PN_QA17_L8' [PN_AL34] -

PROGRAMMING NOTE AL34 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

'QA17_L8' [AL34] -

About how much {do you/does your family} have in cash, savings, and investments?

{귀하/ 귀하의 가족}은 현금, 저축, 투자한 금액으로 대략 얼마나 갖고 계십니까?

[IF NEEDED, SAY: "Again, do not count the value of any house or car you may own."]

[IF NEEDED, SAY: "다시 말씀드리지만, 귀하의 집이나 자동차의 가치는 포함하지 말아 주십시오."]

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

\$_____ AMOUNT [HR: 0-999995]_

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_L9' [PN_AL35] -

PROGRAMMING NOTE AL35 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

'QA17_L9' [AL35] -

Besides your primary car or truck, {do you/does your family} own other cars or trucks?

귀하가 주로 쓰는 자동차나 트럭 이외에, {귀하/ 귀하의 가족} (은)는 다른 자동차나 트럭들을 소유하고 계십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_L12'

'QA17_L10' [AL36] -

Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

이 자동차나 트럭들은 개인 용도로만 사용하십니까? 장애인의 이동을 돕는다든지, 일이나 업무용 자동차나 트럭은 포함하지 말아 주십시오.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_L12'

'PN_QA17_L11' [PN_AL37] -

PROGRAMMING NOTE AL37 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "your";

'QA17_L11' [AL37] -

Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?

{귀하/ 귀하의 가족} 이(가) 갚아야 할 대출금을 제외하면, 이들 자동차와 트럭의 가격은 얼마 정도라고 생각하십니까?

[IF NEEDED: Do not include your primary cars or trucks.]

[IF NEEDED: 귀하가 주로 쓰는 자동차나 트럭들은 포함하지 마십시오.]

[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]

[IF NEEDED: 장애인의 이동을 돕거나, 업무용 자동차나 트럭들은 포함하지 말아 주십시오.]

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

\$_____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_L12' [PN_AL38] -

PROGRAMMING NOTE AL38 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Does your family"; ELSE DISPLAY "Do you"

'QA17_L12' [AL38] -

{Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?

{귀하/ 귀하의 가족} 은(는) 오토바이, 보트, 트레일러, 그 밖에 비 상업용 운송 수단이 있으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_L14'

'PN_QA17_L13' [PN_AL39] -

PROGRAMMING NOTE AL39 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"

'QA17_L13' [AL39] –

Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?

{귀하/ 귀하의 가족} 이(가) 갚아야 할 대출금을 제외하면, {귀하/ 귀하의 가족}이(가) 이 소유한 이들 오토바이, 보트, 트레일러, 그 밖의 비상업용 차량의 가치는 얼마 정도라고 생각하십니까?

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

\$_____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_L14' [PN_AL15B] -

PROGRAMMING NOTE AL15 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";

ELSE DISPLAY "you"

'QA17_L14' [AL15B] –

Did {you or your spouse/you or your partner/you} receive any money last month for child support?

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하} 은(는) 지난 달에 자녀 양육비 조로 받으신 돈이 조금이라도 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_L16'

‘PN_QA17_L15’ [PN_AL16B] -
PROGRAMMING NOTE AL16 :
IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY “combined” AND
“and your spouse”;
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)]
AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY “combined” AND “and your partner”;
ELSE CONTINUE WITHOUT DISPLAYS

‘QA17_L15’ [AL16B] –

What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하} (이) 가 지난 달에 자녀 양육비로 받은 것은 {모두 합해서} 총 얼마였습니까?

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

\$_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_L16’ [PN_AL17] -

PROGRAMMING NOTE AL17 :
IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)]
AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY “you”

‘QA17_L16’ [AL17] –

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

{귀하나 귀하의 동거인 또는 두 분 모두/ 귀하나 귀하의 배우자 또는 두 분 모두/ 귀하} 이(가) 지난 달에 자녀 양육비 조로 보내신 돈이 조금이라도 있습니까?

- ☐ 01 YES, RESPONDENT PAID
- ☐ 02 YES, SPOUSE/PARTNER PAID
- ☐ 03 YES, BOTH PAID
- ☐ 04 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 4, -7, -8, goto ‘PN_QA17_L18’

‘PN_QA17_L17’ [PN_AL18] -

PROGRAMMING NOTE AL18 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)]
AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

‘QA17_L17’ [AL18] –

What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

{귀하나 귀하의 동거인 또는 두 분 모두/ 귀하나 귀하의 배우자 또는 두 분 모두/ 귀하}이(가) 지난 달에 자녀 양육비로 지불한 돈은 총 얼마입니까?

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

_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_L18’ [PN_AL32] -

PROGRAMMING NOTE AL32 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)]
AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

‘QA17_L18’ [AL32] –

Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}은(는) 지난 달에 종업원 상해 보상금, 즉 워커스 컴펜세이션(Workers compensation) 금액을 조금이라도 받으셨습니까? ☐ 01 YES

- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_L20’

‘PN_QA17_L19’ [PN_AL33] -

PROGRAMMING NOTE AL33 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY “combined” AND “and your spouse”;

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY “combined” AND “and your partner”;

ELSE CONTINUE WITHOUT DISPLAYS

‘QA17_L19’ [AL33] –

What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}이(가) 지난 달에 받은 종업원 상해 보상금의 합산 총액은 얼마였습니까?

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

\$_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_L20’ [PN_AL18A] -

PROGRAMMING NOTE AL18A :

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH AL18A AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH AL18A AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH AL18A AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE AL19

‘QA17_L20’ [AL18A] –

Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}은(는) 지난달 소셜 시큐리티(Social Security), 즉 사회보장금이나 연금 (Pension payments)을 받았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_L22’

'PN_QA17_L21' [PN_AL18B] -
PROGRAMMING NOTE AL18B :
 IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND AH44 = 1
 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, DISPLAY "you";

'QA17_L21' [AL18B] –

What was the total amount received last month from Social Security and Pensions {for both you and your spouse/partner}?

지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?

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

_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_L22' [PN_AL19] -
PROGRAMMING NOTE AL19 :
 IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH AL19 ;
 ELSE GO TO AL40

'QA17_L22' [AL19] –

What is the one main reason why you are not enrolled in the Medi-Cal program?

귀하가 메디칼(Medi-Cal)에 등록되어 있지 않은 한 가지 주된 이유는 무엇입니까?

- ☐ 01 PAPERWORK TOO DIFFICULT
- ☐ 02 DIDN'T KNOW IF ELIGIBLE
- ☐ 03 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS
- ☐ 05 OTHER NOT ELIGIBLE
- ☐ 06 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 07 DON'T NEED IT BECAUSE HEALTHY
- ☐ 08 ALREADY HAVE INSURANCE
- ☐ 09 DIDN'T KNOW IT EXISTED
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_L23' [PN_AL40] -
PROGRAMMING NOTE AL40:
IF ARMCAL = 1 (MEDI-CAL) OR AI33=1, AH134=1 OR AH135 =1 (HAD PRIOR MEDI-CAL COVERAGE),
CONTINUE WITH AL40;
ELSE GO TO PN AL49**

'QA17_L23' [AL40] -

You previously said you had Medi-Cal. How long did you have Medi-Cal?

귀하는 앞서 메디-칼을 갖고 있었다고 답변해 주셨습니다. 메디-칼을 얼마나 오래 갖고 계셨습니까?

'AL40Y' [AL40Y] - _____ YEARS

'AL40M' [AL40M] - _____ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA17_L24' [PN_AL41] -
PROGRAMMING NOTE AL41:
IF AL40 > 1 YEAR, THEN CONTINUE WITH AL41;
ELSE GO TO PN AL49**

'QA17_L24' [AL41] -

Was your Medi-Cal renewed automatically in the past year (with no input or action needed on your part)?

작년에 가입자 측에서 따로 무엇을 하거나 조치를 취하지 않아도 Medi-Cal이 자동 갱신되었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DID NOT RENEW
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 3, -7, -8, go to PN_AL49

'QA17_L25' [AL42] -

Did you need to provide additional information for your Medi-Cal renewal by phone, mail, fax, online, or in person?

귀하의 메디-칼 갱신을 위해 추가 정보를 전화, 우편, 온라인 또는 인편으로 직접 제공해야 했습니까?

[CHECK ALL THAT APPLY]

- ☐ 01 PHONE
- ☐ 02 MAIL
- ☐ 03 FAX
- ☐ 04 ONLINE
- ☐ 05 IN PERSON
- ☐ 06 DIDN'T NEED TO PROVIDE INFORMATION
- ☐ 07 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

IF AL42 = 6, -7, -8 goto AL44

‘QA17_L26’ [AL43] –

What information was needed?

어떤 정보가 필요했습니까?

[CHECK ALL THAT APPLY]

- ☐ 01 INCOME INFORMATION
- ☐ 02 HOUSEHOLD INFORMATION
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L27’ [AL44] –

Did you have any problems when renewing your Medi-Cal?

Medi-Cal을 갱신할 때 무슨 문제가 있었습니까? Medi-Cal을 갱신할 때 무슨 문제가 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L28’ [AL45] –

Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

1-2개월 동안 보험 보장을 일시적으로 상실했거나 완전히 상실했거나 재가입을 해야 했습니까?

- ☐ 1 LOST COVERAGE FOR 1-2 MONTHS
- ☐ 2 LOST COVERAGE
- ☐ 3 HAD TO REAPPLY
- ☐ 4 REFUSED
- ☐ 5 DON'T KNOW

‘QA17_L29’ [AL46] –

Prior to having Medi-Cal coverage, what health coverage did you have?

Medi-Cal에 가입하기 전에, 어떤 보장 보험에 가입했었습니까?

- ☐ 01 UNINSURED
- ☐ 02 EMPLOYER-BASED
- ☐ 03 PRIVATE
- ☐ 04 COVERED CALIFORNIA
- ☐ 05 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_L30' [PN_AL47] -

PROGRAMMING NOTE AL47:

**IF AL46 = 4, THEN CONTINUE WITH AL47;
ELSE GO TO PN AL49**

'QA17_L30' [AL47] -

Did you have problem in changing to Medi-Cal?

Medi-Cal로 바꾸는 데 문제가 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_L32'

'QA17_L31' [AL48] -

What kind of problem?

어떤 종류의 문제였습니까?

- ☐ 01 GAP IN HEALTH COVERAGE
- ☐ 02 FILED AN APPEAL AS ELIGIBILITY DECISIONS WAS INCORRECT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_L32' [PN_AL49] - PN_AL49

PROGRAMMING NOTE AL49:

IF AL7 =1 (YES) GO TO AL73

IF HH INCOME <=300% FPL AND (HHS WITH FEMALES <=45 YEARS OLD OR CHILDREN <= 10 YEARS OLD OR AD13 =1 OR AJ169 =4 (AR FEMALE IS PREGNANT), THEN CONTINUE WITH AL49;

ELSE GO TO AK23;

'QA17_L32' [AL49] -

During the past 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Special Supplemental Nutrition Program for Women, Infants and Children?

지난 12개월 동안, 본인이나 가족 구성원이 WIC 프로그램, 즉 여성 영아 아동을 위한 특별 보조 영양 프로그램으로부터 혜택을 받았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_L56'

If = -7, -8, goto AK23

'QA17_L33' [AL50] –

Have you or any member of your household received benefits from the WIC program in the past 5 years?

지난 5년 동안, 본인이나 가족 구성원이 WIC 프로그램으로부터 혜택을 받았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2 goto 'QA17_L45'

If = -7, -8 goto AK23

'QA17_L34' [AL51] –

Why did you leave WIC? Did you leave because you were no longer eligible?

왜 WIC를 탈퇴했습니까? 수혜 자격을 상실해서 탈퇴했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1 goto PN AL73

'QA17_L35' [AL52] –

Did you leave because you only wanted baby formula?

유아용 유동식만 필요해서 탈퇴했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_L36' [AL53] –

Did you leave because shopping for WIC foods was a hassle?

WIC 식품을 쇼핑하는 것이 번거로워서 탈퇴했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_L37' [AL54] –

[Did you leave because]....you had a bad experience at WIC?

WIC에서 안 좋은 경험을 했기 때문에 [탈퇴했습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L38’ [AL55] –

[Did you leave because]....you didn't value the information received?

제공 받은 정보가 별거 아니라고 생각해서 [탈퇴했습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L39’ [AL56] –

[Did you leave because]....you thought you were taking the place of someone who needed WIC more?

나보다 WIC를 더 절실히 필요로 하는 사람을 막는다고 생각해서 [탈퇴했습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L40’ [AL57] –

[Did you leave because]....the amount of food benefits received were not worth your time and effort?

식품 지원금이 이것에 들인 시간과 노력에 비해서 크지 않아서 [탈퇴했습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L41’ [AL58] –

[Did you leave because]....you would rather not rely on a government program?

정부 프로그램에 의존하고 싶지 않아서 [탈퇴했습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L42’ [AL59] –

[Did you leave because]....of transportation issues?

교통 문제로 인해 [탈퇴했습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_L43' [AL60] –

Did you leave because of any other reasons?

다른 이유로 탈퇴했습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN AL73'**'QA17_L44'** [AL61] –

What were those reasons?

어떤 이유였습니까?

- ☐ 01 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1,-7,-8 goto PN AL73**'QA17_L45'** [AL62] –

Why didn't you enroll yourself or any member of your household on WIC? Was it because you didn't know about wic?

귀하가 본인이나 가족 구성원을 WIC에 등록하지 않은 이유는 무엇입니까? WIC에 대해 몰라서 그랬습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1,-7,-8 goto AK23**'QA17_L46'** [AL63] –

Was it because you didn't qualify?

수혜 자격이 없어서 그랬습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 3, 4, goto 'QA17_M1'**'QA17_L47'** [AL64] –

[Was it]...because you didn't think you needed WIC?

WIC가 필요하지 않다고 생각해서 [그랬습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L48’ [AL65] –

[Was it]...because you didn't value what WIC offered?

WIC가 제공하는 혜택이 별거 아니라고 생각해서 [그랬습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L49’ [AL66] –

[Was it]...because it was too difficult to apply?

지원 방법이 너무 어려워서 [그랬습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L50’ [AL67] –

[Was it]...because of language issues?

언어 문제로 인해 [그랬습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L51’ [AL68] –

[Was it]...because you didn't trust WIC?

WIC를 신뢰하지 않아서 [그랬습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L52’ [AL69] –

[Was it]...because you heard negative things about WIC?

WIC에 대한 안 좋은 이야기를 들어서 [그랬습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_L53' [AL70] –

[Was it]...because of transportation issues?

교통 문제로 인해 [그랬습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_L54' [AL71] –

Did you not enroll because of any other reasons?

다른 이유로 가입하지 않았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_M1'

'QA17_L55' [AL72] –

What were those reasons?

어떤 이유였습니까?

- ☐ 01 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8 goto 'QA17_M1'

'PN_QA17_L56' [PN_AL73] - PN_AL73

PROGRAM NOTE AL73:

IF AL7 = 1 OR AL50 = 1 DISPLAY "You previously mentioned you were on WIC"

ELSE IF AL49 =1, GO TO AL73

ELSE IF AL49=2 AND AL50 =2 SKIP TO AK23

'QA17_L56' [AL73] - [INTRO]:

You previously mentioned you were on WIC.

What benefits have you liked getting from the WIC program?

Did you like WIC checks for food?

[소개]: 앞에서 WIC를 이용했다고 말씀하셨습니다. WIC 프로그램 혜택 중에서 어떤 것이 좋았습니까? WIC 식품 수표가 좋았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L57’ [AL74] –

Did you like WIC checks for baby formula?

WIC 유아용 유동식 수포가 좋았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L58’ [AL75] –

[Did you like]... education for having healthy pregnancy?

건강한 임신을 위한 교육이 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L59’ [AL76] –

[Did you like]... individual counseling?

개인 상담이 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L60’ [AL77] –

[Did you like]... education on improving the health and nutrition of my family?

가족의 건강 및 영양 상태 개선에 관한 교육이 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L61’ [AL78] –

[Did you like]... support for breastfeeding?

모유수유에 대한 지원이 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L62’ [AL79] –

[Did you like]... help getting a breast pump?

유축기 제공 혜택이 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L63’ [AL80] –

[Did you like]... information on how to get health care services?

의료 서비스를 받는 방법에 대한 정보가 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L64’ [AL81] –

[Did you like]... information on community programs?

지역사회 프로그램에 관한 정보가 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L65’ [AL82] –

[Did you like]... one-on-one education?

1대1 교육이 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_L66’ [AL83] –

[Did you like]... group classes?

그룹 강좌가 [좋았습니까]?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_L67' [AL84] –

Did you like WIC benefits for any other reasons?

다른 이유로 WIC 혜택이 좋았습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2,-7,-8 go to AK23

'QA17_L68' [AL85] –

What were those reasons?

어떤 이유였습니까?

REDK_AL85

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section M: Housing and Social Cohesion

‘QA17_M1’ [AK23] –

These next questions are about your housing and neighborhood.

다음의 질문들은 귀하의 주거지와 이웃에 관한 것입니다.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]

[IF NEEDED, SAY: “두 가구가 사는 연립 주택(듀플렉스)은 한 건물 안에 두 가구가 사는 구조입니다.”]

- ☐ 01 HOUSE
- ☐ 02 DUPLEX
- ☐ 03 BUILDING WITH 3 OR MORE UNITS
- ☐ 04 MOBILE HOME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_M2’ [AK25] –

Do you own or rent your home?

현재 사시는 집은 본인 소유입니까, 아니면 렌트입니까?

- ☐ 01 OWN
- ☐ 02 RENT
- ☐ 03 OTHER ARRANGEMENT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘PN_QA17_M3’ [PN_AM37] - PN_AM37

If AAGE >= 65 AND AK25 = 1, Only ask ‘QA17_M3’

‘QA17_M3’ [AM37] –

Are you currently paying off a mortgage or loan on this home?

귀하는 이 집에 대해 현재 주택 담보 대출금을 갚고 있습니까?

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_M4’ [AM14] –

About how long have you lived at your current address?

현재의 주소지에 대략 얼마나 오래 살았습니까?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AM14M' [AM14M] - _____ MONTHS [HR: 1 - AAGEx12MONTHS]

'AM14Y' [AM14Y] - _____ YEARS [HR: 1 - AAGE]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_M5' [PN_AM15] -
PROGRAMMING NOTE AM15 :
IF AM14 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE AM19 ;
ELSE CONTINUE WITH AM15

'QA17_M5' [AM15] –

About how long have you lived in your current neighborhood?

지금까지 현재의 동네에 사신 지는 대략 얼마나 되셨습니까?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AM15M' [AM15M] - _____ MONTHS [HR: 1 - AAGEx12MONTHS]

'AM15Y' [AM15Y] - _____ YEARS [HR: 1 - AAGE]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_M6' [AM38] –

The last time you moved, what was your main reason for moving?

가장 최근에 이사를 한 주된 이유는 무엇이었습니까?

- ☐ 01 CHANGE IN MARITAL/RELATIONSHIP STATUS
- ☐ 02 TO ESTABLISH OWN HOUSEHOLD
- ☐ 03 FOR CHILD'S EDUCATION
- ☐ 04 TO ATTEND OR LEAVE COLLEGE
- ☐ 05 WORK RELATED
- ☐ 06 COULDN'T AFFORD MORTGAGE/RENT
- ☐ 07 OTHER HOUSING RELATED
- ☐ 08 BETTER NEIGHBORHOOD/LESS CRIME
- ☐ 91 OTHER (SPECIFY:_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_M7' [PN_AM19] -

PROGRAMMING NOTE AM19 :

**IF AM19 THROUGH AK28 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH AM19 ;
ELSE GO TO AM36**

'QA17_M7' [AM19] –

Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

제가 읽어드릴 문장에 대해, 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.

People in my neighborhood are willing to help each other.

우리 동네 사람들은 서로 돕고 지내고 싶어한다.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_M8' [AM20] –

People in this neighborhood generally do NOT get along with each other.

이 동네 사람들은 보통 서로 친하게 지내지 않는다.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_M9’ [AM21] –

People in this neighborhood can be trusted.

이 동네 사람들은 믿을 수 있다.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_M10’ [AM35] –

You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

나는 이 동네 어른들이 아이들이 안전한지, 문제를 당하지 않는지 지켜봐 준다고 믿는다.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: “전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ 05 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_M11’ [AK28] –

Do you feel safe in your neighborhood...

귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오

- ☐ 01 All of the time,
- ☐ 01 항상 안전함
- ☐ 02 Most of the time,
- ☐ 02대부분 안전함
- ☐ 03 Some of the time, or
- ☐ 03가끔 안전함 혹은
- ☐ 04 None of the time
- ☐ 04 전혀 안전하지 않음
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_M12' [PN_AM36] - PN_AM36**IF AM36 WAS ASKED IN CHILD INTERVIEW, THEN AM36 = KAM36, AND SKIP TO SECTION P
ELSE CONTINUE WITH AMC36****'QA17_M12'** [AM36] –

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?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_M13' [PN_AM41] -**PROGRAMMING NOTE AM41 :****IF AA5E = 9 (JAPANESE) OR AA5F = 38 (JAPANESE), THEN CONTINUE WITH AM41 ;
ELSE GO TO AF86 ;****'QA17_M13'** [AM41] –

In the past 12 months, have you donated money to a charity or non-profit organization?

지난 12개월 동안, 자선기관이나 비영리단체에 기부금을 내신 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_M14' [AM42] –

In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you...

- ☐ 01 Very likely
- ☐ 02 Somewhat likely
- ☐ 03 A little likely, or
- ☐ 04 Not likely
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section P: Voter Engagement

'PN_QA17_S1' [PN_AP70] - PN_AP70**PROGRAMMING NOTE AP70:**

**IF AH39=1 (CITIZEN) OR [IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS)], THEN CONTINUE WITH AP70;
ELSE GO TO AF86;**

'QA17_S1' [AP70] –

Are you currently registered to vote?

귀하는 현재 유권자 등록이 되어 있습니까?

- ☐ 01 YES, REGISTERED
- ☐ 02 NOT REGISTERED
- ☐ 03 NOT SURE IF REGISTERED
- ☐ 04 NOT ELIGIBLE TO VOTE/REGISTER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'QA17_P3'**If = 4, goto 'QA17_S1'****'QA17_P2'** [AP71] –

What is the main reason why you are not registered to vote?

유권자 등록을 하지 않은 주된 이유는 무엇입니까?

- ☐ 01 TOO BUSY
- ☐ 02 VOTING DOESN'T MAKE A DIFFERENCE
- ☐ 03 I DON'T KNOW HOW
- ☐ 04 I DON'T KNOW WHERE TO GO TO REGISTER
- ☐ 05 LANGUAGE BARRIER
- ☐ 06 I'M NOT ELIGIBLE
- ☐ 07 I DON'T KNOW ENOUGH ABOUT THE ISSUES
- ☐ 08 I DON'T KNOW ENOUGH ABOUT THE CANDIDATES
- ☐ 09 I DON'T LIKE ANY OF THE CANDIDATES
- ☐ 91 OTHER (SPECIFY:_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 6, goto 'QA17_S1'**'QA17_P3'** [AP72] –

Did you vote in the last general elections in November 2016?

귀하는 2016년 11월 총선에서 투표하셨습니다습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_P4' [AP73] –

How often do you vote in presidential elections?

대통령 선거 투표에 얼마나 자주 참여하셨습니까?

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_P5' [AP74] –

How often do you vote in state elections, such as for Governor or state proposition?

주지사 또는 주정부 인사 등의 주 선거 투표에 얼마나 자주 참여하셨습니까?

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_P6' [AP75] –

How often do you vote in local elections, such as for Mayor or school board?

시장 또는 교육 위원회와 같은 지역 선거 투표에 얼마나 자주 참여하셨습니까?

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section S: Suicide Ideation and Attempts

‘QA17_S1’ [AF86] –

The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

다음은 자해, 즉 자기 자신을 해치려는 생각들에 대한 것입니다. 앞서 말씀드렸듯이, 불편한 질문에 대해서는 대답하지 않으셔도 됩니다.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_N1’

‘QA17_S2’ [AF87] –

Have you seriously thought about committing suicide at any time in the past 12 months?

지난 12개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA17_S4’

‘QA17_S3’ [AF91] –

Have you seriously thought about committing suicide at any time in the past 2 months?

지난 2개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA17_S4’ [AF88] –

Have you ever attempted suicide?

지난 12 개월 동안, 한 번이라도 실제로 자살을 기도했던 적이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_S5' [PN_AF89] -

PROGRAMMING NOTE AF89 :

IF AF87 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF AF91 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF AF91 = 1 AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

ELSE CONTINUE WITH AF89

'QA17_S5' [AF89] -

Have you attempted suicide at any time in the past 12 months?

지난 12 개월 동안, 한 번이라도 실제로 자살을 기도했던 적이 있었습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'SUICIDE RESOURCE:' [SUICIDE RESOURCE:] -

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. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

자살에 대한 생각이나 자살 기도와 관련해 누군가와 이야기하고 싶다면 통화 가능한 전화번호를 알려드리고 싶습니다. 상담자가 도움을 주기 위해 24 시간 대기하고 있습니다. 전화번호는 1-800-273-TALK (8255)입니다. 아니면, 도움이 될 만한 정보가 있는 인터넷 사이트를 방문하실 수도 있습니다. 인터넷 사이트 주소는 www.suicidepreventionlifeline.org 입니다.

'POST_SUICIDE RESOURCE' [POST_SUICIDE RESOURCE] -

POST-NOTE FOR SUICIDE RESOURCE:

IF AF87 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN SKIP TO PN AH42 (NEXT SECTION); ELSE CONTINUE

'QA17_S6' [AF90] -

Would you like to discuss your thoughts with this person or would you like to continue with the survey?

이 곳의 상담원과 이야기를 해 보고 싶으십니까?

- ☐ 01 DISCUSS THOUGHTS WITH PERSON
- ☐ 02 CONTINUE WITH SURVEY
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_N1'

Section N: Demographic Information Part III and Closing

'PN_QA17_N1' [PN_AH42] -

PROGRAMMING NOTE AH42 :

IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO AM33 :

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO AO1

IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH AH42 ;

'QA17_N1' [AH42] -

Just a few final questions and then we are done.

이 제 몇 가지 질문만 더 드리면 됩니다.

To be sure we are covering the entire state, what county do you live in?

주 전체에서 빠진 지역이 없도록 하기 위한 확인 작업입니다. 어느 카운티에 거주하십니까?

- ☐ 01 ALAMEDA
- ☐ 02 ALPINE
- ☐ 03 AMADOR
- ☐ 04 BUTTE
- ☐ 05 CALAVERAS
- ☐ 06 COLUSA
- ☐ 07 CONTRA COSTA
- ☐ 08 DEL NORTE
- ☐ 09 EL DORADO
- ☐ 10 FRESNO
- ☐ 11 GLENN
- ☐ 12 HUMBOLDT
- ☐ 13 IMPERIAL
- ☐ 14 INYO
- ☐ 15 KERN
- ☐ 16 KINGS
- ☐ 17 LAKE
- ☐ 18 LASSEN
- ☐ 19 LOS ANGELES
- ☐ 20 MADERA
- ☐ 21 MARIN
- ☐ 22 MARIPOSA
- ☐ 23 MENDOCINO
- ☐ 24 MERCED
- ☐ 25 MODOC
- ☐ 26 MONO
- ☐ 27 MONTEREY
- ☐ 28 NAPA
- ☐ 29 NEVADA
- ☐ 30 ORANGE
- ☐ 31 PLACER
- ☐ 32 PLUMAS
- ☐ 33 RIVERSIDE
- ☐ 34 SACRAMENTO
- ☐ 35 SAN BENITO
- ☐ 36 SAN BERNARDINO
- ☐ 37 SAN DIEGO
- ☐ 38 SAN FRANCISCO
- ☐ 39 SAN JOAQUIN
- ☐ 40 SAN LUIS OBISPO
- ☐ 41 SAN MATEO
- ☐ 42 SANTA BARBARA
- ☐ 43 SANTA CLARA
- ☐ 44 SANTA CRUZ
- ☐ 45 SHASTA

- ☐ 46 SIERRA
- ☐ 47 SISKIYOU
- ☐ 48 SOLANO
- ☐ 49 SONOMA
- ☐ 50 STANISLAUS
- ☐ 51 SUTTER
- ☐ 52 TEHAMA
- ☐ 53 TRINITY
- ☐ 54 TULARE
- ☐ 55 TUOLUMNE
- ☐ 56 VENTURA
- ☐ 57 YOLO
- ☐ 58 YUBA
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_N2' [PN_AO1] -

PROGRAMMING NOTE AO1 :

IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK AO1 ;

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final questions and then we are done.";

ELSE GO TO AM7

'QA17_N2' [AO1] -

{Just a few final questions and then we are done.} 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.

{이제 몇 가지 질문만 더 드리면 됩니다.} 귀하의 전화번호는 이 연구를 위해 컴퓨터에 의해 무작위로 선정되었습니다. 저희는 이 조사의 목적을 설명하는 편지를 댁에 보내드리기 위해 귀하의 전화번호와 일치하는 주소를 찾았습니다. 주거 환경과 건강과의 영향을 더 잘 이해하기 위해 귀하의 주소를 확인하고 싶습니다. 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

Do you now live at {R's ADDRESS AND STREET}?

지금 사시는 곳의 주소가 {R's ADDRESS AND STREET} 맞습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA17_N6'

'PN_QA17_N3' [PN_AM7] -

PROGRAMMING NOTE AM7 :

IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), DISPLAY "Just a few final questions and then we are done".

'QA17_N3' [AM7] -

{Just a few final questions and then we are done.} {이제 몇 가지 질문만 더 드리면 됩니다.}

What is your zip code? 귀하 거주지의 우편번호가 무엇입니까?

_____ ZIP CODE

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_N4' [AO2] –

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 영향을 저희가 더 잘 이해할 수 있도록 귀하의 집 주소를 말씀해 주시겠습니까? 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

'AO2ANUM' [AO2ANUM] - _____ HOUSE ADDRESS NUMBER

'AO2ADDR' [AO2ADDR] - _____ NAME OF STREET (VERIFY SPELLING)

If TRUE, goto **'QA17_N6'**

'AO2STTY' [AO2STTY] - _____ STREET TYPE

'AO2ADD2' [AO2ADD2] - _____ APT. NO

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_N5' [PN_AM8] -

PROGRAMMING NOTE AM8 :

IF ADDRESS WAS GIVEN IN AO2 , SKIP TO AM9 ;

ELSE CONTINUE WITH AM8

'QA17_N5' [AM8] –

Can you tell me just the name of the street you live on?

사시는 곳의 길 이름만 말씀해 주실 수 있습니까?

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17_N6' [AM9] –

And what is the name of the street down the corner from you that crosses your street?

'TEXT_NAXSTR_AM9' [TEXT_NAXSTR_AM9] - TEXT_NAXSTR_AM9

사시는 곳의 거리와 교차하는 가장 가까운 거리 이름은 무엇입니까?

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_N7' [PN_AM33] -

PROGRAMMING NOTE AM33 :

IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE AM10 ;

ELSE CONTINUE WITH AM33

'QA17_N7' [AM33] –

I'm won't ask you for the number, but do you have a working cell phone?

귀하는 사용하시는 휴대폰이 있습니까? 전화번호는 묻지 않겠습니다.

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 SHARES CELL PHONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_N9'

'QA17_N8' [AN10] –

How many different cell phone numbers do you currently use for personal calls?

귀하께서 현재 개인적인 용도로 사용하시는 휴대폰 번호는 모두 몇개입니까?

_____ CELL PHONE NUMBERS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_N9' [PN_AN6] -

PROGRAMMING NOTE AN6 :

IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE AM34 ;

ELSE CONTINUE WITH AN6

'QA17_N9' [AN6] –

Is there a regular or landline telephone in your household?

귀하의 집에는 일반 유선전화 있습니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_N13'

'QA17_N10' [AN7] –

Is that telephone for personal use or business use only?

그 전화의 용도는 개인용 또는 업무용 중 어느 것입니까?

- ☐ 01 PERSONAL USE ONLY
- ☐ 02 BUSINESS USE ONLY
- ☐ 03 BOTH PERSONAL USE AND BUSINESS USE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, goto 'PN_QA17_N13'

'QA17_N11' [AN11] –

How many telephone lines do you have for personal use?

귀하가 개인 용도로 사용하시는 유선 전화 번호는 모두 몇 개입니까?

_____ REGULAR OR LANDLINE NUMBERS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_34' [PN_34] -

PROGRAMMING NOTE AM34 :

**IF AM33 = 1 (YES) OR 3 (SHARES CELL PHONE), OR AN7 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH AM34 ;
ELSE SKIP TO PROGRAMMING AM10**

'QA17_N12' [AM34] -

Of all the telephone calls that you receive, are...

걸려오는 전화를 어떻게 받으십니까?

- ☐ 01 All or almost all calls received on a cell phone,\
- ☐ 01모든 또는 거의 모든 전화를 휴대폰으로 받는다
- ☐ 02 Some on cell phones & some on regular phones, or
- ☐ 02일부 전화는 휴대폰으로 받고 다른 일부 전화는 일반 전화기로 받는다. 또는
- ☐ 03 Very few or none on cell phones
- ☐ 03 전혀 또는 거의 휴대폰으로 받지 않는다.
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA17_N13' [PN_AM10] -

PROGRAMMING NOTE AM10 :

**IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH AM10**

'QA17_N13' [AM10] -

Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

- ☐ 01 YES
- ☐ 02 MAYBE/PROBABLY YES
- ☐ 03 DEFINITELY NOT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_SR2' [PN_SR2] -

PROGRAMMING NOTE SUICIDE RESOURCE 2:

IF AF90 = (2, -7, -8),

AND [AF91 = 1 OR (AF91 = 2, -7, -8 AND AF89 =1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;

ELSE GO TO PROGRAMMING NOTE CLOSE1

'SR2' [SR2] -

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. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is at www.suicidepreventionlifeline.org [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

앞에서 말씀드린 것처럼, 자살에 대한 생각이나 시도에 대해 상담을 받고 싶으시면 담당자가 하루 24 시간 귀하에게 도움이 되는 정보를 제공합니다. 저는 귀하가 적을 종이를 찾는 동안 기다린 후에 전화번호를 알려드릴 수 있습니다. 무료 전화번호는 1-800-273-TALK (8255)입니다. 또는 이 기관의 웹사이트 www.suicidepreventionlifeline.org 를 방문하실 수도 있습니다.

'QA17_N14' [AN8] -

Would you like to speak with someone now?

지금 이러한 상담을 받고 싶으십니까?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'CLOSE1'

'PN_CLOSE1&2' [PN_CLOSE1&2] -

PROGRAMMING NOTE CLOSE1 AND CLOSE2:

IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;

ELSE CONTINUE WITH CLOSE1

'CLOSE1' [CLOSE1] - Let me check to see if there is anyone else.

If true, goto 'HH_SELECT'

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. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

시간을 내서 협조해 주신 것에 대해 감사드립니다. 귀하는 매우 중요한 보건 설문 조사에 도움을 주셨습니다. 질문이 있으시면 연구 책임자인 폰스(Ponce) 박사에게 무료 전화 1-866-275-2447 로 전화해 주십시오. 다시 한 번 감사드립니다. 안녕히 계십시오.