



CHIS 2018 Adult Questionnaire
Version 1.53 Chinese
September 11, 2019
Adult Respondents Age 18 and Older

Collaborating Agencies:

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- *California Department of Health Care Services*
- *California Department of Public Health*

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2018 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A: Demographic Information, Part I

PROGRAMMING NOTE 'QA18_A1' :
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA18_A1' [AA1] -

What is your date of birth?

您的出生日期是什麼？

[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] -

DAY _____ [RANGE: 1-31]

[AA1YR] -

YEAR _____ [RANGE: 1907-2001]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_A2' :
IF 'QA18_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QA18_A2' ;
ELSE GO TO 'QA18_A5'

'QA18_A2' [AA1A] -

What month and year were you born?

您在哪年哪月出生？

- ☐ 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: 1904-2001]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_A3' :
IF 'QA18_A2' = -7 OR -8 (REF/DK) THEN CONTINUE WITH 'QA18_A3' ;
ELSE GO TO 'QA18_A5'

'QA18_A3' [AA2] -

What is your age, please?

請告訴我您的年齡？

_____ YEARS OF AGE

[RANGE: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_A4' :
IF 'QA18_A3' = -7 OR -8 (REF/DK) THEN CONTINUE WITH 'QA18_A4' ;
ELSE GO TO 'QA18_A5'

'QA18_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?

您的年齡是在 18 到 29 歲、 30 到 39 歲、 40 到 44歲、 45 到 49 歲、 50 到 64 歲之間, 還是在 65 歲或 65 歲以上 ?

- ☐ 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 NOTE 'QA18_A4' : AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON 'QA18_A1' , 'QA18_A2' , OR 'QA18_A3' TO USE IN ALL AGE-
RELATED QUESTIONS;
IF 'QA18_A1' , 'QA18_A2' , OR 'QA18_A3' = -7 OR -8 (REF/DK), THEN USE 'QA18_A4' ;
ELSE USE ENUM.AGE

'QA18_A5' [AA3] -

Are you male or female?

您是男性還是女性 ?

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

'QA18_A6' [AA4] -

Are you Latino or Hispanic?

您是拉丁裔或西裔嗎?

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

If = 2, -7, -8, goto 'PN_'QA18_A8''

'QA18_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.

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

**[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

**'PN_QA18_A8' [PN_AA5A] -
PROGRAMMING NOTE 'QA18_A8' :
IF 'QA18_A6' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA18_A8' , CONTINUE WITH
PROGRAMMING NOTE 'QA18_A9' ;
ELSE FOLLOW SKIPS AS INDICATED F**

'QA18_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?

{您說您是拉丁裔或西裔。另外，}請告訴我您會使用以下哪一項或幾項來描述您自己。您認為您是夏威夷土著人、其他太群島人、美洲印地安人、阿拉斯加土著人、亞洲人、黑人、非裔美國人還是白人？

**[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 'QA18_A8'=1 Or 2, go to 'PN_'QA18_A14''

If 'QA18_A8'=3, go to 'PN_'QA18_A12''

If 'QA18_A8'=5, go to "QA18_A13"

If 'QA18_A8'=6, go to "QA18_A16"

**'PN_QA18_A9' [PN_AA5B] -
PROGRAMMING NOTE 'QA18_A9' :
IF 'QA18_A8' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA18_A9' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_A12'**

'QA18_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.

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

[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

'QA18_A10' [AA5C] -

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

您是不是聯邦或州政府認可的部落的一名註冊成員？

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

If = 2, -7, -8, goto 'PN_'QA18_A12''

'QA18_A11' [AA5D] -

Which tribe are you enrolled in?

您在哪一個部落註冊？

- ☐ 01 APACHE
- ☐ 02 BLACKFEET
- ☐ 03 CHEROKEE
- ☐ 04 CHOCTAW
- ☐ 05 NAVAJO
- ☐ 06 POMO
- ☐ 07 PUEBLO
- ☐ 08 SIOUX
- ☐ 09 YAQUI
- ☐ 10 OTHER
- APACHE
 - ☐ 1 Mescalero Apache, NM
 - ☐ 2 APACHE (NOT SPECIFIED)
 - ☐ 3 OTHER APACHE (SPECIFY:)
- BLACKFEET
 - ☐ 4 BLACKFOOT/BLACKFEET
- CHEROKEE
 - ☐ 5 WESTERN CHEROKEE
 - ☐ 6 CHEROKEE (NOT SPECIFIED)
 - ☐ 7 OTHER CHEROKEE (SPECIFY: _____)
- CHOCTAW
 - ☐ 08 CHOCTAW OKLAHOMA
 - ☐ 09 CHOCTAW (NOT SPECIFIED)
 - ☐ 10 OTHER CHOCTAW (SPECIFY: _____)
- NAVAJO
 - ☐ 11 NAVAJO (NOT SPECIFIED)
- POMO
 - ☐ 12 HOPLAND BAND, HOPLAND RANCHERIA
 - ☐ 13 SHERWOOD VALLEY RANCHERIA
 - ☐ 14 POMO (NOT SPECIFIED)
 - ☐ 15 OTHER POMO (SPECIFY: _____)
- PUEBLO
 - ☐ 16 HOPI
 - ☐ 17 Ysleta del Sur Pueblo of Texas
 - ☐ 18 PUEBLO (NOT SPECIFIED)
 - ☐ 19 OTHER PUEBLO (SPECIFY: _____)
- SIOUX
 - ☐ 20 OGLALA/PINE RIDGE SIOUX
 - ☐ 21 SIOUX (NOT SPECIFIED)
 - ☐ 22 OTHER SIOUX (SPECIFY: _____)
- YAQUI
 - ☐ 23 Pascua Yaqui Tribe of Arizona
 - ☐ 24 YAQUI (NOT SPECIFIED)
 - ☐ 25 OTHER YAQUI (SPECIFY: _____)
- OTHER
 - ☐ 91 OTHER (SPECIFY: _____)
 - ☐ -7 REFUSED
 - ☐ -8 DON'T KNOW

'PN_QA18_A12' [PN_AA5E] -

PROGRAMMING NOTE 'QA18_A12' :

IF 'QA18_A8' = 3 (ASIAN) CONTINUE WITH 'QA18_A12' ;

ELSE GO TO PROGRAMMING NOTE 'QA18_A13'

'QA18_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.

您選擇了亞裔，您指的是哪一個具體族裔，例如華裔、菲律賓裔、越南裔？如果屬於一個以上族裔，請告訴我所有這些族裔。

[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

'PN_QA18_A13' [PN_AA5E1] -

PROGRAMMING NOTE 'QA18_A13' :

IF 'QA18_A8' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA18_A13' ;

ELSE GO TO PROGRAMMING NOTE 'QA18_A14'

'QA18_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.

您說您是太平洋群島人。您具體屬於哪一個種族團體，例如薩摩亞人、湯加人或關島人？如果您屬於一個以上種族團體，請告訴我所有的種族團體。

[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

'PN_QA18_A14' [PN_AA5G] -
PROGRAMMING NOTE 'QA18_A14' :
 IF 'QA18_A6' = 1 (LATINO) AND ['QA18_A8' = 6 (NATIVE HAWAIIAN) OR 'QA18_A8' = 5 (OTHER PACIFIC ISLANDER) OR 'QA18_A8' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA18_A8' = 3 (ASIAN) OR 'QA18_A8' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA18_A8' = 1 (WHITE) OR 'QA18_A8' = 91 (OTHER)], CONTINUE WITH 'QA18_A14' ; ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA18_A8' , 'QA18_A12' , OR 'QA18_A13' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QA18_A14' ; ELSE SKIP TO 'QA18_A16'

'QA18_A14' [AA5G] -

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

您曾經說您是: {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?

您是否認同任何一個特定的種族？

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

If = 2, -7, -8, goto "QA18_A16"

'PN_QA18_A15' [PN_AA5F] -

PROGRAMMING NOTE 'QA18_A15' :

IF 'QA18_A6' = 1 (YES, LATINO) AND 'QA18_A7' ≠ -7 OR -8, DO NOT DISPLAY 'QA18_A15' = 14 (LATINO);

IF 'QA18_A8' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA18_A13' = 1 TO 4 OR 91, DO NOT DISPLAY 'QA18_A15' = 17 (OTHER PACIFIC ISLANDER);

IF "QA18_A8" = 3 AND 'QA18_A12' = 1 TO 17 OR 91, DO NOT DISPLAY QA18_A15' = 19 (ASIAN)

'QA18_A15' [AA5F] -

Which do you most identify with?

您最認同的是哪一個族裔？

[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

'QA18_A16' [AH43] -

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

您現在是已婚、與伴侶像婚姻關係一樣同居、喪偶、離婚、分居還是從未結婚？

[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

'QA18_B1' [AB1] -

These next questions are about your health.

接下來這些問題與您的健康有關。

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

總體而言，您認為您的健康狀況是極好、很好、好、一般還是很差？

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

'QA18_B2' [AB17B] -

Has a doctor ever told you that you have asthma?

有沒有醫生曾經告訴過您患有哮喘病？

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

If = 2, -7, -8, goto **'PN_'QA18_B13'**

'QA18_B3' [AB40] -

Do you still have asthma?

您是否依然患有哮喘病？

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

'QA18_B4' [AB41] -

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

在過去十二個月中，您是否曾經有過哮喘發作？

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

'QA18_B5' [AH13A] -

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

在過去十二個月中，您是否曾經因您的哮喘病發作前往醫院急診室就診？

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

If = 2, -7, -8, goto "QA18_B7"

'QA18_B6' [AB106] -

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

您是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室就診？

[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

'QA18_B7' [AB18] -

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

您目前是否每天服用醫生開給您的或是醫生提供給您的控制哮喘的藥物？

[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]

[IF NEEDED, SAY: 「包括口服藥和吸入劑，但不是用於快速緩解症狀的吸入劑。」]

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

'PN_QA18_B8' [PN_AB67] -

PROGRAMMING NOTE 'QA18_B8' :

IF 'QA18_B3' = 1 (YES, STILL HAVE ASTHMA) OR 'QA18_B4' = 1 (YES, EPISODE IN LAST 12 MOS) GO TO

PROGRAMMING NOTE 'QA18_B10' ;

ELSE CONTINUE WITH 'QA18_B8'

'QA18_B8' [AB67] -

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

您是否曾經因哮喘病發作而必須前往醫院急診室就診？

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

If = 2, -7, -8, goto "QA18_B10"

'QA18_B9' [AB107] -

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

您是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室就診？

[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_QA18_B10' [PN_AB42] -

PROGRAMMING NOTE 'QA18_B10' :

IF AAGE > 69 OR 'QA18_A4' = 6 (65 OR OLDER) GO TO 'QA18_B11' ;

ELSE CONTINUE WITH 'QA18_B10'

'QA18_B10' [AB42] -

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

在過去十二個月中，您因為哮喘病有多少天沒有工作？

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_B11' [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?

是否曾經有醫生或其他醫療服務提供者與您一起制定一項計劃，以便您瞭解如何控制自己的哮喘？

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

If = 2, -7, -8, goto 'PN_'QA18_B13''

'QA18_B12' [AB98] -

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

您是否有該項計劃的書面或列印副本？

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

[IF NEEDED, SAY: "可以是電子版本或打印件。"]

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

**'PN_QA18_B13' [PN_AB22] -
PROGRAMMING NOTE 'QA18_B13' :
IF 'QA18_A5' = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"**

'QA18_B13' [AB22] -

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

{除了懷孕期間, } 是否有醫生曾經告訴您患有糖尿病?

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

If = 3, goto 'QA18_B23'

**'PN_QA18_B14' [PN_AB99] -
PROGRAMMING NOTE 'QA18_B14' :
IF 'QA18_A5' = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"**

'QA18_B14' [AB99] -

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

{除了懷孕期間, }, 是否曾經有醫生告訴您患有前驅糖尿病或臨界糖尿病?

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

**'PN_QA18_B15' [PN_AB23] -
PROGRAMMING NOTE 'QA18_B15' :
IF 'QA18_B13' = 1 THEN CONTINUE WITH 'QA18_B15' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA18_B23'**

'QA18_B15' [AB23] -

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

當醫生第一次告訴您患有糖尿病時, 您的年齡多大?

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_B16’ [AB51] -

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

您是否曾經被告知患有一類或二類糖尿病？

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

[IF NEEDED, SAY: 「一類糖尿病是由於身體無法產生胰島素而引起，常見於兒童及年輕人。二類糖尿病是由於抗胰島素作用而引起，是最常見的糖尿病類型。」]

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

‘QA18_B17’ [AB24] -

Are you now taking insulin?

您目前正在使用胰島素嗎？

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

‘QA18_B18’ [AB25] -

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

您目前在服用降血糖的糖尿病藥物嗎？

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

[IF NEEDED, SAY: 「有時稱作口服藥劑或口服降血糖藥劑。」]

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

‘QA18_B19’ [AB28] -

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

在過去12個月中，醫生約檢查過幾次您的腳部是否有任何瘡或發炎？

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_B20' [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.

您最近一次接受瞳孔放大眼科檢查是什麼時候？瞳孔放大會使您的眼睛在短時間內對亮光敏感。

- ☐ 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

'QA18_B21' [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?

您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便讓您瞭解如何護理自己的糖尿病？

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

'QA18_B22' [AB114] -

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

您對控制與管理自己的糖尿病信心有多高？您認為是.....

- ☐ 01 Very confident,
- ☐ 02 Somewhat confident,
- ☐ 03 Not too confident, or
- ☐ 04 Not at all confident?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_B23' [PN_AB81] -**PROGRAMMING NOTE 'QA18_B23' :**

**IF 'QA18_A5' = 2 (FEMALE) CONTINUE WITH 'QA18_B23' ;
ELSE GO TO 'QA18_B24'**

'QA18_B23' [AB81] -

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

是否有醫生曾經說過您僅在懷孕期間患過糖尿病？

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

[IF NEEDED, SAY: 「這也稱為妊娠糖尿病。」]

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

'QA18_B24' [AB29] -

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

是否有醫生曾經告訴過您患有高血壓？

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

If = 2, 3, -7, -8, goto "QA18_B25"

'QA18_B25' [AB34] -

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

有沒有醫生告訴過您患有任何一種心臟病？

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

If = 2, -7, -8, goto 'QA18_C2'

'QA18_B26' [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?

您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便您瞭解如何護理自己的心臟病？

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

If = 2, -7, -8, goto 'QA18_C2'

Section C: Health Behaviors

‘QA18_C1’ [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?

下一道問題是關於您整體的運動情況。運動包括步行、做家務、慢跑、舉重、體育活動或跟子女玩樂。包括在工作中、家附近、為玩樂或鍛鍊而運動。過去 7 天內，您有多少天會一次運動過至少 20 分鐘？

_____ DAYS PER WEEK

☐ -7 REFUSED

☐ -8 DON'T KNOW

‘QA18_C2’ [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.

現在請想想您上個月（即過去 30 天）的飲食，包括正餐及零食。上月您吃過多少次水果？不包括果汁。您可以告訴我每天、每週或每個月的次數。

[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 NEEDED, SAY: “盡量估計就可以了。”]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “那是每天、每週抑或每月？”]

_____ TIMES

[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

‘QA18_C3’ [AE3] -

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

[上月內，] 您吃過多少次任何類型的炸薯？包括炸薯條、家常炸薯或炸薯餅。

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

[IF NEEDED, SAY: "您可以告訴我每天、每週或每個月的次數。"]

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

[IF RESPONDENT ASKS, SAY: “不包括薯片。”]

[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 “那是每天、每週抑或每月？”]

_____ TIMES

[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

'QA18_C4' [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.

"上月內，您吃過多少次炸豆蓉、焗豆或豆湯等食品？不包括青豆。"

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

[IF NEEDED, SAY: "您可以告訴我每天、每週或每個月的次數。"]

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

[IF NEEDED, SAY: "盡量估計就可以了。"]

[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: "那是每天、每週抑或每月？"]

_____TIMES

[CAT_AE5] -

- ☐ 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

PROGRAMMING NOTE 'QA18_C5':

IF 'QA18_C3'>0 (ATE FRIED POTATOES) THEN DISPLAY "Do not include fried potatoes."

ELSE DO NOT DISPLAY

'QA18_C5' [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.}

{上月} 您吃過多少次任何其他蔬菜，例如蔬菜沙律、青豆或薯仔？{不包括炸薯。}

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

[IF NEEDED, SAY: "您可以告訴我每天、每週或每個月的次數。"]

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

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

_____TIMES

[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

‘QA18_C7’ [AC46] -

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

[過去一個月中,] 您喝加糖果汁飲料、運動或能量飲料的頻率有多高？

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

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

[IF NEEDED, SAY: 「例如檸檬水、Gatorade、Snapple 或 Red Bull。」]

[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] -

- ☐ 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

‘QA18_C8’ [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.

您昨天在工作場所、家中和所有其他地方加起來總共喝了多少杯水？請將一杯水計算為一杯水，將一瓶水計算為兩杯水，將喝了幾口水（例如在飲水機上喝水）計算為不足一杯水。請給出您的最佳估計數字。

[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: 「請包括自來水（例如水池、水龍頭、飲水機或水壺中的水）和瓶裝水（例如 Aquafina®）。請不要包括有調味的加糖的水。」]

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

[IF NEEDED, SAY: 「將一杯或 8 盎司計算為一杯。」]

_____ Glasses [HR: 0-20; SR: 0-15]

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

'QA18_C9' [AC42] -

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

您在所在社區買到新鮮水果和蔬菜的頻率有多高？您認為是.....

- ☐ 01 Never,
- ☐ 02 Sometimes,
- ☐ 03 Usually, or
- ☐ 04 Always?
- ☐ 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_QA18_C10' [PN_AC44] -
PROGRAMMING NOTE 'QA18_C10' :
IF 'QA18_C9' = 2, 3, OR 4, THEN CONTINUE WITH 'QA18_C10' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_C11'

'QA18_C10' [AC44] -

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

您能夠負擔得起這些食品的頻率有多高？您認為是.....

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

[IF NEEDED, SAY: 「您能夠負擔得起您所在社區的新鮮水果和蔬菜的頻率有多高？您認為是...」]

- ☐ 01 Never
- ☐ 02 Sometimes_
- ☐ 03 Usually, or
- ☐ 04 Always?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_C11' [AE15] -

Now, I am going to ask about various health behaviours.

現在，我想就各種不同的健康行為問題提問。

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

在您的一生中，您抽煙的總量是否至少有100支或100支以上？

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

If = 2, goto 'QA18_C22'

'QA18_C12' [AE15A] -

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

您現在是每天、某些天抽煙還是完全不抽煙？

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

If = 2, goto 'QA18_C14'

If =3, -7, -8, goto "QA18_C22"

'QA18_C13' [AD32] -

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

目前您每天平均抽多少支煙？

[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 "QA18_C16"

'PN_QA18_C14' [PN_AE16] -

PROGRAMMING NOTE 'QA18_C14' :

IF 'QA18_C12' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA18_C14' ;

ELSE GO TO 'QA18_C15'

'QA18_C14' [AE16] -

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

在過去30天中您抽煙的日子裡，您每天抽多少支煙？

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

[IF NEEDED, SAY: "在您抽煙的日子裡。" AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_C15' [AC58C] -

Are the cigarettes you usually smoke menthol-flavored?

您通常抽的香煙是薄荷口味的嗎？

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

'PN_QA18_C16' [PN_AC49] -
PROGRAMMING NOTE 'QA18_C16' :
IF 'QA18_C12' = 1 (SMOKE EVERY DAY) OR 'QA18_C12' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA18_C16' ;
ELSE GO TO PN 'QA18_C22'

'QA18_C16' [AC49] -

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

在過去十二個月中，您是否曾因嘗試戒煙而停止抽煙一天或更長時間？

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

'QA18_C17' [AC50] -

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

您是否在考慮在今後六個月內戒煙？

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

'QA18_C18' [AC104B] -

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

[你最後一次嘗試戒煙時，是否曾使用尼古丁口香糖，尼古丁糖錠，尼古丁吸入劑？

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

'QA18_C19' [AC75C] -

In the past 12 months did you

在過去十二個月內，你是否

Call a telephone quitting helpline?

打電話給戒煙幫助熱線？

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

**'PN_QA18_C20' [PN_AC77] -
PROGRAMMING NOTE 'QA18_C20' :
IF 'QA18_C12' = 1 (EVERY DAY) OR 'QA18_C12' = 2 (SOME DAYS), CONTINUE WITH 'QA18_C20' ;
ELSE IF 'QA18_C12' = 3 (NOT AT ALL), SKIP TO PN 'QA18_C22'**

'QA18_C20' [AC77] -

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

在過去十二個月內，是否曾有醫生或其他健康專業人員建議您戒煙？

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

'QA18_C21' [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?

在過去十二個月內，是否曾有醫生或其他健康專業人員讓您參加戒煙計劃或向您提供有關戒煙計劃的資訊？

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

'QA18_C22' [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?

您是否曾經抽過任何一種電子煙（就是 e-cigarette）、氣霧煙筆、或電子水煙，如 Blu, NJOY, 或者 Vuse, 或者用過体积更大的，有時被稱為 ``vapes``，``tanks``或 ``mods`` 的工具吸煙？

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]

[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]

[IF NEEDED, SAY: 「電子煙是模仿傳統抽煙的設備，但由電池操作的設備產生氣霧，而不是煙。該設備中使用的溶液可能含有尼古丁，通常帶有香味。」]

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

If = 2, -7, -8, go to "QA18_C26"

'QA18_C23' [AC82B] -

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

在過去三十天內，您有多少天曾抽電子煙？

_____ NUMBER OF DAYS [HR: 0 - 30]

If = 0, go to "QA18_C26"

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to "QA18_C26"

'QA18_C24' [AC134] -

Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

您使用的電子香煙中，是否有薄荷、水果、糖果或酒的口味？

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

'QA18_C25' [AC83B] -

What best describes your reasons for using e-cigarettes?

您是因為什麼原因抽電子煙？

[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 / LIKES TASTE
- ☐ 09 LESS EXPENSIVE
- ☐ 10 HEALTHIER THAN CIGARETTES
- ☐ 11 ENJOYMENT OR SOCIAL REASONS
- ☐ 12 STRESS, ANXIETY OR PAIN RELIEF
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_C26' [AC135] -

During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

在過去30天內，有多少天您曾使用過嚼用菸草、濕鼻煙粉、或乾鼻煙粉？

- ☐ 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
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8 goto 'QA18_C28'

‘QA18_C27’ [AC136] -

Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

您使用過的嚼用菸草中，是否有例如薄荷、水果、糖果或酒之類的口味？

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

‘QA18_C28’ [AC137] -

During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

在過去30天內，有多少天您曾抽過小雪茄？

- ☐ 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
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, or -8 goto ‘QA18_C30’

‘QA18_C29’ [AC138] -

Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

您所抽過的小雪茄是否有例如薄荷、水果、糖果或是酒之類的口味？

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

‘QA18_C30’ [AC139] -

During the past 30 days, on how many days did you smoke big cigars?

在過去30天裡，有多少天您曾抽過大雪茄？

- ☐ 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
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8 goto ‘QA18_C32’

‘QA18_C31’ [AC140] -

Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

您使用過的雪茄是否有例如薄荷、水果、糖果或是酒之類的口味？

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

‘QA18_C32’ [AC141] -

During the past 30 days, on how many days did you use a hookah water pipe?

在過去30天裡，有多少天您曾使用過“胡卡”水煙？

- ☐ 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
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7 or -8 goto ‘QA18_C34’

‘QA18_C33’ [AC142] -

Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

您使用過的“胡卡”水煙是否有例如薄荷、水果、糖果或是酒之類的口味？

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

‘QA18_C34’ [AC143] -

Which statement best describes the rules about smoking or vaping a tobacco product, including e-cigarette inside your home?

下列哪一項有關抽菸或使用蒸氣菸草製品包括電子菸等的敘述，最能說明您家裡的規定？

- ☐ 01 Smoking/vaping is not allowed anywhere or at any time inside my home
01 在家裡不論任何地方或任何時間都不允許抽香煙或使用蒸汽煙
- ☐ 02 Smoking/vaping is allowed in some places or at sometimes inside my home
02 在家裡某些地方或某些時間允許抽香煙或使用蒸汽煙
- ☐ 03 Smoking/vaping is allowed anywhere and at any time inside my home
03 在家裡任何地方或任何時間都允許抽香煙或使用蒸汽煙
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_C35' [AC144] -

In the last two weeks, have you ever been exposed to secondhand tobacco smoke or e-cigarette vapor in California?

在過去的兩週內，您在加州是否曾經暴露在烟草或電子煙的二手菸裏？

[IF NEEDED: Secondhand smoke or vapor is tobacco smoke or e-cigarette vapor inhaled involuntarily from being smoked or vaped by others.]"

[IF NEEDED: 二手煙是指他人抽煙或使用蒸汽煙時，被非自主性吸入體內的煙氣。]"

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

If = 2, -7, or -8 goto 'QA18_C37'

'QA18_C36' [AC145] -

Thinking of the most recent time, at what type of location did this occur?

請回想一下，最近一次是在哪種類型場所發生的？

- ☐ 01 SIDEWALKS
- ☐ 02 HOME - OUTDOOR
- ☐ 03 HOME - INDOOR
- ☐ 04 SHOPPING MALLS OR STORES
- ☐ 05 WORKPLACE - OUTDOOR
- ☐ 06 WORKPLACE - INDOOR
- ☐ 07 PARK, BEACH, PLAYGROUND, OUTDOOR RECREATION
- ☐ 08 DRIVING
- ☐ 09 COMMON AREA OF AN APARTMENT COMPLEX, CONDO
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_C37' [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?

"接下來的問題是關於大麻，又稱大麻或大麻草、哈希什及其他含有四氫大麻酚的產品。使用這些產品有多種方法，包括吸食、蒸氣抽吸、塗抹、進食或進飲。您曾否使用（即使只是一次）大麻或哈希什？

[IF NEEDED: THC is the active ingredient in marijuana.]

[IF NEEDED: 四氫大麻酚（THC）是大麻中的主要成份。]

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

If = 2, -7, -8, go to 'QA18_C50'

'QA18_C38' [AC116] -

How long has it been since you last used marijuana or hashish in any form?

自您上次使用大麻或哈希什起有多久了？

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

PROGRAMMING NOTE 'QA18_C39':
IF AGE >25, THEN GO TO 'QA18_C50';
IF 'QA18_C38' >=30 DAYS OR >1 MONTH, THEN GO TO 'QA18_C50';
ELSE CONTINUE WITH 'QA18_C39';

'QA18_C39' [AC117] -

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

過去 30 天內，您有多少天使用過大麻、哈希什或其他含有四氫大麻酚的產品？

- ☐ 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 'QA18_C50'

'QA18_C40' [AC118] -

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

您多常在吸煙時亦有使用大麻？您認為.....

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

'QA18_C41' [AC119] -

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

Smoke it in a joint, bong, or pipe?

過去 30 天內，您如何使用大麻？您曾否.....用煙卷、水煙壺或煙斗吸食？

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

‘QA18_C42’ [AC120] -

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

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?

過去 30 天內，您如何使用大麻？您曾否.....吸食內含部分或全部大麻的雪茄（有時稱為小雪茄煙）？

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

‘QA18_C43’ [AC121] -

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

Eat it?

〔過去 30 天內，您如何使用大麻？〕 您有否.....進食大麻？

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

[IF NEEDED SAY: 例如布朗尼、蛋糕、曲奇/餅乾或糖果形式]

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

‘QA18_C44’ [AC122] -

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

Drink it?

〔過去 30 天內，您如何使用大麻？〕 您有否.....進飲大麻？

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

[IF NEEDED SAY: 例如茶、可樂、酒或其他飲品形式]

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

‘QA18_C45’ [AC123] -

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

Vaporize it?

〔過去 30 天內，您如何使用大麻？〕 您有否.....蒸氣抽吸大麻？

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

[IF NEEDED SAY: 例如電子煙式蒸發器]

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

'QA18_C46' [AC124] -

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

Dab it?

[過去 30 天內，您如何使用大麻？] 您有否.....塗抹大麻？

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

[IF NEEDED SAY:例如塗抹丁烷大麻油、蠟或精華]

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

'QA18_C47' [AC125] -

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

Use it some other way?

[過去 30 天內，您如何使用大麻？] 您有否.....以其他方式使用大麻？

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

'QA18_C48' [AC126] -

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

上月您使用大麻，是醫生或其他醫護人員建議的嗎？

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

If = 2, go to 'QA18_C50'

'QA18_C49' [AC127] -

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

上月您使用大麻，是醫生或其他醫護人員建議的嗎？

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

'QA18_C50' [AC128] -

Have you used heroin in the past 12 months?

過去 12 個月內，您曾否使用海洛英？

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

'QA18_C51' [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.

過去 12 個月內，您曾否並非按醫囑而服用任何處方止痛藥？例如維柯丁（Vicodin）、奧施康定（OxyContin）、耐而可（Norco）、氫可酮（Hydrocodone）、波考賽特（Percocet）、美沙酮（Methadone）。

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

If = 2, -7, -8, go to 'QA18_D1'

'QA18_C52' [AC130] -

How many of these prescription pain killers are you taking?

您現正服用多少種上述處方止痛藥？

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

'QA18_C53' [AC131] -

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

您有否獲一位或多位醫生處方？

- ☐ 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 'QA18_C55'

'QA18_C54' [AC132] -

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

您有否就這些藥物與醫生簽約？

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

'QA18_C55' [AC133] -

What condition or conditions are you taking the medicine for?

您基於甚麼狀況而服用這些藥物？

[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

'QA18_D1' [AE17] -

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

以下是幾個有關您的身高和體重的問題。您不穿鞋時身高是多少？

[IF NEEDED, SAY: "About how tall?"]

[IF NEEDED, SAY: 「大約有多高？」]

_____ FEET

_____ INCHES

_____ METERS

_____ CENTIMETERS

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

'PN_QA18_D2' [PN_AE18] -

PROGRAMMING NOTE 'QA18_D2' :

**IF 'QA18_A5' = 2 (FEMALE) AND [AAGE < 50 OR 'QA18_A4' < 5 (YOUNGER THAN 50 YEARS OLD)],
 DISPLAY "When not pregnant, how"; ELSE DISPLAY "How"**

'QA18_D2' [AE18] -

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

{不懷孕時, } 您不穿鞋時體重是多少？

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

[IF NEEDED, SAY: 「大約有多重？」]

_____ POUNDS

_____ KILOGRAMS

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA18_D3' [AD50] -

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

您是盲人或聾人，或有嚴重視力或聽力障礙嗎？

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

If = 2, -7, -8, goto "QA18_D5"

'QA18_D4' [AL8] -

Are you legally blind?

您是不是法律認可的盲人？

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

'QA18_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?

在過去十二個月中，您有過幾位性伴侶？

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

If >=0 , goto **"QA18_D7"**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, goto **"QA18_D7"**

'QA18_D6' [AD44B] -

Can you give me your best guess?

您能不能儘量估計有幾個人？

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

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

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_QA18_D7' [PN_AD45B] -
PROGRAMMING NOTE 'PN_QA18_D7':**
IF 'QA18_D5' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING
NOTE 'QA18_D8' ; ELSE CONTINUE WITH 'PN_QA18_D7';
IF 'QA18_D5' 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"

'QA18_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)?

{您的性伴侶是男性還是女性/在過去十二個月中，您的性伴侶是男性、女性還是既有男性又有女}？

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

**'PN_QA18_D8' [PN_AD46B] -
PROGRAMMING NOTE 'PN_QA18_D8':**
IF 'QA18_A5' = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF 'QA18_A5' =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

'QA18_D8' [AD46B] -

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

您認為自己是異性戀、男同性戀、{女同性戀}同性戀、還是雙性戀？

[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: 「異性戀者主要受異性吸引並與異性發生性關係；男同性戀者和女同性戀者主要受同性吸引並與同性發生性關係；雙性戀者受兩種性別的人吸引並與兩種性別的人發生性關係。」]

- ☐ 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

'PN_QA18_D9' [PN_AD60B] -
PROGRAMMING NOTE 'PN_QA18_D9':
IF ['QA18_A5' = 1 (MALE) AND 'QA18_D7' = 1 (MALE)] OR ['QA18_A5' = 2 (FEMALE) AND 'QA18_D7' = 2 (FEMALE)] OR ['QA18_D7' = 3, -7, OR -8] OR [IF 'QA18_D8' ≠ 1] CONTINUE WITH 'QA18_D9' ;
ELSE GO TO 'QA18_D11'

'QA18_D9' [AD60B] -

Are you legally married to someone of the same sex?

您是否與同性別的人合法登記結婚？

[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 'QA18_D11'

'QA18_D10' [AD61B] -

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

您與同性別的人合法登記為同居伴侶是否獲得加利福尼亞州政府的認可？

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

'QA18_D11' [AD65A] -

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

您的原始出生證明裡所寫的性別是男性還是女性？

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

'QA18_D12' [AD66B] -

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

目前您認為自己是男性，女性，還是跨性別者？

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

If = 1, 2, 3, goto 'PN_QA18_D14'

If = -7, -8, goto "QA18_D15"

**'PN_QA18_D13' [PN_AD67B] -
PROGRAMMING NOTE 'PN_QA18_D13':
IF AD66 = 4 THEN CONTINUE WITH 'PN_QA18_D13';
ELSE SKIP TO 'PN_QA18_D14'**

'QA18_D13' [AD67B] -

What is your current gender identity?

目前您認為自己是什麼性別？

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

**'PN_QA18_D14' [PN_AD68B] -
PROGRAMMING NOTE 'PN_QA18_D14':
IF ['QA18_D11' = 1 (MALE) AND 'QA18_D12' = 1 (MALE)] OR ['QA18_D11' = 2 (FEMALE) AND 'QA18_D12' = 2 (FEMALE)] THEN SKIP TO 'QA18_D15';
ELSE CONTINUE WITH 'PN_QA18_D14';
DISPLAYS; IF [AD65 = 1 OR 'QA18_D11' = 1 (MALE) AND 'QA18_D12' = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF ['QA18_D11' = 1 (MALE) AND 'QA18_D11' = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};**

'QA18_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?

我想確認一下，您出生時是{INSERT RESPONSE FROM QA15_D25}，現在您認為自己是{INSERT RESPONSE FROM AD66 OR AD67B}。對嗎？

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

IF = 2, goto "QA18_D12" AND FLAG 'QA18_D14' = 1

**PROGRAMMING NOTE 'QA18_D15';
IF ['QA18_A5' = 1 OR 'QA18_D11' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'QA18_D7' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'QA18_D15';
ELSE IF ('QA18_A5' = 1 AND 'QA18_D11' = 2) OR ('QA18_A5' = 2 AND 'QA18_D11' = 1) THEN CONTINUE WITH 'QA18_D15'; ELSE IF 'QA18_A5' = 1 AND 'QA18_D8' = 2 OR 3, THEN CONTINUE WITH 'QA18_D15';
ELSE SKIP TO 'QA18_D19';**

'QA18_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®?

沒有愛滋病毒（人類免疫缺乏病毒）的人可每天服用一粒藥丸，以減低染上愛滋病毒的風險。這稱為預防性用藥或 PrEP，而藥丸亦稱為特魯瓦達（Truvada®）。過去 30 天內任何時刻，您曾否服用預防性用藥或特魯瓦達？

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

If = 1, goto 'QA18_D19'

'QA18_D16' [AD80] -

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

過去 12 個月內，您曾否服用任何預防性用藥或特魯瓦達？

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

If = 1, goto 'QA18_D19'

'QA18_D17' [AD81] -

Have you ever taken any PrEP or Truvada®?

您有否試過服用任何預防性用藥或特魯瓦達？

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

If = 1, goto 'QA18_D19'

'QA18_D18' [AD82] -

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

今天前，您有否聽過預防性用藥或特魯瓦達？

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

'QA18_D19' [AD83] -

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

您是否曾經接受過艾茲病毒HIV測試？

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

If = 2, -7, -8, goto "QA18_D21"

'QA18_D20' [AD84] -

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

您最近一次接受愛滋病毒測試，是獲提供測試，還是自己主動要求接受測試？

- ☐ 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_'QA18_E1'

'QA18_D21' [AD85] -

Were you ever offered an HIV test?

您曾否獲提供愛滋病毒測試？

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

Section E: Women's Health

'PN_QA18_E1' [PN_AD13] -
 PROGRAMMING NOTE 'QA18_E1' :
 IF 'QA18_A5' = 1 (MALE), THEN GO TO 'QA18_F1' ;
 IF AGE > 45, THEN GO TO 'QA18_F1' ;
 DISPLAYS;
 IF ['QA18_D11' = 2 OR 'QA18_D11' = 2 (FEMALE) AND 'QA18_D12' = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";
 IF ['QA18_D11' = 2 OR 'QA18_D11' = 2 (FEMALE) AND 'QA18_D12' = 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."

'QA18_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.}

以下是有關婦女健康的問題。/以下問題可能與您有關，因為您的出生証上寫的是女性。如果不是，請告訴我，我會跳過這些問題。}

To your knowledge, are you now pregnant?

据您所知，您現在懷孕了嗎？

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

'QA18_E2' [AE96] -

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

過去 12 個月內，您曾否生小孩？

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

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

'QA18_E3' [AE97] -

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

嬰兒出生後 8 週內，您曾否看醫生或其他醫護人員？

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

IF 'QA18_E3' =1 go to 'QA18_E8'

'QA18_E4' [AE98] -

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

醫生有否囑咐您生小孩後覆診？

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

'QA18_E5' [AE99] -

Did you try to get an appointment?

您有否嘗試預約？

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

'QA18_E6' [AE100] -

Did you have a way to get to your appointment?

您有否出席預約？

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

'QA18_E7' [AE101] -

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

您沒有看醫生的主因是甚麼？

- ☐ 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

'QA18_E8' [AE102] -

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

那位醫生或其他醫護人員曾否問您有沒有感到悲傷或抑鬱？

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

Section F: Mental Health

'QA18_F1' [AJ29] -

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

以下是關於在過去30天內您的感覺的問題。

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

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

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

'QA18_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?

在過去30天內，您大約每隔多久會感到毫無希望 — 所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？

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

'QA18_F3' [AJ31] -

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

在過去30天內，您大約每隔多久會感到不安或煩躁？

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

[IF NEEDED, SAY: "所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？"]

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

'QA18_F4' [AJ32] -

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

您每隔多久會感到極為憂鬱，以致任何事都無法讓您高興起來？

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

[IF NEEDED, SAY: "大多數時間、部份時間、較少的時間還是從來沒有? "]

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

'QA18_F5' [AJ33] -

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

在過去30天內，您大約每隔多久會感到做每件事都非常吃力？

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

[IF NEEDED, SAY: "所有的時間、大多數時間、部份時間、較少的時間還是從來沒有? "]

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

'QA18_F6' [AJ34] -

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

在過去30天內，您大約每隔多久會感到自己毫無價值？

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

[IF NEEDED, SAY: "所有的時間、大多數時間、部份時間、較少的時間還是從來沒有? "]

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

'QA18_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?

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

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

**'PN_QA18_F8' [PN_AF63] -
PROGRAMMING NOTE 'QA18_F8' :
IF 'QA18_F7' = 1 THEN CONTINUE WITH 'QA18_F8' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA18_F14' intro**

'QA18_F8' [AF63] -

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

以下是有關在過去十二個月中您的精神狀態最差的一個月的問題。

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

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

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

'QA18_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?

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

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

'QA18_F10' [AF65] -

How often did you feel restless or fidgety?

您感到不安或煩躁的頻率有多高？

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

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

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

'QA18_F11' [AF66] -

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

您感到非常壓抑以致任何事情都無法讓您高興起來的頻率有多高？

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

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

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

'QA18_F12' [AF67] -

How often did you feel that everything was an effort?

您感到做每件事都很費力的頻率有多高？

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

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

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

'QA18_F13' [AF68] -

How often did you feel worthless?

您感到自己毫無用處的頻率有多高？

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

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

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

IF 'QA18_F1'-'QA18_F6' > 0 THEN,

IF 'QA18_F1'-'QA18_F6' = 1 THEN 'QA18_F1'_R-'QA18_F6'_R = 4;

ELSE IF 'QA18_F1'-'QA18_F6' = 2 THEN 'QA18_F1'_R-'QA18_F6'_R = 3;

ELSE IF 'QA18_F1'-'QA18_F6' = 3 THEN 'QA18_F1'_R-'QA18_F6'_R = 2;

ELSE IF 'QA18_F1'-'QA18_F6' = 4 THEN 'QA18_F1'_R-'QA18_F6'_R = 1;

ELSE IF 'QA18_F1'-'A

'SS_INTRO' [SS_INTRO] -

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

請想一想過去十二個月中您的情緒處於最差狀況的一個月。

PROGRAMMING NOTE 'QA18_F14' :
IF AGE > 70 GO TO 'QA18_F15' ;
ELSE CONTINUE WITH 'QA18_F14'

'QA18_F14' [AF69B] -

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

您的情緒對您在工作中的表現是影響很大、有一些影響還是根本沒有影響？

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

'QA18_F15' [AF70B] -

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

您的情緒對您做家務是影響很大、有一些影響還是根本沒有影響？

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

'QA18_F16' [AF71B] -

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

您的情緒對您的社交生活是影響很大、有一些影響還是根本沒有影響？

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

'QA18_F17' [AF72B] -

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

您的情緒對您與朋友及家人的關係是影響很大、有一些影響還是根本沒有影響？

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

'QA18_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?

請想一想過去十二個月的情況。在過去的365天中，大約有多少天因為您感到精神緊張、壓抑或情緒壓力而完全無法工作或從事正常的活動？

_____NUMBER OF DAYS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_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?

在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題感到需要約見專業人士呢？

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

If = 2, -7, -8, goto **"QA18_F21"**

'QA18_F20' [AJ1] -

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

您的保險是否為精神健康疾病治療提供保賠？例如，心理學家或精神病學家門診。

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

'QA18_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?

在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過您的主治醫生或全科醫生？

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

'QA18_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?

在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過任何其他專業人員，例如心理諮詢師、精神病醫生或社會工作者？

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

'PN_QA18_F23' [PN_AF76] -**PROGRAMMING NOTE 'QA18_F23' :**

IF 'QA18_F21' = 1 OR 'QA18_F22' = 1 THEN CONTINUE WITH 'QA18_F23' ;
ELSE SKIP TO 'QA18_F28'

'QA18_F23' [AF76] -

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

您是否曾經因為精神或情感健康、酗酒或吸毒的問題尋求幫助？

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

'PN_QA18_F24' [PN_AF77] -**PROGRAMMING NOTE 'QA18_F24' :**

IF 'QA18_F23' = 1, display: "mental or emotional health";

IF 'QA18_F23' = 2, display: "use of alcohol or drugs";

IF 'QA18_F23' = 3, display: "mental or emotional health and your use of alcohol or drugs";

ELSE SKIP TO 'QA18_F25'

'QA18_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.

在過去十二個月中，您{因為精神或情感健康/酗酒或吸毒/精神情感健康以及酗酒或吸毒的問題}約見專業人員多少次？請勿包括住院的次數。

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_F25' [AF78] -

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

您現在仍然因為這些問題在約見其中的一位或多位服務提供者嗎？

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

If = 1, -7, -8, goto "QA18_F28"

'QA18_F26' [AF79] -

Did you complete the recommended full course of treatment?

您是否已經完成了建議的全部療程？

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

If = 1, -7, -8, goto "QA18_F28"

'QA18_F27' [AF80] -

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

您不再接受治療的主要原因是什麼？

- ☐ 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

'QA18_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?

在過去十二個月中，您是否曾經因情感或個人問題連續兩週或以上幾乎每天服用任何處方藥，例如抗憂鬱藥或鎮靜劑？

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

PROGRAMING NOTE 'QA18_F29' :
IF 'QA18_F19' = 1 AND ('QA18_F21' ≠ 1 AND 'QA18_F22' ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE WITH 'QA18_F29' ;
ELSE SKIP TO 'QA18_G1'

'QA18_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.

以下是人們在感到需要尋求幫助時沒有尋求幫助的一些原因。請對以下每一項陳述回答「是」或「否」，說明您沒有約見專業人員的原因。

You were concerned about the cost of treatment.

您擔心治療的費用。

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

'QA18_F30' [AF83] -

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

您與專業人員談論自己的個人問題感到不自在。

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

'QA18_F31' [AF84] -

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

您擔心如果有人知道了您的問題後會出現什麼情況。

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

'QA18_F32' [AF85] -

You had a hard time getting an appointment.

您在預約時遇到了困難。

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

Section G: Demographic Information, Part II

'QA18_G1' [AH33] -

Now a few more questions about your background.

現在，我想問幾個有關您的背景的問題。

In what country were you born?

您是在哪一個國家出生的？

[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

**'PN_QA18_G2' [PN_AH34] -
PROGRAMMING NOTE 'QA18_G2' :
IF 'QA18_G1' ≠ 1 (NOT BORN IN US) GO TO 'QA18_G7' ;
ELSE IF 'QA18_G1' = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH 'QA18_G2'**

'QA18_G2' [AH34] -

In what country was your mother born?

您的母親是在哪一個國家出生的？

[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

'QA18_G3' [AH35] -

In what country was your father born?

您的父親是在哪一個國家出生的？

[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

'QA18_G7' [AH36] -

What languages do you speak at home?

您在家中用什麼語言交談？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: “「還有其它語言嗎？」”]

- ☐ 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

'PN_QA18_G8' [PN_AH37] -

PROGRAMMING NOTE 'QA18_G8' :

IF 'QA18_G7' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE 'QA18_G9' ;

IF INTERVIEW CONDUCTED IN ENGLISH AND 'QA18_G7' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'QA18_G8' 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 QA18_G8. SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA18_G8 WAS ASKED

'QA18_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...

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

- ☐ 01 Very well,
- ☐ 02 Well,
- ☐ 03 Not well, or
- ☐ 04 Not at all?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_G9' [PN_AH39] -
PROGRAMMING NOTE 'QA18_G9' :
IF 'QA18_G1' = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE 'QA18_G12' ELSE CONTINUE WITH 'QA18_G9'**

'QA18_G9' [AH39] -

The next questions are about citizenship and immigration.

以下是有關公民身份及移民的幾個問題。

Are you a citizen of the United States?

您是美國公民嗎？

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

If = 1, goto 'QA18_G11'

'QA18_G10' [AH40] -

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

您是持有綠卡的永久居民嗎？您的回答會得到保密，不會向移民局報告。

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

[IF NEEDED, SAY: "人們通常把它稱作「綠卡」，但卡的顏色可能是粉紅色、藍色或白色。"]

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

'QA18_G11' [AH41] -

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

您在美國已經居住了大約多少年？

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

[AH41Y] -

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_G12' [PN_AH44] -
PROGRAMMING NOTE 'QA18_G12' :
IF ['QA18_A16' = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR ['QA18_D9' = 1 OR 'QA18_D10' = 1
(LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH 'QA18_G12' ;
IF 'QA18_A16' = 1, THEN DISPLAY "spouse";
IF 'QA18_A16' = 2 OR 'QA18_D9' = 1 OR 'QA18_D10' = 1,

'QA18_G12' [AH44] -

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

您的{配偶/伴侶}是不是也住在您的住戶中？

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

'QA18_G13' [SC11A] -

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

您是否能夠告訴我您的{配偶/伴侶}的名字和年齡？

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

[TEXT_NAME_SC11A] -

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _

[TEXT_SEX_SC11A] -

SPOUSE/PARTNER SEX _____

'PN_QA18_G14' [PN_AH43A] -
PROGRAMMING NOTE 'QA18_G14' :
IF [AAGE < 30 OR 'QA18_A4' = 1 (AGE 18-29)] AND ['QA18_G12' = 1 (SPOUSE/PARTNER LIVING IN HH)
AND 3 OR MORE ADULTS LIVE IN HH OR 'QA18_A16' = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED,
SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH]], CONTINUE WITH
QA18_G14 ; ELSE GO TO PROGRAMMING NOTE QA18_G25

'QA18_G14' [AH43A] -

Are you now living with either of your parents?

您目前有沒有與您的父母之中一人住在一起？

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

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

'QA18_G15' [SC13A1] -

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

{從年紀最大的開始} (兒童/這名兒童/下一名兒童)的姓名或姓名縮寫是什麼？

Name/ Initials given (SPECIFY) _____

姓名/姓名縮寫(SPECIFY) _____

☐ -7 REFUSED

'QA18_G16' [SC13A2] -

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

(兒童/這名兒童)年紀多大？

☐ -7 REFUSED

PROGRAMMING NOTE 'QA18_G17':
IF KIDCNT =1 INSERT "the child's"
IF KIDCNT >1 INSERT "this child's"

'QA18_G17' [GENDER6] -

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

{兒童/這名兒童}的性別是什麼？

- ☐ 1 MALE
☐ 2 FEMALE
☐ 3 REFUSED

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 'QA18_G16' =9. ASK SC15A IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)
(IF QA18_G15 =9 AND QA18_G16 =9 INSERT "the child" AND DO NOT DISPLAY CHILD NAME/SEX)

'QA18_G18' [SC15A4] -

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

"{CHILD NAME/小孩}是 (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

PROGRAMMING NOTE 'QA18_G20':
IF KIDCNT =1 INSERT "the child"
IF KIDCNT >1 INSERT "all the children"

'QA18_G19' [SC14B4] -

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

您是家庭內(兒童/所有兒童)的家長或法定監護人嗎？

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

'PN_QA18_G20' [PN_SC14B] -
ASK SC14B3 FOR EACH CHILD IN ROSTER

'QA18_G20' [SC14B] -

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

您是{CHILD NAME/AGE/SEX}的家長或法定監護人嗎？

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

PROGRAMMING NOTE 'QA18_G21':
IF NAME GIVEN AT 'QA18_G13' INSERT 'QA18_G13' NAME
ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
IF KIDCNT =1 INSERT "the child"
IF KIDCNT >1 INSERT "all the children"

'QA18_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?

{SC11A NAME/ AR ADULT NAME/AGE/SEX的配偶/伴侶)是您家庭內(兒童/所有兒童)的家長或法定監護人嗎？

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

POST NOTE: IF 'QA18_G21' -1 AUTO POPULATE 'QA18_G22' AS 'YES' FOR ALL CHILDREN IN HH
PROGRAMMING NOTE 'QA18_G22': IF 'QA18_G21' =2
ASK 'QA18_G22' FOR EACH CHILD IN THE ROSTER

'QA18_G22' [SC14C2] -

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

(AR NAME/AGE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎？

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

'PN_QA18_G23' [PN_SC15A1] -
PROGRAMMING NOTE 'QA18_G23':
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 'QA18_G20'=1 THEN
 CHILD1CNT = COUNT OF CHILDREN IN 'QA18_G20' AGED 0 TO 5 YRS
 CHILD2CNT = COUNT OF CHILDREN IN 'QA18_G20' AGED 6 TO 11 YRS
 TEENCNT = COUNT OF CHILDREN IN 'QA18_G20' AGED 12 TO 17 YRS
 # Child selection from only those with SC14A=1 or 'QA18_G20'=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 AG
 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 'QA18_G20'=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] -

'QA18_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?

我在家庭內記錄到{NUMBER}名18歲以下兒童。我們有沒有漏掉任何18歲以下，通常居住在這裡但暫時離家的兒童？

- ☐ 1 No, no one missed
☐ 2 Yes

If = 2, Go back to 'SC13A_Loop1'

'POST_QA18_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_QA18_G25' [PN_AH44A] -
PROGRAMMING NOTE 'QA18_G25' :
 ANY CHILDREN IN 'QA18_G24' ARE AGE 13 OR LESS, CONTINUE WITH 'QA18_G25' ;
 ELSE GO TO AH47 ;
 IF ANY CHILD IN ROSTER 'QA18_G24' < 14 AND ≥ 14 DISPLAY “for any children under age 14”;
 IF 'QA18_A16' = 1 (MARRIED) AND 'QA18_G12' =1 (SPOUSE/PARTNER

'QA18_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?

在過去一個月中，當{您或您的配偶/您或您的伴侶/您}在工作、上學或尋找工作時，是否{讓任何年齡在14歲以下的孩子}接受任何付費幼兒看護服務？

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

[IF NEEDED, SAY: "這包括學前啟蒙計劃（Head Start）、日託所、上學前及放學後的看護計劃以及任何臨時幼兒照看安排。"]

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

If = 2, -7, -8, goto 'AH47'

'QA18_G26' [AH44B] -

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

在上個月中，您為所有的幼兒看護安排及計劃支付了多少費用？

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

[IF NEEDED, ASK: 「如果這樣比較容易，您可以告訴我您在上個月最有代表性的一週中支付了多少費用。您或您的住戶裡任何一位成年人。」]

[AH44BM] -

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

[AH44BW] -

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

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

'AH47' [AH47] -

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

您完成的最高教育和獲得學分的最高年級是什麼？

- ☐ 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

- ☐ 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

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

COLLEGE

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

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

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

BUSINESS

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

‘QA18_G27’ [AG22] -

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

您是否曾經在美國軍隊當過現役軍人？

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

If = 2, -7, -8, goto “QA18_G29”

‘QA18_G28’ [AG23] -

When did you serve?

您是什麼時候在軍隊服役的？

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] -

Altogether, how long did you serve?

您總共服役多長時間？

[AG24Y] -

_____ YEARS

[AG24M] -

_____ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_G29' [AK1] -

Which of the following were you doing last week?

您上週曾經從事以下哪些工作，是.....

- ☐ 01 Working at a job or business,
從事工作或業務
- ☐ 02 With a job or business but not at work,
有工作或業務，但不在工作
- ☐ 03 Looking for work, or
在找工作，還是
- ☐ 04 Not working at a job or business?
沒有從事工作或業務?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_'QA18_G33''

'QA18_G30' [AK2] -

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

您上週沒有工作的主要原因是什麼?

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

[IF NEEDED, SAY: 「主要原因指最重要的原因。」]

- ☐ 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 'QA18_G32'

'QA18_G31' [AG10] -

Do you usually work?

您通常工作嗎?

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

**'PN_QA18_G32' [PN_AL22] -
PROGRAMMING NOTE 'QA18_G32' :
IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['QA18_G31' = 2 (DOES NOT USUALLY WORK) OR
'QA18_G30' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'QA18_G32' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_G33'**

'QA18_G32' [AL22] -

Are you receiving Social Security Disability Insurance or SSDI?

您是否在領取社會安全殘障保險(Social Security Disability Insurance, 簡稱SSDI)?

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

If = 1, 2, -7, -8, goto 'PN_'QA18_G37''

**PROGRAMMING NOTE 'QA18_G33' :
IF 'QA18_G29' = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR 'QA18_G31' = 1 (usually works),
CONTINUE WITH 'QA18_G33' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_G37'**

'QA18_G33' [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?

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

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

[IF NEEDED, SAY: 「您在哪裡工作的時間最長？」]

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

**'PN_QA18_G34' [PN_AK5] -
PROGRAMMING NOTE 'QA18_G34' :
IF 'QA18_G33' = 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?"]"**

'QA18_G34' [AK5] -

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

{這是屬於什麼樣的機構或部門？/這是屬於什麼樣的企業或行業？}.....

{[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: 「在這企業中他們製造什麼或做什麼？」]

[INTERVIEWER: ENTER DESCRIPTION]

[TEXT_SPE_AK5] -

_____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_G35' [AK6] -

What is the main kind of work you do?

您主要從事何種類型的工作？

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

'OCC_AK6' [OCC_AK6] -

_____ (OCCUPATION)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_G36' [PN_AK8] -PROGRAMMING NOTE 'QA18_G36' :
IF 'QA18_G33' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA18_G36' = 8 AND GO TO 'QA18_G37' ;
IF 'QA18_G33' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA18_G36' AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH 'QA18_G36' AND DISPLAY "About" and "your employer";

'QA18_G36' [AK8] -

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

{包括您在內}, {您的雇主/您}在所有地點總共聘用了大約多少名雇員？

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

[IF NEEDED, SAY: 「請盡量估計人數。」]

- ☐ 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

PROGRAMMING NOTE 'QA18_G37' :IF 'QA18_A16' = 1 (MARRIED) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1, CONTINUE WITH 'QA18_G37' ; IF 'QA18_A16' = 1, THEN DISPLAY "spouse"; ELSE IF 'QA18_D9' = 1 OR 'QA18_D10' = 1, THEN DISPLAY "partner"; ELSE GO TO 'QA18_H1'

'QA18_G37' [AG8] -

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

您的{配偶/伴侶}上週曾經從事以下哪些工作，是.....

- ☐ 01 Working at a job or business,
- ☐ 01 從事工作或經營業務
- ☐ 02 With a job or business but not at work,
- ☐ 02 有工作或業務，但不在工作
- ☐ 03 Looking for work, or
- ☐ 03 找工作，還是
- ☐ 04 Not working at a job or business?
- ☐ 04 不在從事工作或經營業務?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, goto 'QA18_G39'

'QA18_G38' [AG11] -

Does your {spouse/partner} usually work?

您的{配偶/伴侶}通常工作嗎?

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

If = 2, 3, -7, -8, goto "QA18_H1"

'QA18_G39' [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?

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

- ☐ 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

'QA18_H1' [AH1] -

The next topics are about health insurance and health care.

以下是有關健康保險及健康護理的問題。

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

當您生病或需要接受健康諮詢時，您是否有一個通常可以去的地方？

[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 "QA18_H3"

'PN_QA18_H2' [PN_AH3] -

PROGRAMMING NOTE 'QA18_H2' :

IF 'QA18_H1' = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF 'QA18_H1' = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF 'QA18_H1' = 4 (KAISER) CIRCLE "1" FOR 'QA18_H2' AND GO TO 'QA18_H3'

'QA18_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?

{您最常去什麼樣的地方—/您的醫生是否在一個私人} 醫生辦公室、診所或醫院診所、急診室或其它地方？

- ☐ 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

'PN_QA18_H3' [PN_AH12] -
PROGRAMMING NOTE 'QA18_H3' :
IF 'QA18_B5' = 1 OR 'QA18_B8' = 1 (YES, R VISITED ER FOR ASTHMA) OR SKIP TO 'QA18_H4' ;
ELSE CONTINUE WITH 'QA18_H3'

'QA18_H3' [AH12] -

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

在過去 12 個月中，您有沒有因為自身的健康去過醫院急診室？

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

If = 2, -7, -8, goto "QA18_H5"

PN_QA18_H4' [PN_AH95] -
PROGRAMMING NOTE 'QA18_H4' :
IF 'QA18_B5' = 1 OR 'QA18_B8' = 1 (YES, R VISITED ER FOR ASTHMA), 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?"

'QA18_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}?

{在過去十二個月中，您因自己的健康問題去了多少次醫院急診室就診？/您去過多少次}？

[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: "在過去十二個月中，您因自己的健康問題去了多少次醫院急診室就診？"]

_____ NUMBER OF TIMES [HR: 0 - 200]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H5' [A11] -

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?

MediCARE（醫療保障計劃）是為年滿65歲或患有某種殘障的人士提供的健康保險計劃。您目前是否享受MediCARE保賠？

[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 'QA18_H8'

If = -7, -8, goto "QA18_H16"

POST-NOTE 'QA18_H5' :

IF 'QA18_H5' = 1, SET ARM CARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA18_H6' :

**IF [AAGE > 64 OR 'QA18_A4' = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND 'QA18_H5' = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH 'QA18_H6' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H8'**

'QA18_H6' [A12] -

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

雖然您剛才告訴過我您的年齡在 65 歲或 65 歲以上，但您沒有享受MediCARE（醫療保障計劃），對不對？

- ☐ 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_'QA18_H16"

If = 2, goto 'PN_QA18_H8'

POST-NOTE 'QA18_H6' :

IF 'QA18_H6' =2, SET ARM CARE = 1 AND SET ARINSURE = 1

'QA18_H7' [A13] -

What is your age, please?

請告訴我您的年齡多大。

[A13Y] -

_____ YEARS OF AGE [HR: 18-105]

If >=0 , goto 'PN_'QA18_H16''

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto 'PN_'QA18_H16''

**POST NOTE 'QA18_H7' : AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = 'QA18_H7' ;
IF AAGE < 18, CODE AS IA AND TERMINATE**

**'PN_QA18_H8' [PN_AH123] -
PROGRAMMING NOTE 'QA18_H8' :
IF ARM CARE = 1, CONTINUE WITH 'QA18_H8' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H16'**

'QA18_H8' [AH123] -

Is this a MediCARE Advantage Plan?

這個醫療保險是 MediCARE Advantage計劃嗎？

[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: MediCARE Advantage醫療保險計劃，有時也被稱為Part C plans，是由MediCARE認可的私營醫保公司提供的。MediCARE Advantage醫療保險計劃提供Medicare Part A和Medicare Part B醫療保險。]

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

If = 2, -7, -8, goto "QA18_H11"

**POST-NOTE 'QA18_H8' ;
IF 'QA18_H8' = 1, SET ARMADV= 1**

'QA18_H9' [AH124] -

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

您的MediCARE Advantage醫療保險計劃是通過HMO, PPO, 還是私營有償醫療服務 (Private Fee-for-Service) 提供的?

[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計劃通常要求您必須從HMO醫生處接受護理, 否則就不提供醫療費保賠, 除非是醫療急診。"]

[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: "PPO表示「首選服務提供者團體」。在PPO中, 您可以使用任何醫生和醫院, 但如果您使用屬於您的計劃網路的醫生和醫院時, 可支付較低的費用。另外, 您可以直接與醫生和專科醫生約診, 無需由您的主治醫生轉介。"]

[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: "私營有償醫療服務 (Private Fee-for-Service) 計劃, 是由MediCARE每月支付私營保險公司的固定的醫療保險資金, 然後由這家私營保險公司, 而不是MediCARE, 決定你支付多少醫療費。"]

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

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

- ☐ 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

'QA18_H10' [AH125] -

What is the name of your MediCARE plan?

您的MediCARE計劃名稱是什麼？

[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 DIFICULTY RECALING NAME, PROBE: "您是否有註明保健計劃名稱的保險卡或其他文件？"]

- ☐ 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-NOTE FOR 'QA18_H10' :
ALL ANSWERS GO TO PROGRAMMING NOTE 'QA18_H12' ;
IF 'QA18_H10' = 93, 87, OR 89 THEN ARMILIT = 1

'QA18_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?

有些有資格享受MediCARE的人另外還有私人保險，有時稱為Medigap或Medicare補充保險。您有此類健康保險嗎？

[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone."]
[IF NEEDED, SAY: "這些是為MediCARE不提供保賠的健康護理費用提供保賠的保險。"]

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

If = 2, -7, -8, goto 'PN_'QA18_H16''

POST-NOTE FOR 'QA18_H11' :
IF 'QA18_H11' = 1, SET ARSUPP = 1

**'PN_QA18_H12' [PN_AH126] -
PROGRAMMING NOTE 'QA18_H12' :
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE
SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA18_H16' ;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HASUPPLEMENT), DISPLAY "MediCARE Supplement plan";**

'QA18_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?

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

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

[IF NEEDED, SAY: "AARP代表「美國退休人協會」。"]

- ☐ 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

'QA18_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.

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

[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."]

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

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

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

[IF NEEDED, SAY: 「免賠額是您的保險計劃開始付款之前您支付的醫療護理費。」]

[IF NEEDED, SAY: 「保費是您的醫療保險計劃的每月收費。」]

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

'QA18_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?

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

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

If = 2, -7, -8, goto **'PN_'QA18_H16'**

'QA18_H15' [AH55] -

Who is that?

是誰？

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

[IF NEEDED, SAY: 「除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構。」]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他人或機構嗎？」]

[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
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST-NOTE FOR 'QA18_H15' :

IF 'QA18_H15' = 7, SET ARMCAL = 1;

**'PN_QA18_H16' [PN_AI6] -
PROGRAMMING NOTE 'QA18_H16' :
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"**

'QA18_H16' [AI6] -

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

您享受Medi-CAL的保賠，{對嗎/嗎}？

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: "這是一項向某些低收入兒童及其家人、孕婦、殘障人士或年長者提供的計劃。"]

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

**POST-NOTE FOR 'QA18_H16' :
IF 'QA18_H16' = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND 'QA18_H16' = 2, SET ARMCAL = 0**

**'PN_QA18_H17' [PN_AI8] -
PROGRAMMING NOTE 'QA18_H17' :
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"**

'QA18_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?

{除了您告訴我的Medicare 補充計劃/除了您告訴我的Medicare Advantage 計劃}, 您是否享有目前或以前的雇主或工會提供的{其他任何}醫療保險計劃或 HMO？

[IF NEEDED, SAY: "...either through your own or someone else's employment?"]

[IF NEEDED, SAY: 「... 可以是通過您本人或其他人的工作？」]

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

**POST-NOTE FOR 'QA18_H17' :
IF 'QA18_H17' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1**

**'PN_QA18_H18' [PN_AI11] -
PROGRAMMING NOTE 'QA18_H18' :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH
'QA18_H18' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H20'**

'QA18_H18' [AI11] -

Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

您是否享受您直接從保險公司或HMO或透過Covered California購買的醫療保險計劃的承保？

[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: 「請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。」]

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

If = 2, -7, -8, goto 'PN_'QA18_H20''

**POST-NOTE FOR 'QA18_H18' :
IF 'QA18_H18' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE 'QA18_H19' :
IF ARDIRECT = 1, THEN CONTINUE WITH 'QA18_H19' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H20'**

'QA18_H19' [AH104] -

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

您是如何購買這項健康保險的 — 是直接從保險公司或HMO購買還是透過Covered California購買？

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 92 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR 'QA18_H19' :
IF 'QA18_H19' = 2, THEN SET ARHBEX = 1**

**'PN_QA18_H20' [PN_AI9] -
PROGRAMMING NOTE 'QA18_H20' :**
**IF 'QA18_H17' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA18_H18' = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH 'QA18_H20' ;**
ELSE GO TO PROGRAMMING NOTE 'QA18_H22'

'QA18_H20' [AI9] -

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

這項計劃是用您的姓名申請還是用其他人的姓名申請的？

[IF NEEDED, SAY: "Even someone who does not live in this household."]

[IF NEEDED, SAY: 「甚至不是住在您的家中的人？」

- ☐ 01 IN OWN NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_'QA18_H22''

POST-NOTE FOR 'QA18_H20' :
IF 'QA18_H17' = 1 AND 'QA18_H20' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF 'QA18_H17' = 1 AND 'QA18_H20' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA18_H18' = 1 AND 'QA18_H20' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;

'PN_QA18_H21' [PN_AI9A] - PROGRAMMING NOTE 'QA18_H21' :
IF 'QA18_A16' = 1 (MARRIED) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 OR IF 'QA18_G14' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA18_A4' =1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA18_H21' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H22' ;
IF 'QA18_G14' = 1, THEN DISPLAY "spouse's name"; IF 'QA18_G14' ≠ 1 AND ('QA18_D9' = 1 OR 'QA18_D10' = 1), THEN DISPLAY "partner's name; IF 'QA18_G14' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA18_H21' [AI9A] -

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

是否以您的{配偶}{伴侶}{父母}名義或其他人的名義參加該項計劃？

- ☐ 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-NOTE FOR 'QA18_H21' :
IF 'QA18_H17' = 1 AND 'QA18_H21' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF 'QA18_H19' = 2 AND 'QA18_H21' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF 'QA18_H17' = 1 AND 'QA18_H21' = 2 SET AREMPPAR =1 AND AREMPOT

**'PN_QA18_H22' [PN_AH105] -
PROGRAMMING NOTE 'QA18_H22' :**
IF 'QA18_H17' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA18_G36' <= 5 (FIRM SIZE <=100), CONTINUE WITH 'QA18_H22' 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 QA18_H23;

'QA18_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?

{您/他或她}是如何註冊參加這項健康保險的 — 透過雇主、工會還是透過Covered California的SHOP計劃？

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: 「SHOP是Covered California開展的小企業保健選擇計劃」]

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 92 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST-NOTE FOR 'QA18_H22' :
IF 'QA18_H22' = 3, THEN SET ARHBEX = 1

**'PN_QA18_H23' [PN_AH106] -
PROGRAMMING NOTE 'QA18_H23'**
IF ARHBEX = 1, THEN CONTINUE WITH 'QA18_H23' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H25' ;

'QA18_H23' [AH106] -

Was this a bronze, silver, gold or platinum plan?

這是銅、銀、金還是白金計劃？

- ☐ 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

**'PN_QA18_H24' [PN_AH107] -
PROGRAMMING NOTE 'QA18_H24' :
IF 'QA18_H22' = 3, THEN GO TO 'QA18_H25' ;
ELSE CONTINUE WITH 'QA18_H24' ;**

'QA18_H24' [AH107] -

Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣？

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

**'PN_QA18_H25' [PN_AH57] -
PROGRAMMING NOTE 'QA18_H25' :
IF 'QA18_H17' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA18_H18' = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH 'QA18_H25' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H30'**

'QA18_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.

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

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

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

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

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

[IF NEEDED, SAY: "自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"]

[IF NEEDED, SAY: "保費是您的健康保險計劃的每月收費。"]

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

If = 2, goto 'PN_QA18_H28'

‘QA18_H26’ [AH128] -

How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

"您 {您家人} 每月就您 {您家人} 的健康保險計劃支付多少錢？盡量估計就可以了。"

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay]

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

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

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

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

[IF NEEDED, SAY: "自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"]

[IF NEEDED, SAY: "保費是您的健康保險計劃的每月收費。"]

_____ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_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?

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

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

If = 2, -7, -8, goto ‘PN_’QA18_H30’’

**'PN_QA18_H28' [PN_AH56] -
PROGRAMMING NOTE 'QA18_H28' :
IF 'QA18_H25' = 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"**

'QA18_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}?

{除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構？/是誰}？

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

[IF NEEDED, SAY: 「除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構。」]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- ☐ 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-NOTE 'QA18_H28' :
IF 'QA18_H28' = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF 'QA18_H28' = 4 OR 5, THEN SET AREMPSP = 1;
IF 'QA18_H28' = 6, THEN SET AROTHER = 1;
IF 'QA18_H28' = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF 'QA18_H28' = 7, SET ARMAL = 1 AND SET ARDIRECT = 0;**

'QA18_H29' [AH129] -

How much do they contribute to your plan each month?

他們每月就您的計劃供款多少？

_____ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]
_____ (金額)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_H30' :

IF ['QA18_G29' = 1 OR 2 (R WORKED LAST WEEK) OR 'QA18_G31' = 1 (R USUALLY WORKS)] AND 'QA18_G33' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOW ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH 'QA18_H30' ; ELSE GO TO PROGRAMMING NOTE 'QA18_H34'

'QA18_H30' [AI13] -

Does your employer offer health insurance to any of its employees?

您的雇主有沒有提供醫療保險給任何員工？

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

If = 2, -7, -8, goto 'PN_'QA18_H34''

'QA18_H31' [AI14] -

Are you eligible to be in this plan?

您是否有資格參加該項計劃？

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

If = 2, goto 'QA18_H33'

If = -7, goto 'PN_'QA18_H34''

'QA18_H32' [AI15] -

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

您沒有參加該項計劃的一個主要原因是什麼？

- ☐ 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_'QA18_H34''

'QA18_H33' [AI15A] -

What is the one main reason why you are not eligible for this plan?

您沒有資格參加該項計劃的一個主要原因是什麼？

- ☐ 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

**'PN_QA18_H34' [PN_AI16] -
PROGRAMMING NOTE 'QA18_H34' :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH 'QA18_H34' ;
ELSE GO TO PN 'QA18_H35'**

'QA18_H34' [AI16] -

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

您是否享受 CHAMPUS/ CHAMP-VA、TRICARE、VA或其它軍隊醫療護理計劃？

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

**POST-NOTE 'QA18_H34' :
IF 'QA18_H34' = 1, SET ARMILIT = 1 AND SET ARINSURE = 1**

**'PN_QA18_H35' [PN_AI17] -
PROGRAMMING NOTE 'QA18_H35' :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY
PLAN) CONTINUE WITH 'QA18_H35' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H36'**

'QA18_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?

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

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

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

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

**POST-NOTE 'QA18_H35' :
IF 'QA18_H35' = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1**

**'PN_QA18_H36' [PN_AI18] -
PROGRAMMING NOTE 'QA18_H36' :**
**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA18_H36' ;
 ELSE GO TO PROGRAMMING NOTE 'QA18_H40'**

'QA18_H36' [AI18] -

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

您有沒有享受任何我可能漏掉的其它醫療保險計劃？

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

If = 2, -7, -8, goto 'PN_'QA18_H40''

'QA18_H37' [AI19] -

What type of health insurance do you have?

您有哪種醫療保險計劃？

[CODE ALL THAT APPLY.] [PROBE: "Any others?"] [PROBE:"還有任何其他保險嗎？"]

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

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

- ☐ 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-NOTE 'QA18_H37' :

**IF 'QA18_H37' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF 'QA18_H37' = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF 'QA18_H37' = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
 IF 'QA18_H37' = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
 IF 'QA18_H37' = 5, S
 IF 'QA18_H37' = 8, SET ARIHS = 1;
 IF 'QA18_H37' = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH =1;
 IF 'QA18_H37' = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
 IF 'QA18_H37' = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
 IF 'QA18_H37' = 9**

**'PN_QA18_H38' [PN_AH59] -
PROGRAMMING NOTE 'QA18_H38' :
IF 'QA18_H37' = 1, 2, OR 3 CONTINUE WITH 'QA18_H38' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H40'**

'QA18_H38' [AH59] -

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

這項計劃是用您的姓名申請還是用其他人的姓名申請的？

[IF NEEDED, SAY: "Even someone who does not live in this household."]

[IF NEEDED, SAY: 「甚至不是住在您的家中的人？」]

- ☐ 01 IN OWN NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_'QA18_H40''

**POST-NOTE 'QA18_H38' :
IF ('QA18_H37' = 1 OR 2 OR KAI19 = 11) AND 'QA18_H38' = 1 THEN SET AREMPOWN = 1 AND SET
AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('QA18_H37' = 3 OR 10) AND 'QA18_H38' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND
SET ARINSURE = 1;
IF 'QA18_H37' = 1**

**'PN_QA18_H39' [PN_AH60] -
PROGRAMMING NOTE 'QA18_H39' :
IF 'QA18_A16' = 1 (MARRIED) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 OR IF 'QA18_G14' = 1 (LIVING WITH
PARENTS) OR AAGE < 26, CONTINUE WITH 'QA18_H39' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_H40' ;
IF 'QA18_A16' = 1 THEN DISPLAY "spouse's name";
IF 'QA18_A16'**

'QA18_H39' [AH60] -

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

是否以您的{配偶}{伴侶}{父母}名義或其他人的名義參加該項計劃？

- ☐ 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-NOTE 'QA18_H39' :
IF 'QA18_H39' = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF 'QA18_H39' = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0**

PROGRAMMING NOTE 'QA18_H40' :

**IF ARIHS ≠ 1 AND 'QA18_A8' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA18_H40' ;
ELSE GO TO PROGRAMMING NOTE QA18_H41 intro**

'QA18_H40' [AI20] -

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

您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃？

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

POST-NOTE 'QA18_H40' :

IF 'QA18_H40' = 1, SET ARIHS = 1

'PN_AI37_INTRO' [PN_AI37_INTRO] -

PROGRAMMING NOTE AI37intro :

**IF ['QA18_A16' = 1 (MARRIED) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1] AND 'QA18_G12' = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;**

IF 'QA18_A16' = 1, THEN DISPLAY "spouse";

ELSE IF 'QA18_D9' = 1 OR 'QA18_D10' = 1, THEN DISPLAY "partner"; ELSE GO TO PROGRAMMING NOTE 'QA18_H62'

[AI37intro] -

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

接下來這些問題和您的{配偶/伴侶}可能有的健康保險種類有關。

'PN_QA18_H41' [PN_AI37] -

PROGRAMMING NOTE 'QA18_H41' :

IF SPOUSE 65 OR OLDER THEN

IF ARM CARE ≠ 1, CONTINUE WITH 'QA18_H41' WITHOUT DISPLAY

ELSE IF ARM CARE = 1, CONTINUE WITH 'QA18_H41' AND DISPLAY "You said that you are covered by Medicare." AND "also";

ELSE GO TO PROGRAMMING NOTE 'QA18_H44'

'QA18_H41' [AI37] -

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

{您說您有Medicare.} 您的{配偶/伴侶} {也}能享受Medicare保賠嗎？

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

POST-NOTE 'QA18_H41' :

IF 'QA18_H41' = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

'PN_QA18_H42' [PN_AI127] -

PROGRAMMING NOTE 'QA18_H42' :

IF SPM CARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA18_H43' ;

DISPLAYS;

IF SPM CARE = 1 AND ARM ADV ≠ 1, CONTINUE WITH 'QA18_H42' WITHOUT DISPLAY;

ELSE IF SPM CARE = 1 AND ARM ADV = 1, CONTINUE WITH 'QA18_H42' AND DISPLAY "You said that you have"

‘QA18_H42’ [AH127] -

{You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

{您說您有Medicare Advantage計劃。} 您的{配偶/伴侶} 是否{也} 加入了 Medicare Advantage計劃？

[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: MediCARE Advantage計劃，有時也被稱為Part C計劃，是由MediCARE認可的私營醫保公司提供的。MediCARE Advantage醫療保險計劃提供Medicare Part A和Medicare Part B醫療保險。]

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

POST-NOTE ‘QA18_H42’ :

IF ‘QA18_H42’ = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

‘PN_QA18_H43’ [PN_AI37A] -**PROGRAMMING NOTE ‘QA18_H43’ :**

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE ‘QA18_H44’ ;

ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH ‘QA18_H43’ WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH ‘QA18_H43’ AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”; IF QA18_A17 = 1 (MARRIED), THEN DISPLAY “spouse”;

ELSE IF QA18_D9 = 1 OR QA18_D10 = 1 THEN DISPLAY “partner”; ELSE GO TO PROGRAMMING NOTE QA18_H44

‘QA18_H43’ [AI37A] -

{You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{您說您有Medicare Advantage計劃。} 您的{配偶/伴侶} 是否{也} 加入了 Medicare Advantage計劃？

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

POST-NOTE ‘QA18_H43’ :

IF ‘QA18_H43’ = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

‘PN_QA18_H44’ [PN_AI38] -**PROGRAMMING NOTE ‘QA18_H44’ :**

IF ARMCAL = 1, CONTINUE WITH ‘QA18_H44’ ;

DISPLAY “also” IF ARMCARE =1;

ELSE GO TO PROGRAMMING NOTE ‘QA18_H45’

‘QA18_H44’ [AI38] -

You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

您說您{也}可以享受Medi-Cal（加州醫療保健計劃）。您的{配偶/伴侶} 是否也能享受Medi-Cal保賠？

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

POST-NOTE ‘QA18_H44’ :

IF ‘QA18_H44’ = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA18_H45' :
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA18_H45' ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA18_H46'

'QA18_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?

您說您有您目前或以前雇主或工會提供的保險。您的{配偶/伴侶}是否{也}能享受您的雇主或工會提供的承保？

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

If = 1, goto 'PN_QA18_H48'

POST-NOTE 'QA18_H45' :
IF 'QA18_H45' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA18_H46' :
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA18_H46' ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA18_H47'

'QA18_H46' [AH108] -

You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

您說您是透過Covered California的SHOP計劃參加保健計劃。您的{配偶/伴侶}{也}享受這項保健計劃的承保嗎？

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: 「SHOP是Covered California開展的小企業保健選擇計劃。」]

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

If = 1, goto 'PN_QA18_H48'

POST-NOTE 'QA18_H46' :
IF 'QA18_H46' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

'PN_QA18_H47' [PN_AI40A] -
PROGRAMMING NOTE 'PN_QA18_H47':
IF 'QA18_G37' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA18_G38' = 1 (USUALLY WORKS),
CONTINUE WITH 'QA18_H47' ;
IF AREMPSP = 1 AND 'QA18_A16' = 1, DISPLAY "You said you have insurance from your spouse's
employer or union.";
ELSE IF AREMPSP = 1 AND AH43 = 1, DISPLAY "You said you have insurance from your spouse's
employer or union."; **ELSE IF AREMPSP = 1 AND ('QA18_D9' = 1 OR 'QA18_D10' = 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 'QA18_H48'

'QA18_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?

{您說您從您配偶的僱主或工會那兒獲得的保險。/您說您從您伴侶的僱主或工會那兒獲得的保險。} 您的{配偶/伴侶} 是否{也} 能夠通過{他/她} 自己的僱主獲得保賠？

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

POST-NOTE 'QA18_H47' :
IF 'QA18_H47' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1
'PN_QA18_H48' [PN_AI41] -
PROGRAMMING NOTE 'QA18_H48' :
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA18_H48' ;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA18_H49'

'QA18_H48' [AI41] -

You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

您說您{也} 有一項直接從保險公司購買的計劃。您的{配偶/伴侶} 是否{也}能享受該項計劃的保賠？

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

POST-NOTE 'QA18_H48' :
IF 'QA18_H48' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

**'PN_QA18_H49' [PN_AH109] -
PROGRAMMING NOTE 'QA18_H49' :
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH 'QA18_H49' ;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA18_H50'**

'QA18_H49' [AH109] -

You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

您說您有一項直接從Covered California購買的計劃。您的{配偶/伴侶}{也}享受這項計劃的承保嗎？

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

**POST-NOTE 'QA18_H49' :
IF 'QA18_H49' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;
'PN_QA18_H50' [PN_AI42] -
PROGRAMMING NOTE 'QA18_H50' :
IF ARMILIT = 1, CONTINUE WITH 'QA18_H50' ;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA18_H51'**

'QA18_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?

您說您{還}透過CHAMPUS/CHAMPUS-VA、TRICARE、VA或其它某種軍隊健康護理計劃享受健康保險。您的{配偶/伴侶} 是否也能享受該項計劃的保賠？

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

**POST-NOTE 'QA18_H50' :
IF 'QA18_H50' = 1, SET SPMLIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

**PROGRAMMING NOTE 'QA18_H51' :
IF AROTHGOV = 1, CONTINUE WITH 'QA18_H51' ;
IF 'QA18_H38' = 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 'QA18_H52'**

'QA18_H51' [AI42A] -

You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

您說您{還}透過{ AIM/MRMIP/Family PACT/PCIP/一些政府醫療保險計劃}享受醫療保險。您的{配偶/伴侶}是否也在這項計劃的承保範圍內？

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

**POST-NOTE 'QA18_H51' :
IF 'QA18_H51' = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1**

**'PN_QA18_H52' [PN_AI46] -
PROGRAMMING NOTE 'QA18_H52' :
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"**

'QA18_H52' [AI46] -

Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

您的{配偶/伴侶} 是否有{任何} {從其他地方獲得的}健康保險?

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

If = 2, goto 'PN_QA18_H54'

If = -7, -8, goto 'PN_'QA18_H58''

'QA18_H53' [AI47] -

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

他/她}有哪一種健康保險?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "還有任何其他保險嗎? "]

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

[IF NEEDED, SAY: "例如目前或以前的雇主提供的保險, 或者他們直接向保健計劃購買的保險。"]

[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: "{他/她}是通過目前或以前的雇主/工會、學校、專業協會、同業團體、其他機構, 還是直接向保健計劃獲得這項計劃的? "]

- ☐ 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-NOTE 'QA18_H53' :

IF 'QA18_H53' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA18_H53' = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;

IF 'QA18_H53' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF 'QA18_H53' = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;

IF 'QA18_H53' = 5, SE

IF 'QA18_H53' = 8, SET SPIHS = 1;
 IF 'QA18_H53' = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1;
 IF 'QA18_H53' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
 IF 'QA18_H53' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF 'QA18_H53' = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

'PN_QA18_H54' [PN_AI48] -
 PROGRAMMING NOTE 'QA18_H54':
 IF SPINSURE ≠ 1, CONTINUE WITH 'QA18_H54';
 ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE
 'QA18_H56';
 ELSE GO TO PROGRAMMING NOTE 'QA18_H58'

'QA18_H54' [AI48] -

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

您說您的{配偶/伴侶} 沒有來自任何來源的健康保險，對不對？

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

If = 1, -7, -8, goto 'PN_'QA18_H58''

'QA18_H55' [AI49] -

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

{他/她}有哪一種健康保險？

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "還有任何其他保險嗎? "]

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

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

- ☐ 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-NOTE 'QA18_H55' :

IF 'QA18_H55' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA18_H55' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA18_H55' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF 'QA18_H55' = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;

IF 'QA18_H55' = 5, S

IF 'QA18_H55' = 8, SET SPIHS = 1;

IF 'QA18_H55' = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;

IF 'QA18_H55' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;

IF 'QA18_H55' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF 'AI

**'PN_QA18_H56' [PN_AH62] -
PROGRAMMING NOTE 'QA18_H56' :**
IF 'QA18_H53' = (1, 2, 3, 10, 11) OR 'QA18_H55' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA18_H56' ;
IF 'QA18_A16' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA18_D9' = 1 OR 'QA18_D10' = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE 'QA18_H58'

'QA18_H56' [AH62] -

Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

這項計劃是以您的{配偶/伴侶}名義還是以其他人的名義獲得的?

[IF NEEDED, SAY: "Even someone who does not live in this household."]

[IF NEEDED, SAY: 「甚至包括不住在您住戶中的人。」]

- ☐ 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_'QA18_H58'

POST-NOTE 'QA18_H56' :
IF 'QA18_H56' = 1 AND ['QA18_H53' = (1 OR 2) OR 'QA18_H55' = (1 OR 2)], SET SEMPPOW = 1 AND SEMPOT = 0;
IF 'QA18_H56' = 1 AND ['QA18_H53' = 3 OR 'QA18_H55' = 3], SET KSPDIROW = 1;
IF 'QA18_H56' = 1 AND ['QA18_H53' = 10 OR 'QA18_H55' = 10], SET SPHBEX = 1 AND SPDIROW = 1;

'QA18_H57' [AH63] -

Is the plan in your name, parent's name, or someone else's name?

該項計劃是以您本人、您的父母還是以其他人的名義獲得的?

- ☐ 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 NOTE 'QA18_H57':
IF 'QA18_H57' = 1 AND ['QA18_H53' = (1 OR 2) OR 'QA18_H55' = (1 OR 2)], SET SEMP PAR = 1 AND SEMPOT = 0 AND ARSAMES = 1;
IF 'QA18_H57' = 1 AND ['QA18_H53' = 3 OR 'QA18_H55' = 3], SET SPD IRAR = 1 AND ARSAMES = 1;
IF 'QA18_H57' = 1 AND ['QA18_H53' = 10 OR 'QA18_H55' = 10],

'PN_QA18_H58' [PN_AI43] -
PROGRAMMING NOTE 'QA18_H58' :
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA18_H62' ;
ELSE IF [('QA18_G37'=1 OR 2) OR ('QA18_G38'=1)] AND 'QA18_G39'≠3 CONTINUE WITH 'QA18_H58' ;
IF 'QA18_A16' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's" ELSE
GO TO PROGRAMMING NOTE 'QA18_H62'

'QA18_H58' [AI43] -

Does your {spouse's/partner's} employer offer health insurance to any of its employees?

您的{配偶/伴侶}的僱主是否向其僱員提供健康保險？

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

If = 2, -7, -8, goto 'PN_'QA18_H62''

'QA18_H59' [AI44] -

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

{他/她} 是否有資格參加該項計劃？

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

If = 2, goto 'QA18_H61'

If = -7, -8, goto 'PN_'QA18_H62''

'QA18_H60' [AI45] -

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

{他/她} 未參加該項計劃的一個主要原因是什麼？

- ☐ 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_'QA18_H62''

'QA18_H61' [AI45A] -

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

{他/她} 沒有資格參加該項計劃的一個主要原因是什麼？

- ☐ 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

PROGRAMMING NOTE 'QA18_H62' :

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOW = 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 'QA18_H65' ; IF ARMCARE = 1 AND AREMPOW = 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 "QA18_H84" ; ELSE CONTINUE WITH "QA18_H62" DISPLAY; IF [QA18_A16 = 1 (MARRIED) OR QA18_D9 = 1 OR QA18_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOW = 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 [QA18_A16 = 1 (MARRIED) OR QA18_D9 = 1 OR QA18_D10 = 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 (AREMPOW = 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 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOW = 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 'QA18_D9' = 1 OR 'QA18_D10' = 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 (AREMPOW = 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?"

'QA18_H62' [A122C] -

{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.}

{除了您已經告訴我的您的MediCARE醫療保險計劃以外，我想問一下您的其他醫療保險方面的問題/接下來，我要提出一些有關您的主要保健計劃的問題。}

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

您的{Medi-Cal/其他}醫療保險計劃是HMO嗎？

[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: 「HMO代表「健康維護機構」。在HMO計劃中，您必須接受網路內醫生和醫院的服務。除非是急診，如果您在網路外接受服務，計劃通常不支付服務費。」]

[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."]

[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 「您的主要醫療保險計劃。」]

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

If = 1, goto 'PN_QA18_H64' 'PN_QA18_H63'

[PN_AH122] -
PROGRAMMING NOTE 'QA18_H63' :
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA18_H64' ;
ELSE CONTINUE WITH 'QA18_H63' ;

'QA18_H63' [AH122] -

Is your health plan a PPO or EPO?

您的保健計劃是一項PPO計劃還是EPO計劃？

[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表示「專有服務提供者團體」。在EPO中，除非是急診，您必須使用網路內的醫生和醫院，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[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表示「首選服務提供者團體」。在PPO中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 「您的主要醫療保險計劃。」]

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

'PN_QA18_H64' [PN_AI22A] -

PROGRAMMING NOTE 'QA18_H64' :

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH 'QA18_H64' AND DISPLAY "your main";

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH 'QA18_H64' AND DISPLAY "this"

'QA18_H64' [AI22A] -

What is the name of {your main/this} health plan?

{您的主要/這個}健康保險計劃的名稱是什麼？

[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 DIFICULTY RECALING NAME, PROBE: "您是否有註明保健計劃名稱的保險卡或其他文件? "]

- ☐ 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 CROSSOF 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 NOTE 'QA18_H64' :

IF 'QA18_H64' = 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA18_H65' :

IF ARMCARE = 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 'QA18_A16' = 1 (MARRIED) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX

'QA18_H65' [A125] -

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

{接下來，我要問您一些關於您主要的健康保險計劃的問題。} 您享受處方藥物保賠嗎？也就是說，是否有某項計劃可支付處方藥物的部份費用？

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

PROGRAMMING NOTE 'QA18_H66' :

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH 'QA18_H66' ;
ELSE GO TO 'QA18_H71'**

'QA18_H66' [AH71] -

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

您的保健計劃是否要求支付超過1,000美元的自付額？

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

[IF NEEDED, SAY: "自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數額。"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H67' [AH72] -

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

您的醫療保險計劃是否有超過2,000美元的免賠額？

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

[IF NEEDED, SAY: "免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_H68' [PN_AH73B] -

PROGRAMMING NOTE 'QA18_H68' :

**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 'QA18_H68' ;
ELSE CONTINUE WITH QA18_H70**

'QA18_H68' [AH73B] -

Do you have a special account or fund you can use to pay for medical expenses?

您是否有一個可用於支付醫療費用的特別帳戶或基金？

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "帳戶有時指保健儲蓄帳戶（HSA）、保健償付帳戶（HRA）或其他類似帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療基金或選擇基金。此類帳戶與僱主提供的靈活開支帳戶不同。"]

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

If = 2, -7, -8, goto "QA18_H71"

'QA18_H69' [AH130] -

Do you have money in this account?

您在這個帳戶有錢嗎？

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

If = 2, -7, -8, goto "QA18_H71"

'QA18_H70' [AH131] -

How much money do you have in this account? Your best guess is fine.

_____ (AMOUNT) [HR: 0 -9997]

您在這個帳戶有多少錢？盡量估計就可以了。_____ (金額)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H71' [AI31] -

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

請想一想您目前的醫療保險，您在過去 12 個月中，是不是每個月使用的都是同一個保險？

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

If = 2, goto 'QA18_H73'

If = -7, goto "QA18_H79"

If = -8, goto "QA18_H74"

'QA18_H72' [AH132] -

How long have you had your current health insurance?

您持有目前的健康保險計劃多久了？

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

[AH132M] -

_____ NUMBER OF MONTHS

If >=0, goto "QA18_H77"

[AH132Y] -

_____ NUMBER OF YEARS

If >=0, goto "QA18_H77"

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8,, goto "QA18_H77"

'QA18_H73' [AH133] -

Out of the last 12 months, how many months did you have your current health insurance plan?

"過去 12 個月內，您持有目前的健康保險計劃多少個月？

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

_____ NUMBER OF MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H74' [AI32] -

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

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

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

If =2, -7, -8, goto "QA18_H77"

'QA18_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?

您的其他醫療保險是 Medi-Cal、您透過雇主獲得的計劃、您從保險公司直接購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他計劃嗎？」]

- ☐ 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_QA18_H76' [PN_AH134] -
PROGRAMMING NOTE 'QA18_H76':
IF MORE THAN ONE RESPONSE FROM 'QA18_H75', THEN CONTINUE WITH 'QA18_H76';
ELSE CONTINUE WITH 'QA18_H77'

'QA18_H76' [AH134] -

Prior to your current plan, which health insurance did you have?

在目前的計劃之前，您曾持有哪家健康保險計劃？

- ☐ 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

PROGRAMMING NOTE 'QA18_H77':
IF 'QA18_H74'≠1 OR 'QA18_H71' = 1, THEN CONTINUE WITH 'QA18_H77';
ELSE CONTINUE WITH 'QA18_H78'

'QA18_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?

在目前的計劃之前，您曾否透過加州醫療保健計劃（Medi-CAL）、僱主、從保險公司直接投買的計劃、經加州全保（Covered California）購買的計劃或其他計劃而持有其他健康保險計劃？

- ☐ 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_QA18_H78' [PN_AH136] -
PROGRAM NOTE 'QA18_H78':
IF 'QA18_H77' = 95, THEN SKIP TO 'QA18_H79', ELSE CONTINUE.
IF ONLY ONE RESPONSE FROM 'QA18_H75' THEN DISPLAY THAT RESPONSE
ELSE IF 'QA18_H76' >0 DISPLAY RESPONSE FROM 'QA18_H76'
ELSE IF 'QA18_H77' >0 DISPLAY RESPONSE FROM 'QA18_H77'

'QA18_H78' [AH136] -

How long did you have the plan from {AH134/AH135/AI33}?

自 {AH134/AH135/AI33} 起，您持有這份保險計劃多久了？

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

[AH136M] -

_____ NUMBER OF MONTHS

[AH136Y] -

_____ NUMBER OF YEARS

If >=0, goto "QA18_H79"

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H79' [AH137] -

During the past 12 months, did you change your health insurance plan?

過去12月內，您曾否改變您的主要健康保險計劃？

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

[IF NEEDED: 請包括來自相同或不同健康保險公司的健康計劃更改。]

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

'PN_QA18_H80' [PN_AI34] -
PROGRAMMING NOTE 'QA18_H80':
IF 'QA18_H71' = 2, -7, -8 OR 'QA18_H74' = 1, -7,-8 THEN CONTINUE,
ELSE SKIP TO 'QA18_H81'

'QA18_H80' [AI34] -

During the past 12 months, was there any time when you had no health insurance at all?

在過去 12 個月中，您有沒有任何時間完全沒有醫療保險？

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

**'PN_QA18_H81' [PN_AI35] -
PROGRAMMING NOTE 'QA18_H81':**

IF 'QA18_H80'=1 OR 'QA18_H74'=2, THEN CONTINUE WITH 'QA18_H81', ELSE SKIP TO PN 'QA18_H90'.

'QA18_H81' [AI35] -

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

在過去 12 個月中，您有多少個月完全沒有醫療保險？

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

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, goto 'PN_'QA18_H90''

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto 'PN_'QA18_H90''

'QA18_H82' [AI36] -

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

在這些月份中，您沒有任何健康保險的一個主要原因是什麼？

- ☐ 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

'QA18_H83' [AH74] -

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

在您沒有保險的期間，您是否曾經嘗試自己尋找醫療保險？

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

If = 1, 2, -7, -8, goto 'PN_'QA18_H90''

'QA18_H84' [AI24] -

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

您沒有任何健康保險的一個主要原因是什麼？

[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

'QA18_H85' [AH75] -

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

在您沒有保險的那段時間內，您是否曾經嘗試自己尋找醫療保險？

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

'QA18_H86' [AI27] -

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

您在過去 12 個月中的任何時間內有沒有享受過醫療保險？

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

If = 1, goto 'QA18_H88'

'QA18_H87' [AI28] -

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

您上一次有醫療保險到現在已經有多長時間？

- ☐ 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_'QA18_H90''

'QA18_H88' [AI29] -

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

在過去 12 個月內，您有多少個月有醫療保險？

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

[DEL_AI29M] -

_____ MONTHS [HR: 0-12]

If =0 , goto 'PN_'QA18_H90''

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_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?

在您的醫療保險的那段時間內，您的保險是Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過Covered California購買的計劃還是其他計劃？

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他人或機構嗎？」]

- ☐ 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_QA18_H90' [PN_AH103h] -

PROGRAMMING NOTE 'QA18_H90' :

IF ARINSURE ≠ 1 OR 'QA18_H74' = 2 OR ARDIRECT = 1 OR 'QA18_H89' = (5, 6) OR 'QA18_H75' = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH 'QA18_H90' ; ELSE GO TO PROGRAMMING NOTE 'QA18_H107'

'QA18_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?

在過去12個月中，您是否曾經嘗試直接從保險公司或HMO或透過Covered California購買醫療保險計劃？

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

If = 2, -7, -8, goto 'PN_'QA18_H107''

'QA18_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?

這是直接從保險公司或HMO購買、還是透過Covered California購買、還是既從保險公司又透過Covered California購買的計劃？

- ☐ 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 **"QA18_H94"**

'PN_QA18_H92' [PN_AH98h] -

PROGRAMMING NOTE 'QA18_H92' :

IF 'QA18_H91' = 1; THEN CONTINUE WITH 'QA18_H92' ;

IF 'QA18_H91' = 3; THEN CONTINUE WITH 'QA18_H92' AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE 'QA18_H96' ;

'QA18_H92' [AH98h] -

{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

{首先，請考慮您在嘗試直接從保險公司或HMO購買保險時的經歷。}

How difficult was it to find a plan with the coverage you needed? Was it...

找到一項您需要的保賠範圍的計劃有多困難？您認為是.....

- ☐ 01 Very difficult,
- ☐ 01 非常困難、
- ☐ 02 Somewhat difficult,
- ☐ 02 較為困難、
- ☐ 03 Not too difficult, or
- ☐ 03 不太困難還是.
- ☐ 04 Not at all difficult?
- ☐ 04 毫無困難？
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H93' [AH99h] -

How difficult was it to find a plan you could afford? Was it...

找到一項您能負擔得起的計劃有多困難？您認為是.....

- ☐ 01 Very difficult,
- ☐ 01 非常困難、
- ☐ 02 Somewhat difficult,
- ☐ 02 較為困難、
- ☐ 03 Not too difficult, or
- ☐ 03 不太困難還是.
- ☐ 04 Not at all difficult?
- ☐ 04 毫無困難？
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H94' [AH100h] -

Did anyone help you find a health plan?

是否有人幫助您尋找醫療保險計劃？

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

If = 2, -7, -8, goto 'PN_'QA18_H96'

'QA18_H95' [AH101h] -

Who helped you?

是誰幫助您的？

- ☐ 01 BROKER
- ☐ 02 FAMILY MEMBER/FRIEND
- ☐ 03 INTERNET
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_H96' [PN_AH111h] -

PROGRAMMING NOTE 'QA18_H96' :

IF 'QA18_H91' = 2; THEN CONTINUE WITH 'QA18_H96' ;

IF 'QA18_H91' = 3; THEN CONTINUE WITH 'QA18_H96' AND DISPLAY "Now, think about your experience with Covered California."

ELSE GO TO PROGRAMMING NOTE 'QA18_H100' ;

'QA18_H96' [AH111h] -

{Now, think about your experience with Covered California.}

{現在，請想一想您與Covered California交往的經歷。}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

透過Covered California找到一項您需要的承保計劃難度有多大？是.....

- ☐ 01 Very difficult,
- ☐ 01 非常困難、
- ☐ 02 Somewhat difficult,
- ☐ 02 較為困難、
- ☐ 03 Not too difficult, or
- ☐ 03 不太困難還是、
- ☐ 04 Not at all difficult?
- ☐ 04 毫無困難？
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H97' [AH112h] -

How difficult was it to find a plan you could afford? Was it...

找到一項你能負擔得起的計劃有多困難？你認為是.....

- ☐ 01 Very difficult,
- ☐ 01 非常困難、
- ☐ 02 Somewhat difficult,
- ☐ 02 較為困難、
- ☐ 03 Not too difficult, or
- ☐ 03 不太困難還是、
- ☐ 04 Not at all difficult?
- ☐ 04 毫無困難？
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H98' [AH113h] -

Did anyone help you find a health plan?

是否有人幫助您找到一項保健計劃？

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

If = 2, -7, -8, goto "QA18_H100"

'QA18_H99' [AH114h] -

Who helped you?

是誰幫助您的？

- ☐ 01 BROKER
- ☐ 02 FAMILY MEMBER / FRIEND
- ☐ 03 INTERNET
- ☐ 04 CERTIFIED ENROLLMENT COUNSELOR
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H100' [AH115h] -

Did you have all the information you felt you needed to make a good decision on a health plan?

您是否有您認為幫助作出有關保健計劃的良好決定所需的所有資訊？

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

**'PN_QA18_H101' [PN_AH116h] -
PROGRAMMING NOTE 'QA18_H101':
IF 'QA18_G8' > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH 'QA18_H101';
ELSE GO TO 'QA18_H102';**

'QA18_H101' [AH116h] -

Were you able to get information about your health plan options in your language?

您是否能夠用您自己的語言獲得有關您的保健計劃選擇的資訊？

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

'QA18_H102' [AH117h] -

Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

您選擇的計劃費用在您選擇計劃時是非常重要、較為重要還是不重要？

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H103' [AH118h] -

Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

從某一位特定的醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H104' [AH119h] -

Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

從某一家特定的醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H105' [AH120h] -

Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

計劃網路內的醫生選擇在您選擇計劃時是非常重要、較為重要還是不重要？

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_H106' [PN_AH121h] -
PROGRAMMING NOTE 'QA18_H106' :
IF 'QA18_H23' = 1 THEN DISPLAY "Bronze"
ELSE IF 'QA18_H23' = 2 THEN DISPLAY "Silver"
ELSE IF 'QA18_H23' = 3 THEN DISPLAY "Gold"
ELSE IF 'QA18_H23' = 4 THEN DISPLAY "Platinum"
ELSE IF 'QA18_H23' = 6 THEN DISPLAY "Minimum coverage"

'QA18_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?

最後，您選擇{銅/銀/金/白金/最低保額}計劃的最重要的一個原因是什麼？是費用、您可以從某一位特定的醫生處接受護理服務、您可以在某一家醫院就診、您的計劃網路內的服務提供者選擇、還是其他一些原因？

- ☐ 01 COST
- ☐ 02 SPECIFIC DOCTOR
- ☐ 03 SPECIFIC HOSPITAL
- ☐ 04 CHOICE OF DOCTORS IN NETWORK
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_H107':
IF ARINSURE = 1, CONTINUE WITH 'QA18_H107';
ELSE SKIP TO 'QA18_H108';

'QA18_H107' [AH139] -

Overall, how satisfied are you with your current health insurance plan? Are you...

整體來說，您有多滿意目前的健康保險計劃？您是.....

- ☐ 01 Very satisfied
- ☐ 02 Somewhat satisfied
- ☐ 03 Somewhat dissatisfied, or
- ☐ 04 Very dissatisfied?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_H108' [AH14] -

During the past 12 months, were you a patient in a hospital overnight or longer?

在過去十二個月內，您是否曾經因病住院一天或以上？

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

If = 2, -7, -8, goto 'PN_PN_'QA18_H110"

**'PN_QA18_H109' [PN_AH76] -
PROGRAMMING NOTE 'QA18_H109':
IF ARINSURE ≠ 1 OR 'QA18_H81' > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH 'QA18_H109';
ELSE GO TO PROGRAMMING NOTE 'QA18_H110'**

'QA18_H109' [AH76] -

Was any of that hospital care paid for by Medi-Cal?

那次醫院護理的任何費用是由Medi-Cal支付的嗎？

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

**PROGRAMMING NOTE 'QA18_H110' :
[IF ARINSURE ≠ 1 OR 'QA18_H81' > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND 'QA18_A5' =2 (FEMALE) AND 'QA18_E1' =1 (PREGNANT) OR SC14A =1 , THEN CONTINUE WITH 'QA18_H110' ;
ELSE GO TO 'QA18_H112'**

'QA18_H110' [AH77] -

During the last 12 months, did you get prenatal care that you didn't have to pay for?

在過去十二個月中，您是否曾經接受免費產前護理？

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

If = 2, -7, -8, goto "QA18_H112"

'QA18_H111' [AH78] -

Was it paid for by Medi-Cal?

這是由 Medi-Cal 付費的嗎？

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

PROGRAM NOTE 'QA18_H112':**IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO 'QA18_H114'****ELSE IF 'QA18_H74' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your spouse's current health plan", AND CONTINUE WITH 'QA18_H112'****'QA18_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?

整體來說，您有多滿意目前的健康保險計劃？您是.....

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

If = 2, -7, -8, goto "QA18_H114"**'QA18_H113' [AH80B] -**

Did this happen in the past 12 months?

這是在過去 12 個月內發生的嗎？

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

'QA18_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?

過去 12 個月內，您曾否難以支付或未能支付醫療帳單？不論為您自己或任何家庭成員亦然。

[IF NEEDED, SAY: "Dental bills should be included."]**[IF NEEDED, SAY: "不包括牙科帳單。"]**

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

If = 2, -7, -8, goto PN_'QA18_I1'**'QA18_H115' [AH83B] -**

What is the total amount of medical bills?

醫藥費總額是多少？

[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]**[IF NEEDED, SAY: "帳單可以來自早些年以及今年。"]**

- ☐ 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

'QA18_H116' [AH84B] -

Were you or your family member uninsured at the time care was provided?

接受醫護服務時，您或您的家庭成員是否沒有保險？

- ☐ 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

'QA18_H117' [AH85B] -

Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

您有否因這些醫療帳單而無力購買基本必需品，例如食物、暖氣費或租金？

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

'QA18_H118' [AH86B] -

Because of these medical bills, did you take on credit card debt?

您曾否因這些醫療帳單而有信用卡債務？

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

Section I: Child Adolescent Health Insurance

'PN_QA18_I1' [PN_CF10A] -
PROGRAMMING NOTE 'QA18_I1' :
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA18_I37' TO ASK ABOUT SELECTED
ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'QA18_I2' ;
ELSE CONTINUE WITH 'QA18_I1'

'QA18_I1' [CF10A] -

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

以下是關於(CHILD)可能有的健康保險的問題。

Does (CHILD) have the same insurance as you?

(CHILD) 的保險是否與您的保險相同?

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

If = 1, goto 'QA18_I19'

POST-NOTE 'QA18_I1' :
IF 'QA18_I1' = 1 AND ARM CARE = 1, SET CHM CARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA18_I1' = 1 AND ARM CAL = 1, SET CHM CAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA18_I1' = 1 AND AREMPOW = 1, SET CHEMP = 1 AND SET CHINSURE
IF 'QA18_I1' = 1 AND AREMPOH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA18_I1' = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA18_I1' = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH
IF 'QA18_I1' = 1 AND AROther = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA18_I1' = 1 AND ARIHS = 1, SET CHIHS = 1
IF 'QA18_I1' = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

'PN_QA18_I2' [PN_MA1] -
PROGRAMMING NOTE 'QA18_I2' :
IF SPINSURE ≠ 1, THEN SKIP TO 'QA18_I3' ;
ELSE IF 'QA18_I1' = 2 AND ARSAMESP = 1, THEN SKIP TO 'QA18_I3' ;
ELSE CONTINUE WITH 'QA18_I2'

'QA18_I2' [MA1] -

Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

(CHILD) 的保險是否與{您配偶/您伴侶/SPOUSE NAME/ PARTNER NAME} 的保險相同?

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

If = 1, goto 'QA18_I19'

IF 'QA18_I2' = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
 IF 'QA18_I2' = 1 AND SPIHS = 1, SET CHIHS = 1
 IF 'QA18_I2' = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
 IF 'QA18_I2' = 1 AND SPARPAR = 1, THEN SET CHOT
 IF 'QA18_I2' = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
 IF 'QA18_I2' = 1 AND SPENPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
 IF 'QA18_I2' = 1 AND SPENPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
 IF 'QA18_I2'
 POST-NOTE 'QA18_I2' :
 IF 'QA18_I2' = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
 IF 'QA18_I2' = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
 IF 'QA18_I2' = 1 AND SPENPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND

'QA18_I3' [CF1] -

Is {he/she} currently covered by Medi-CAL?

{他/她} 目前是否享受Medi-CAL（加州醫療保健計劃）的保險？

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: 「Medi-CAL是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計劃。」]

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

POST-NOTE 'QA18_I3' :

IF 'QA18_I3' = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

'QA18_I4' [CF3] -

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(CHILD) 是否通過您或其他人的工作或工會享受醫療保險或管理式保健組織（HMO）計劃？

[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_'QA18_I6''

POST-NOTE 'QA18_I4' :

IF 'QA18_I4' = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA18_I5' [AI90] -

Is this plan through an employer, through a union, or through Covered California's SHOP program?

這項計劃是透過雇主、工會、還是Covered California的SHOP計劃購買的？

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: 「SHOP 是 Covered California 開展的小企業保健選擇計劃」]

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST-NOTE FOR 'QA18_I5' :
IF 'QA18_I5' = 3, THEN SET CHHBEX = 1

PROGRAM NOTE 'QA18_I6' :
IF CHINSURE = 1 THEN GO TO 'QA18_I8' ;
ELSE CONTINUE WITH 'QA18_I6'

'QA18_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)是否享受您直接從保險公司或 HMO 或透過 Covered California 購買的醫療保險計劃的承保？

[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: 「請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。」]

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

If = 2, -7, -8, goto 'PN_'QA18_I13''

POST-NOTE 'QA18_I6' :
IF 'QA18_I6' = 1, SET CHDIRECT = 1 AND CHINSURE = 1
PROGRAMMING NOTE 'QA18_I7' :
IF CHDIRECT = 1, THEN CONTINUE WITH 'QA18_I7' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_I8'

'QA18_I7' [AI91] -

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

您是如何購買這項保健計劃的 — 是直接從保險公司或HMO購買還是透過Covered California購買？

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST-NOTE FOR 'QA18_I7' :
IF 'QA18_I7' = 2, THEN SET CHHBEX = 1

'PN_QA18_I8' [PN_AI92] -
PROGRAMMING NOTE 'QA18_I8'
IF CHHBEX = 1, THEN CONTINUE WITH 'QA18_I8' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_I10' ;

'QA18_I8' [AI92] -

Was this a bronze, silver, gold or platinum plan?

這是銅、銀、金還是白金計劃？

- ☐ 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

'PN_QA18_I9' [PN_AI93] -
PROGRAMMING NOTE 'QA18_I9'
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA18_I9' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_I10' ;

'QA18_I9' [AI93] -

Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣？

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

'PN_QA18_I10' [PN_AI54] -
PROGRAMMING NOTE 'QA18_I10' :
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH 'QA18_I10' ;
ELSE GO TO 'QA18_I13'

'QA18_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.

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

[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."

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

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

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

[IF NEEDED, SAY: "自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"]

[IF NEEDED, SAY: "保費是您的健康保險計劃的每月收費。"]

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

'QA18_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?

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

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

If = 2, -7, -8, goto 'PN_'QA18_I13"

'QA18_I12' [AI51] -

Who else pays all or some portion of the cost for (CHILD)'s health plan?

還有誰支付(CHILD)保健計劃的全部或部份費用？

[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-NOTE 'QA18_I12' :

IF 'QA18_I12' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF 'QA18_I12' = 7, SET CHMCAL = 1

IF 'QA18_I12' = 10, SET CHHBEX = 1;

**'PN_QA18_I13' [PN_CF6] -
PROGRAMMING NOTE 'QA18_I13' :
IF CHINSURE = 1, GO TO PN 'QA18_I19' ;
ELSE CONTINUE WITH 'QA18_I13'**

'QA18_I13' [CF6] -

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?

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

If = 1, goto 'PN_QA18_I19'

**POST-NOTE 'QA18_I13' :
IF 'QA18_I13' = 1, SET CHMILIT = 1 AND CHINSURE = 1**

'QA18_I14' [CF7] -

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

{他/她}是否享受其他政府醫療保險計劃，例如AIM、Mister MIP、Healthy Kids或其他計劃？

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

[IF NEEDED, SAY: 「AIM 表示「母嬰營養計劃」；Mister MIP或MRMIP表示「重大風險醫療保險計劃」]

- ☐ 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_QA18_I19'

**POST-NOTE 'QA18_I14' :
IF 'QA18_I14' = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1**

'QA18_I15' [CF8] -

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

{他/她} 有沒有通過我漏掉的計劃享受任何醫療保險？

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

If = 2, -7, -8, goto 'PN_QA18_I18'

'QA18_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?

{他/她}有哪一種健康保險？此保險來自Medi-CAL加州醫療輔助計劃、雇主或工會、還是來自其它來源？

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: 「還有其它來源嗎？」]

- ☐ 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-NOTE 'QA18_I16' :

IF 'QA18_I16' = 1, SET CHEMP = 1 AND CHINSURE = 1

IF 'QA18_I16' = 2, SET CHEMP = 1 AND CHINSURE = 1

IF 'QA18_I16' = 3, SET CHDIRECT = 1 AND CHINSURE = 1

IF 'QA18_I16' = 4, SET CHMCARE = 1 AND CHINSURE = 1

IF 'QA18_I16' = 5, SET CHMCAL = 1 AND CHINSURE = 1

IF 'QA18_I16' = 8, SET CHIHS = 1

IF 'QA18_I16' = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT = 1;

IF 'QA18_I16' = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;

IF 'QA18_I16' = 91, SET CHOTHGOV = 1 AND CHINSURE = 1

IF 'QA18_I16' = 92, SET CHOTHER = 1 AND CHINSURE =

'PN_QA18_I17' [PN_CF9VER] -

PROGRAMMING NOTE 'QA18_I17' :

IF 'QA18_I16' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA18_I17' ;

ELSE SKIP TO PROGRAMMING NOTE 'QA18_I18'

'QA18_I17' [CF9VER] -

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

我只是要確定一下，您說過 (CHILD) 有從聯邦醫療保險(Medicare) 獲得醫療保險？

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

**'PN_QA18_I18' [PN_CF1A] -
PROGRAMMING NOTE 'QA18_I18' :
IF CHINSURE ≠ 1 CONTINUE WITH 'QA18_I18' ;
ELSE GO TO 'QA18_I19' ;**

'QA18_I18' [CF1A] -

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

(CHILD) 沒有加入加州醫療輔助計劃 (Medi-CAL) 的一個主要原因是什麼？

- ☐ 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_QA18_I19' [PN_MA3] -
PROGRAMMING NOTE 'QA18_I19' :
IF 'QA18_I1' = 1 AND ARMCARE = 1 AND 'QA18_H9' = 1, THEN 'QA18_I19' = 'QA18_H9' AND 'QA18_I21'
= 'QA18_H10' AND SKIP TO 'QA18_I22' ;
ELSE IF 'QA18_I1' = 1, THEN 'QA18_I19' = 'QA18_H62' AND 'QA18_I21' = 'QA18_H64' AND 'QA18_I22'
= 'QA18_H65' AND GO TO PN 'QA18_I23' ;**

'QA18_I19' [MA3] -

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

(CHILD)參加的保健計劃是HMO（即健康維護機構計劃）嗎？

[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: "HMO 表示「健康維護機構」。在 HMO 計劃中, {他/她}必須使用網路內的醫生及醫院的服務。除非是急診, 如果{他/她}在網路外醫生或醫院處接受服務, 計劃通常不支付服務費。"]

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

If = 1, goto 'QA18_I21'

**'PN_QA18_I20' [PN_AI115] -
PROGRAMMING NOTE 'QA18_I20' :
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA18_I21' ;
ELSE CONTINUE WITH 'QA18_I20' ;**

'QA18_I20' [AI115] -

Is (CHILD)'s health plan a PPO or EPO?

(CHILD) 的保健計劃是一項PPO計劃還是EPO計劃？

[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表示「專有服務提供者團體」。在EPO中，除非是急診，您必須使用網路內的醫生和醫院，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[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表示「首選服務提供者團體」。在PPO中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: 「{他的或她的}主要 保健計劃。」]

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

'QA18_I21' [MA2] -

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

(CHILD) 參加的主要健康計劃的名稱是什麼？

[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: (CHILD) 是否有保險卡或註明計劃名稱的其他文件? "]

- ☐ 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 NOTE 'QA18_I21' :**IF 'QA18_I21' = 93, 87, OR 89 THEN SET CHMILIT=1****'QA18_I22' [CF14] -**

Is (CHILD) covered for prescription drugs?

計劃是否支付 (CHILD) 的處方藥品？

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

**'PN_QA18_I23' [PN_AI79] -
PROGRAMMING NOTE FOR 'QA18_I23' :
IF (ARINSURE ≠ 1 OR 'QA18_I1' ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH 'QA18_I23' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA18_I26'**

'QA18_I23' [AI79] -

Does (CHILD)'s health plan have a deductible that is more than \$1,000?

(CHILD) 的健康保險計劃是否有超過1,000美元的免賠額？

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

[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_I24' [AI80] -

Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

(CHILD) 的醫療保險計劃是否有超過2,000美元的免賠額？

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

[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_I25' [PN_AI81] -
PROGRAMMING NOTE 'QA18_I25' :
IF ('QA18_I23' = 1 OR 3) OR ('QA18_I24' = 1 OR 3), CONTINUE WITH 'QA18_I25' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA18_I26'**

'QA18_I25' [AI81] -

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

您是否有可以用於支付 (CHILD)的醫療費用的特殊帳戶或資金？

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶 (HSA)、健康補償帳戶 (HRA) 或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。"]

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

**'PN_QA18_I26' [PN_CF18] -
PROGRAMMING NOTE 'QA18_I26' :
IF CHINSURE = 1, GO TO 'QA18_I31' ;
ELSE CONTINUE WITH 'QA18_I26'**

'QA18_I26' [CF18] -

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

(CHILD) 沒有醫療保險的一個主要原因是什麼？

- ☐ 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

'QA18_I27' [CF20] -

Was (CHILD) covered by health insurance at any time during the past 12 months?

(CHILD) 是否在過去 12 個月中的任何時間享受醫療保險？

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

If = 1, goto 'QA18_I29'

'QA18_I28' [CF21] -

How long has it been since (CHILD) last had health insurance?

(CHILD) 上一次有醫療保險到現在已經有多長時間？

- ☐ 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_'QA18_I37''

'QA18_I29' [CF22] -

For how many of the last 12 months did {he/she} have health insurance?

在過去 12 個月內，{他/她}有多少個月有醫療保險？

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

_____ MONTHS [HR: 0-12]_

If = 0, goto 'PN_'QA18_I37''

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_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?

在(CHILD) 有醫療保險期間，{他的/她的}保險是Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過Covered California購買的計劃還是其他計劃？

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他計劃嗎？」]

- ☐ 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_'QA18_I37''

'QA18_I31' [CF24] -

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

請想一想 {他/她}目前的醫療保險，(CHILD) 在過去12 個月中，是不是都是享受同一種保險？

- ☐ 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_'QA18_I37''

'QA18_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?

當 {他/她} 沒有享受{他/她} 目前的醫療保險時, {他/她/他或她} 有沒有其它任何醫療保險?

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

If = 2, -7, -8, goto "QA18_I34"

'QA18_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?

該其他醫療保險是Medi-CAL、Healthy Families、你透過雇主獲得的計劃、你直接從保險公司購買的計劃、你透過Covered California購買的計劃還是其他計劃?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他計劃嗎? 」]

- ☐ 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

'QA18_I34' [CF27] -

During the past 12 months, was there any time when {he/she} had no health insurance at all?

在過去 12 個月中, {他/她} 有沒有任何時間完全沒有醫療保險?

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

If = 2, -7, -8, goto 'PN_'QA18_I37'

'QA18_I35' [CF28] -

For how many of the past 12 months did {he/she} have no health insurance?

在過去 12 個月中,{he/she}有幾個月沒有健康保險?

[IF < 1 MONTH, ENTER "1"]

- _____ MONTHS [RANGE: 1-12]
- ☐ -7 REFUSED
 - ☐ -8 DON'T KNOW

'QA18_I36' [CF29] -

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

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

[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_QA18_I37' [PN_IA10A] -

PROGRAMMING NOTE 'QA18_I37' :

IF NO TEEN SELECTED, GO TO PN 'QA18_I74' ;

IF ARINSURE = 1, CONTINUE WITH 'QA18_I37' ;

IF ARINSURE ≠ 1, GO TO PN 'QA18_I38' ;

ELSE CONTINUE WITH 'QA18_I37'

'QA18_I37' [IA10A] -

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

以下是有關 (TEEN) 可能享有的健康保險的問題。

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

(TEEN) 的保險是否與 {您/ADULT RESPONDENT NAME} 的保險相同?

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

If = 1, goto 'QA18_I56'

POST-NOTE 'QA18_I37' :

IF 'QA18_I37' = 1 AND ARM CARE = 1, SET TEM CARE = 1 AND SET TEINSURE = 1;

IF 'QA18_I37' = 1 AND ARM CAL = 1, SET TEM CAL = 1 AND SET TEINSURE = 1;

IF 'QA18_I37' = 1 AND AREMPOW = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA18_I37' = 1 AND AREMP

IF 'QA18_I37' = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF 'QA18_I37' = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA18_I37' = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF 'QA18_I37' = 1 AND AROTH = 1, SET T

'PN_QA18_I38' [PN_MA5] -
PROGRAMMING NOTE 'QA18_I38' :
IF SPINSURE ≠ 1 THEN SKIP TO 'QA18_I39' ;
ELSE IF 'QA18_I37' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA18_I39' ;
ELSE CONTINUE WITH 'QA18_I38'

'QA18_I38' [MA5] -

Does (TEEN) have the same insurance as your spouse?

(TEEN) 的保險是否與您配偶的保險相同？

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

If = 1, goto 'QA18_I56'

POST-NOTE 'QA18_I38' :
IF 'QA18_I38' = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA18_I38' = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA18_I38' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA18_I38' = 1 AND SPOTHER = 1, SET TEOTHER = 1;
IF 'QA18_I38' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA18_I38' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA18_I38' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA18_I38' = 1 AND SPEMPSP = 1, SET SE = 1;
IF 'QA18_I38' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF 'QA18_I38' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

'PN_QA18_I39' [PN_MA6] -
PROGRAMMING NOTE 'QA18_I39' :
IF TEINSURE ≠ 1, THEN SKIP TO 'QA18_I40' ;
ELSE IF ('QA18_I37' = 2 AND ARSAMECH = 1) OR ('QA18_I38' = 2 AND SPSAMECH = 1), THEN SKIP TO 'QA18_I40' ;
ELSE CONTINUE WITH 'QA18_I39' ;

'QA18_I39' [MA6] -

Does (TEEN) have the same insurance as (CHILD)?

(TEEN) 的保險是否與(CHILD) 的保險相同？

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

If = 1, goto 'QA18_I68'

POST-NOTE 'QA18_I39' :
IF 'QA18_I39' = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA18_I39' = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA18_I39' = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA18_I39' = 1 AND CHDIRECT = 1, SET
IF 'QA18_I39' = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA18_I39' = 1 AND CHIHS = 1, SET TEIHS = 1;
IF 'QA18_I39' = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF 'QA18_I39' = 1 AND CHHBEX = 1, SET TEHBEX = 1

'QA18_I40' [IA1] -

Is {he/she} currently covered by Medi-CAL?

{他/她} 是否享受Medi-CAL（加州醫療保健計劃）的保賠？

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: 「Medi-CAL是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計畫。」]

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

POST-NOTE 'QA18_I40' :

IF 'QA18_I40' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

'QA18_I41' [IA3] -

Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(TEEN) 有沒有享受通過您或其他人的工作或工會提供的醫療保險計劃或管理式保健組織計劃 (HMO)？

[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 "QA18_I43"

POST-NOTE 'QA18_I41' :

IF 'QA18_I41' = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA18_I42' [AI94] -

Is this plan through an employer, through a union, or through Covered California's SHOP program?

這項計劃是透過雇主、工會、還是Covered California的SHOP計劃購買的？

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: 「SHOP是Covered California開展的小企業保健選擇計劃」]

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST-NOTE FOR 'QA18_I42' :

IF 'QA18_I42' = 3, THEN SET TEHBEX = 1

**'PN_QA18_I43' [PN_IA4] -
PROGRAMMING NOTE 'QA18_I43' :
IF TEINSURE = 1 THEN GO TO 'QA18_I44' ;
ELSE CONTINUE WITH 'QA18_I43'**

'QA18_I43' [IA4] -

Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

(TEEN) 是否享受您直接從保險公司或HMO購買的醫療保險計劃的承保？

[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: 「請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。」]

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

If = 2, -7, -8, goto "QA18_I50"

**POST-NOTE 'QA18_I43' :
IF 'QA18_I43' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**

**'PN_QA18_I44' [PN_AI95] -
PROGRAMMING NOTE 'QA18_I44' :
IF TEDIRECT = 1, THEN CONTINUE WITH 'QA18_I44' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_I45'**

'QA18_I44' [AI95] -

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
您是如何購買這項保健計劃的 — 是直接從保險公司或HMO購買還是透過Covered California購買？

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR 'QA18_I44' :
IF 'QA18_I44' = 2, THEN SET TEHBEX = 1
'PN_QA18_I45' [PN_AI96] -
PROGRAMMING NOTE 'QA18_I45'
IF TEHBEX = 1, THEN CONTINUE WITH 'QA18_I45' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_I47' ;**

'QA18_I45' [AI96] -

Was this a bronze, silver, gold or platinum plan?

這是銅、銀、金還是白金計劃？

- ☐ 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

'PN_QA18_I46' [PN_AI97] -
PROGRAMMING NOTE 'QA18_I46'
IF 'QA18_I42' = 3, THEN GO TO PN 'QA18_I47' ;
ELSE CONTINUE WITH 'QA18_I46' ;

'QA18_I46' [AI97] -

Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣？

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

'PN_QA18_I47' [PN_AI55] -
PROGRAMMING NOTE 'QA18_I47' :
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH 'QA18_I47' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_I50'

'QA18_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.

您是否支付(TEEN)的保健計劃的任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

[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. A deductible is the amount you pay for medical care before your health plan starts paying. Premium is the monthly charge for the cost of your health insurance plan."]

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

[IF NEEDED, SAY: "自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"]

[IF NEEDED, SAY: "保費是您的健康保險計劃的每月收費。"]

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

'QA18_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?

是否有任何其他人，例如雇主、工會或專業機構，支付 (TEEN) 的保健計劃的全部或部分保費或費用？

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

If = 2, -7, -8, goto 'PN_QA18_I50'

'QA18_I49' [AI53] -

Who else pays all or some portion of the cost for (TEEN)'s health plan?

還有誰支付(TEEN) 的醫療保險計劃的全部或部分費用？

[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/MEDICAL ASSISTANCE
- ☐ 10 COVERED CALIFORNIA
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST-NOTE 'QA18_I49' :

IF 'QA18_I49' = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;

IF 'QA18_I49' = 7, SET TEMCAL = 1;

IF 'QA18_I49' = 10, SET TEHBEX = 1;

'PN_QA18_I50' [PN_IA6] -

PROGRAMMING NOTE 'QA18_I50' :

IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA18_I55' ;

ELSE CONTINUE WITH 'QA18_I50'

'QA18_I50' [IA6] -

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃？

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

If = 1, goto 'PN_QA18_I56'

POST-NOTE 'QA18_I50' :

IF 'QA18_I50' = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

‘QA18_I51’ [IA7] -

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

{他/她}是否享有其他政府醫療保險計劃，例如AIM、Mister MIP、Family PACT、Healthy Kids或其他計劃？

[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: 「AIM 表示「母嬰營養計劃」；Mister MIP或MRMIP表示「重大風險醫療保險計劃」；Family PACT是一項州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用。」]

- ☐ 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_’QA18_I56’’

POST-NOTE ‘QA18_I51’ :

IF ‘QA18_I51’ = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

‘QA18_I52’ [IA8] -

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

{他/她} 有沒有享受任何我漏掉的其它醫療保險計劃？

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

If = 2, -7, -8, goto ‘PN_’QA18_I56’’

‘QA18_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?

{他/她}有哪一種健康保險？此保險是透過Medi-CAL（加州醫療保健計劃）、僱主或工會獲得的、還是從某些其它來獲得的？

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “您是通過目前或以前的僱主/工會、學校、專業協會、同業團體、其他機構還是直接向保健計劃獲得這項計劃的？”]

[CIRCLE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “還有任何其它計劃嗎？”]

- ☐ 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-NOTE ‘QA18_I53’ :

IF ‘QA18_I53’ = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF ‘QA18_I53’ = 2, SET TEEMP = 1 AND TEINSURE = 1;
IF ‘QA18_I53’ = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
IF ‘QA18_I53’ = 4, SET TEMCARE = 1 AND TEINSURE = 1;
IF ‘QA18_I53’ = 5, SET TEMCAL = 1 AND TEINSURE = 1;
I
IF ‘QA18_I53’ = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
IF ‘QA18_I53’ = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
IF ‘QA18_I53’ = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF ‘QA18_I53’ = 92, SET TEOTHER = 1 AND TEINSURE = 1;
IF ‘QA18_I53’ = -7 OR -8, SET TEIN

‘PN_QA18_I54’ [PN_IA9VER] -

PROGRAMMING NOTE ‘QA18_I54’ :

IF ‘QA18_I53’ = 4 (TEEN HAS MEDICARE), CONTINUE WITH ‘QA18_I54’ ;
ELSE SKIP TO PROGRAMMING NOTE ‘QA18_I55’

‘QA18_I54’ [IA9VER] -

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

我只是要確定一下，您說過 (TEEN) 有從聯邦醫療保險(Medicare) 獲得醫療保險？

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

**'PN_QA18_I55' [PN_IA1A] -
PROGRAMMING NOTE 'QA18_I55' :
IF TEINSURE ≠ 1 CONTINUE WITH 'QA18_I55' ;
ELSE GO TO 'QA18_I56' ;**

'QA18_I55' [IA1A] -

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

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

- ☐ 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_QA18_I56' [PN_MA8] -
PROGRAMMING NOTE 'QA18_I56' :
IF 'QA18_I37' = 1 AND ARMCARE = 1 AND 'QA18_H9' = 1, THEN 'QA18_I56' = 'QA18_H9' AND
'QA18_I58' = 'QA18_H10' AND SKIP TO 'QA18_I59' ;
ELSE IF 'QA18_I37' = 1, THEN 'QA18_I56' = 'QA18_H62' AND 'QA18_I58' = 'QA18_H64' AND IA14 =
'QA18_H65' AND GO TO PN 'QA18_I60' ;
ELSE IF 'QA18_I39' = 1, THEN 'QA18_I56' = 'QA18_I19' AND 'QA18_I58' = 'QA18_I21' AND 'QA18_I59' =
'QA18_I22' AND GO TO PN 'QA18_I60' ; ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA18_I56' ; ELSE GO
TO PROGRAMMING NOTE 'QA18_I60'**

'QA18_I56' [MA8] -

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

(TEEN) 參加的 {Medi-Cal} 保健計劃是HMO (健康維護機構計劃) 嗎？

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she/} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF NEEDED, SAY: "HMO 表示「健康維護機構」。在 HMO 計劃中, {他/她}必須使用網路內的醫生及醫院的服務。除非是急診, 如果{他/她}在網路外醫生或醫院處接受服務, 計劃通常不支付服務費。"]

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

[IF 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 'QA18_I58'

**'PN_QA18_I57' [PN_AI116] -
PROGRAMMING NOTE 'QA18_I57' :
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA18_I58' ;
ELSE CONTINUE WITH 'QA18_I57' ;**

'QA18_I57' [AI116] -

Is (TEEN)'s health plan a PPO or EPO?

(TEEN) 的保健計劃是一項PPO計劃還是EPO計劃？

[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 表示「專有服務提供者團體」。在 EPO 中，除非是急診，您必須使用網路內的醫生和醫院，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[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 表示「首選服務提供者團體」。在 PPO 中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: 「{他的/她的}主要保健計劃。」]

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

'QA18_I58' [MA7] -

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

(TEEN) 參加的主要保健計劃名稱是什麼?

[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: (TEEN) 是否有保險卡或註明計劃名稱的其他文件? "]

- ☐ 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 NOTE 'QA18_I58' :

IF 'QA18_I58' = 93, 87, OR 89 THEN SET TEMILIT=1

'QA18_I59' [IA14] -

Is (TEEN) covered for prescription drugs?

(TEEN) 的計劃是否支付處方藥品？

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

PROGRAMMING NOTE FOR 'QA18_I60' :
IF [(ARINSURE ≠ 1 OR 'QA18_I37' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN
CONTINUE WITH 'QA18_I60' ;
ELSE SKIP TO PN 'QA18_I63'

'QA18_I60' [AI82] -

Does (TEEN)'s health plan have a deductible that is more than \$1,000?

(TEEN) 的健康保險計劃是否有超過 1,000 美元的免賠額？

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

[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_I61' [AI83] -

Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

(TEEN) 的健康保險計劃是否有超過 2,000 美元的免賠額？

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

[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_I62' [PN_AI84] -

PROGRAMMING NOTE 'QA18_I62' :

IF ('QA18_I60' = 1 OR 3) OR ('QA18_I61' = 1 OR 3), CONTINUE WITH 'QA18_I62' ;

ELSE SKIP TO PROGRAMMING NOTE 'QA18_I63'

'QA18_I62' [AI84] -

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

您是否有可以用於支付(TEEN) 的醫療費用的特殊帳戶或資金？

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶 (HSA)、健康補償帳戶 (HRA) 或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。"]

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

**'PN_QA18_I63' [PN_IA18] -
PROGRAMMING NOTE 'QA18_I63' :
IF TEINSURE = 1, GO TO 'QA18_I68' ;
ELSE CONTINUE WITH 'QA18_I63'**

'QA18_I63' [IA18] -

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

(TEEN) 沒有任何健康保險的一個主要原因是什麼？

- ☐ 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

'QA18_I64' [IA20] -

Was (TEEN) covered by health insurance at any time during the past 12 months?

(TEEN) 在過去 12 個月中的任何時間是否享受醫療保險？

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

If = 1, goto 'QA18_I66'

'QA18_I65' [IA21] -

How long has it been since (TEEN) last had health insurance?

(TEEN) 從上一次有醫療保險到現在已有多長時間？

- ☐ 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_'QA18_I74''

‘QA18_I66’ [IA22] -

For how many of the last 12 months did {he/she} have health insurance?

在過去十二個月內，{他/她}有幾個月有醫療保險？

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

_____ MONTHS [HR: 0-12]

If = 0 , goto ‘PN_’QA18_I74’

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_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?

在(TEEN) 有醫療保險期間，{他的/她的}保險是Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過Covered California購買的計劃還是其他計劃？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[[PROBE: 「還有任何其他人或機構嗎？」]]

- ☐ 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_’QA18_I74’

‘QA18_I68’ [IA24] -

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

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

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

If = 1, goto ‘PN_QA18_I74’

‘QA18_I69’ [IA25] -

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

當 {他/她} 沒有享受{他的/她的} 目前的醫療保險計劃時，{他/她} 有沒有其它任何醫療保險？

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

If = 2, -7, -8, goto “QA18_I71”

'QA18_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?

該其他醫療保險是 Medi-CAL、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

[CODE ALL THAT APPLY.] [PROBE: "Any others?"] [PROBE: 「還有任何其他計劃嗎?」]

- ☐ 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

'QA18_I71' [IA27] -

During the past 12 months, was there any time when {he/she} had no health insurance at all?

在過去 12 個月中，{他/她} 有沒有任何時間完全沒有醫療保險？

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

If = 2, -7, -8, goto 'PN_'QA18_I74''

'QA18_I72' [IA28] -

For how many of the past 12 months did {he/she} have no health insurance?

在過去 12 個月中，{他/她}有幾個月沒有健康保險？

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_I73' [IA29] -

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

在(TEEN)不享有保險的期間，{他/她} 沒有任何健康保險的一個主要原因是什麼？

[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_QA18_I74' [PN_AI56] -
PROGRAMMING NOTE 'QA18_I74' :
IF NO TEEN SELECTED, GO TO SECTION J;
IF 'QA18_A5' = 1 (R IS MALE), DISPLAY "mother";
IF 'QA18_A5' = 2 (R IS FEMALE), DISPLAY "father";
IF 'QA18_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA18_G13' Sex =1 DISPLAY "father" OR If 'QA18_G13' =2
DISPLAY "mother" ELSE IF DISPLAY "other parent"

'QA18_I74' [AI56] -

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

(TEEN)的{母親/父親}是在哪個國家出生的?

[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_QA18_I75' [PN_AI57] -
PROGRAMMING NOTE 'QA18_I75' :
 IF 'QA18_I74' = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
 ELSE CONTINUE WITH 'QA18_I75' ;
 IF 'QA18_A5' = 1 (R IS MALE), DISPLAY "mother";
 IF 'QA18_A5' = 2 (R IS FEMALE), DISPLAY "father"
 IF 'QA18_A5' = 3 (REFUSED/D ON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'QA18_I75' [AI57] -

Does (TEEN)'s {mother/father} now live in the U.S.?

{TEEN} 的{母親/父親}目前住在美國嗎?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 MOTHER/FATHER DECEASED
- ☐ 04 MOTHER/FATHER NEVER LIVED IN US
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_I76' [PN_AI58] -
PROGRAMMING NOTE 'QA18_I76' :
 IF 'QA18_A5' = 1 (R IS MALE), DISPLAY "mother";
 IF 'QA18_A5' = 2 (R IS FEMALE), DISPLAY "father";
 IF 'QA18_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA18_G13' Sex =1 DISPLAY "father" OR If 'QA18_G13' =2
 DISPLAY "mother" ELSE IF DISPLAY "other parent"

'QA18_I76' [AI58] -

{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

(TEEN) 的{母親/父親}是美國公民嗎 ?

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

'PN_QA18_I77' [PN_AI59] -
PROGRAMMING NOTE 'QA18_I77' :
 IF 'QA18_I76' =1 SKIP TO PN_'QA18_I78'
 IF 'QA18_A5' = 1 (R IS MALE), DISPLAY "mother";
 IF 'QA18_A5' = 2 (R IS FEMALE), DISPLAY "father";
 IF 'QA18_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA18_G13' Sex =1 DISPLAY "father" OR If 'QA18_G13' =2
 DISPLAY "mother"

'QA18_I77' [AI59] -

{Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

(TEEN)的{母親/父親}是持有綠卡的永久居民嗎?

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

[IF NEEDED, SAY: "人們通常將永久居民卡稱為「綠卡」，但永久居民卡的顏色可能是粉紅色、藍色或白色。"]

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

'PN_QA18_I78' [PN_AI60] -
PROGRAMMING NOTE 'QA18_I78' :
 IF 'QA18_A5' = 1 (R IS MALE), DISPLAY "mother";
 IF 'QA18_A5' = 2 (R IS FEMALE), DISPLAY "father"

'QA18_I78' [AI60] -

About how many years has (TEEN)'s {mother/father} lived in the United States?

{ADOLESCENT/AGE/SEX} 的母親在美國已居住大約多少年?

(TEEN)的{母親/父親}在美國已居住大約多少年?

_____ NUMBER OF YEARS

_____ YEAR FIRST CAME AND LIVE IN U.S.

- ☐ 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_QA18_J1' [PN_AH5] -
PROGRAMMING NOTE 'QA18_J1' :
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"**

'QA18_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}?

{現在，我想提出幾個有關您所接受的健康護理的問題。} 在過去 12 個月中，您看過幾次醫生？

_____ TIMES [HR: 0-365]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_J2' [PN_AH6] -
PROGRAMMING NOTE 'QA18_J2' :
IF 'QA18_J1' = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH
'QA18_J2' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_J3'**

'QA18_J2' [AH6] -

About how long has it been since you last saw a doctor about your own health?

自從您上次就自身的健康狀況去看醫生以來到現在已經有多長時間？

- ☐ 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_QA18_J3' [PN_AJ114] -
PROGRAMMING NOTE 'QA18_J3' :
IF 'QA18_J2' = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE 'QA18_J4' ;
ELSE CONTINUE WITH 'QA18_J3'**

'QA18_J3' [AJ114] -

About how long has it been since you last saw a doctor or medical provider for a routine check-up?

自從您上次接受醫生或其他醫療提供者的常規體檢以來大約有多長時間了？

[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: 「常規體檢指並非因生病或病症而接受的門診檢查。該常規體檢可能包括有關健康行為（例如抽煙）的問題。」]

- ☐ 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_QA18_J4' [PN_AJ77] -
PROGRAMMING NOTE 'QA18_J4' :
IF 'QA18_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA18_J4' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_J5'**

'QA18_J4' [AJ77] -

Do you have a personal doctor or medical provider who is your main provider?

您是否有一位作為您的主要服務提供者的個人醫生或醫療服務提供者？

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

[IF NEEDED, SAY: "可以是全科醫生、專科醫生、醫生助理、護士或其他健康服務提供者"]

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

PROGRAMMING NOTE 'QA18_J5':

IF ARINSURE =1 OR 'QA18_H1' = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA18_J5'

ELSE GO TO PROGRAMMING NOTE 'QA18_J7'

IF 'QA18_J4' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";

ELSE DISPLAY "a";

'QA18_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?

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

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

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

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

IF = 2, -7, -8 go to 'PN_'QA18_J7''

'QA18_J6' [AJ103] -

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

能夠在兩天內為您安排就診的頻率有多高？您認為是.....

- ☐ 01 Never,
- ☐ 02 Sometimes,
- ☐ 03 Usually, or
- ☐ 04 Always
- ☐ -7 DON'T KNOW
- ☐ -8 REFUSED

PROGRAMMING NOTE 'QA18_J7':

IF 'QA18_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND 'QA18_J4' = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [('QA18_B3' = 1 OR 'QA18_B4' = 1 (HAS ASTHMA)) OR 'QA18_B13' = 1 (HAS DIABETES) OR 'QA18_B25' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH 'QA18_J7'; ELSE GO TO 'QA18_J8'

'QA18_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?

在您的醫生辦公室或診所內是否有人幫助協調其他醫生對您的護理或服務，例如測試或治療？

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

'QA18_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?

過去12個月裡，您是否通過視頻或者電話而不是辦公室會面，來獲得醫生或者其他健康從業人員的護理？

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]

[IF NEEDED, SAY: 請不要包括預約就診或再次領取處方藥物。不包括護士熱線。]

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

If = 2, -7, -8, goto 'PN_'QA18_J10''

'QA18_J9' [AJ153] -

Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

此護理是因為皮膚或眼睛問題、情緒或心理健康問題、還是其他健康問題嗎？

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[CODE ALL THAT APPLY]

[PROBE: "還有其他問題嗎?"]

- ☐ 01 SKIN PROBLEM
- ☐ 02 EYE PROBLEM
- ☐ 03 MENTAL OR EMOTIONAL HEALTH PROBLEM
- ☐ 91 OTHER HEALTH PROBLEM (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_J10' [PN_AJ8B] -

PROGRAMMING NOTE 'PN_QA18_J10':

IF 'QA18_J1' > 0 OR 'QA18_J2' = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),

CONTINUE WITH 'QA18_J10';

ELSE GO TO PROGRAMMING NOTE 'QA18_J15'

'QA18_J10' [AJ8B] -

The last time you saw a doctor, did you have a hard time understanding the doctor?

您上次看醫生時，是否很難聽懂醫生說的話？

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

If = 1, goto 'QA18_J12'

If = -7, -8, goto 'PN_'QA18_J15''

PROGRAMMING NOTE 'QA18_J11' :

IF 'QA18_J10' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA18_G7' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA18_J11' ; SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA18_J11' WAS ASKED; ELSE SKIP TO PROGRAMMING NOTE 'QA18_J15'

'QA18_J11' [AJ50] -

In what language did the doctor speak to you?

您的醫生用哪一種語言與您交談？

- ☐ 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 'QA18_J13'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto 'PN_'QA18_J15''

'QA18_J12' [AJ9] -

Was this because you and the doctor spoke different languages?

這是不是因為您和醫生講的是不同的語言？

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

'QA18_J13' [AJ10] -

Did you need someone to help you understand the doctor?

您是否需要有人幫助您聽懂醫生的話？

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

If = 2, -7, -8, goto 'PN_'QA18_J15''

'QA18_J14' [AJ11] -

Who was this person who helped you understand the doctor?

是誰幫助您聽懂醫生說的話？

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

- ☐ 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_QA18_J15' [PN_AJ105] -

PROGRAMMING NOTE 'QA18_J15' :

**IF 'QA18_G8' = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH 'QA18_J15'
;ELSE GO TO 'QA18_J16'**

'QA18_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?

在加州，您有權在就診時獲得免費口譯服務。您在今天之前是否知道這項服務？

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

'QA18_J16' [AH16] -

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

在過去 12 個月中，您有沒有延遲或沒有去拿醫生為您開的藥？

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

If = 2, -7, -8, goto "QA18_J19"

'QA18_J17' [AJ19] -

Was cost or lack of insurance a reason why you delayed or did not get the prescription?

醫療費用或沒有保險是不是您延遲或沒有領取處方藥物的一個原因？

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

PROGRAMMING NOTE 'QA18_J18':
IF ARINSURE = 1, THEN CONTINUE WITH 'QA18_J18';
ELSE GO TO 'QA18_J19'

'QA18_J18' [AJ176] -

Did you delay or not get a medicine while you had your current insurance plan?

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

'QA18_J19' [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?

在過去十二個月中，您有沒有延遲或沒有接受任何您認為必要的醫療護理 — 例如看醫生、專科醫生或其他健康護理專業人員？

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

If = 2, -7, -8, goto "QA18_J25"

'QA18_J20' [AJ129] -

Did you get the care eventually?

您最終接受了護理嗎？

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

'QA18_J21' [AJ20] -

Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

醫療費用或沒有保險是不是您延遲或沒有領取處方藥物的一個原因？

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

If = 2, -7, -8, goto "QA18_J23"

'QA18_J22' [AJ130] -

Was that the main reason?

這是主要原因嗎？

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

If = 1, -7, -8, goto "QA18_J25"

'QA18_J23' [AJ131] -

What was the one main reason why you delayed getting the care you felt you needed?

您延遲接受您認為自己需要的護理的一個最主要原因是什麼？

- ☐ 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

PROGRAMMING NOTE 'QA18_J24':
IF ARINSURE = 1, THEN CONTINUE WITH 'QA18_J24';
ELSE GO TO 'QA18_H78'

'QA18_J24' [AJ177] -

Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

在持有目前的保險計劃期間，您曾否延遲或沒有獲取其他您認為需要的醫護服務？

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

'QA18_J25' [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.

接下來是有關專科醫生的問題。專科醫生是指外科醫生、心臟病醫生、過敏醫生、皮膚科醫生和其他針對某個健康護理領域的專科醫生。

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

在過去十二個月中，您或醫生是否曾認為您應當去看專科醫生？

[IF NEEDED: Do not include dental visits.]

[IF NEEDED, SAY: 「請不要包括牙科門診。」]

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

PROGRAMMING NOTE 'QA18_J26' :

**IF 'QA18_J25' = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH 'QA18_J26' ;
ELSE GO TO 'QA18_J29'**

'QA18_J26' [AJ137] -

During the past 12 months, did you have any trouble finding a medical specialist who would see you?

在過去十二個月中，您是否有任何困難找到一位能夠為您看病的專科醫生？

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

'QA18_J27' [AJ138] -

During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

在過去十二個月中，是否有專科醫生診所告訴您他們不願接受您作為他們的新病人？

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

'PN_QA18_J28' [PN_AJ139] -

PROGRAMMING NOTE 'QA18_J28' :

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA18_J28' ;
ELSE SKIP TO 'QA18_J29'**

'QA18_J28' [AJ139] -

During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

在過去十二個月中，是否有專科醫生辦公室告訴您他們不接受您的主要健康保險？

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

'QA18_J29' [AJ133] -

Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

現在是有關全科醫生的問題。在過去十二個月中，您是否有任何困難尋找一位為您看病的全科醫生？

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

'QA18_J30' [AJ134] -

During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

在過去十二個月中，是否有醫生診所告訴您他們不願接受您作為他們的新病人？

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

'PN_QA18_J31' [PN_AJ135] -
PROGRAMMING NOTE 'QA18_J31' :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA18_J31' ;
ELSE SKIP TO 'QA18_J32'

'QA18_J31' [AJ135] -

During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

在過去十二個月中，是否有醫生診所告訴您他們不願接受您的主要醫療保險？

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

PROGRAMMING NOTE 'QA18_J32':
IF AGE > 49 YEARS GO TO 'QA18_J41';
ELSE IF 'QA18_A5' = 1 THEN GO TO 'QA18_J37';
ELSE CONTINUE WITH 'QA18_J32'

'QA18_J32' [AJ169] -

Which of the following statements best describes your pregnancy plans? Would you say...

在過去十二個月中，是否有醫生診所告訴您他們不願接受您的主要醫療保險？

- ☐ 01 You do not plan to get pregnant within the next 12 months,
- ☐ 01 您不打算在未來 12 個月內懷孕，
- ☐ 02 You are not sexually active
- ☐ 02 您性生活不活躍，
- ☐ 03 You are planning to get pregnant within the next 12 months, or
- ☐ 03 您打算在未來 12 個月內懷孕，或
- ☐ 04 You are currently pregnant?
- ☐ 04 您現正懷孕？
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_J33':**IF 'QA18_E1' = 1 (PREGNANT), GO TO 'QA18_J41';****IF 'QA18_A5' = 2 (FEMALE) AND 'QA18_D8' = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO 'QA18_J41'; IF 'QA18_J32' = 2, 4 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO 'QA18_J36';****ELSE CONTINUE WITH 'QA18_J33'****'QA18_J33' [AF40B] -**

Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

您或您的男性性伴侶是否採用某種避孕方法避孕？這包括男性或女性絕育。

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

[IF NEEDED SAY: 「絕育包括輸卵管結扎、輸精管切除術或絕育手術，導致你們不能生育。」]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 3, -7, -8, goto 'PN_'QA18_J36''

If = 2, goto 'PN_'QA18_J35''

'QA18_J34' [AJ154] -

Which birth control method or methods are you using?

您正在使用哪種避孕方法？

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他人或機構嗎？」]

- ☐ 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

PROGRAMMING NOTE 'QA18_J35':**IF 'QA18_J33' = 2 (NO), CONTINUE WITH 'QA18_J35'****ELSE GO TO 'QA18_J36';**

'QA18_J35' [AJ170] -

What is the MAIN reason you are NOT currently using birth control?

您目前並無避孕的主因是甚麼？

- ☐ 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

PROGRAMMING NOTE 'QA18_J36':
IF 'QA18_J34' = 3 (IUD), GO TO 'QA18_J37';
ELSE CONTINUE WITH 'QA18_J36'

'QA18_J36' [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)?

醫生、醫療服務者或家庭計劃顧問曾否向您談及子宮環（IUD）或植入式避孕（手臂皮下植入）？

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_J37' [PN_AJ144B] -
PROGRAMMING NOTE 'QA18_J37':
IF 'QA18_A5'=2 (FEMALE) THEN GO TO 'QA18_J41';
ELSE IF 'QA18_A5'=1 (MALE) CONTINUE WITH 'QA18_J37';

'QA18_J37' [AJ144B] -

During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

在過去十二個月中，您是否曾接受過醫生或醫療提供者有關男性或女性避孕的諮詢或資訊？

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

'QA18_J38' [AJ172] -

Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

您或您的男性性伴侶是否採用某種避孕方法避孕? 這包括男性或女性絕育。

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO FEMALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_J39':

**IF 'QA18_J38' = 2 (NO) or 3 (NO FEMALE PARTNER) THEN GO TO 'QA18_J40';
ELSE CONTINUE WITH 'QA18_J39';**

'QA18_J39' [AJ174] -

Which birth control method or methods are you using?

您正在使用哪種避孕方法?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: 「還有任何其他人或機構嗎? 」]

- ☐ 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

PROGRAMMING NOTE 'QA18_J40':

**IF 'QA18_J38'=2 (NO), CONTINUE WITH 'QA18_J40';
ELSE GO TO 'QA18_J41';**

'QA18_J40' [AJ175] -

What is the MAIN reason you are NOT currently using birth control?

您目前並無避孕的主因是甚麼?

- ☐ 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

‘QA18_J41’ [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.

以下是有關牙科健康的幾個問題。自從你上次看牙醫或前往牙科診所就診以來到現在已經有多長時間？請包括牙科保健員以及各類專科牙醫。

- ☐ 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 “QA18_J43”

‘QA18_J42’ [AJ167] -

Was it for a routine checkup or cleaning, or was it for a specific problem?

您是去接受常規檢查或洗牙還是因為某一具體問題接受治療？

- ☐ 01 ROUTINE CHECKUP OR CLEANING
- ☐ 02 SPECIFIC PROBLEM
- ☐ 03 BOTH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_J43’ [AG3] -

Do you now have any type of insurance that pays for part or all of your dental care?

您目前是否有任何類型的保險可以支付牙科護理的部份或全部費用？

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

‘QA18_J44’ [AJ168] -

How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

何描述您的牙齒狀況：極好、很好、較好、一般還是較差？

- ☐ 01 EXCELLENT
- ☐ 02 VERY GOOD
- ☐ 03 GOOD
- ☐ 04 FAIR
- ☐ 05 POOR
- ☐ 06 HAS NO NATURAL TEETH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

PROGRAMMING NOTE 'QA18_K1' :

**IF 'QA18_G29' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR 'QA18_G31' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA18_K1' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_K4'**

'QA18_K1' [AK3] -

The next questions are about your employment.

以下是有關您的就業問題。

How many hours per week do you usually work at all jobs or businesses?

您在從事的所有的工作或業務中每週通常工作多少小時？

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_K2' [AK7] -

How long have you worked at your main job?

您從事這份主要工作多久了？

[IF NEEDED, SAY: "That is, for your current employer."]

[IF NEEDED, SAY: 就是為現在的僱主工作]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

[AK7M] -

_____ MONTHS [HR: 0-12]

[AK7Y] -

_____ YEARS [HR: 0-50]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_K3' [PN_AK10] -
PROGRAMMING NOTE 'QA18_K3' :
IF 'QA18_G29' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)]
OR 'QA18_G31' = 1 (USUALLY WORKS), CONTINUE WITH 'QA18_K3' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA18_K4'**

'QA18_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?

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

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

\$_____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

**'PN_QA18_K4' [PN_AK20] -
PROGRAMMING NOTE 'QA18_K4' ;
IF 'QA18_G37' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA18_G38' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH 'QA18_K4' AND:
IF 'QA18_G29' ≠ 1 OR 2 (R NOT AT A JOB O

ELSE IF 'QA18_G29' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA18_G31' ≠ 1 (R DOES NOT USUALLY WORK), AND ('QA18_D9' = 1 OR 'QA18_D10' = 1), THEN DISPLAY "The next question is about your partner's employment."**

'QA18_K4' [AK20] -

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

{接下來的問題和您配偶的工作有關。}

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

您的{丈夫/妻子/配偶}在從事的所有的工作或業務中每週通常工作多少小時？

_____ HOURS [HR: 0-95]

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

'PN_QA18_K5' [PN_AK10A] -
PROGRAMMING NOTE 'QA18_K5' :
IF 'QA18_K4' ≠ 0 CONTINUE WITH 'QA18_K5' ;
IF 'QA18_A16' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA18_D9' = 1 OR 'QA18_D10' = 1, THEN DISPLAY "partner's";
ELSE GO TO 'QA18_K6'

'QA18_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?

據您估計，您的(配偶/伴侶)上個月從事所有的工作和業務的收入有多少？這是指在沒有扣除各項稅款和其它扣除額之前的收入，請包括小時工資、薪資、小費和佣金。

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

\$ _____

NUM_HOU_AK10A

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_K6' [AK22] -

What is your best estimate of your household's total annual income from all sources before taxes in 2017?

您的住戶2014年來自所有來源的稅前全年總收入是多少？

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF NEEDED, SAY: 「請包括工作、社會安全、退休收入、失業補助金、公共援助等收入。另外還請包括利息、紅利、業務、農場或租金淨收入以及任何其他資金收入。」]

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

\$ _____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, goto 'PN_'QA18_K8''

'QA18_K7' [AK22A] -

PLEASE VERIFY AMOUNT ENTERED: I have entered that your annual household income is (AMOUNT). Is that correct?

根據我的記錄，您的住戶年收入是 (AMOUNT)。這是否正確？

- ☐ 1 YES
- ☐ 2 NO

If = 1, goto 'PN_QA18_K14'

If = 2, Go back to 'QA18_K6'

PROGRAMMING NOTE 'QA18_K8' :
IF 'QA18_K6' = -7 OR -8 CONTINUE WITH 'QA18_K8' ;
ELSE GO TO PROGRAMMING NOTE 'QA18_K14'

'QA18_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?

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

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$20K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA18_K10'

If = -7, -8, goto 'PN_'QA18_K14''

'QA18_K9' [AK12] -

Is it ...

是.....

- ☐ 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_'QA18_K14''

'QA18_K10' [AK13] -

Is it more or less than \$70,000 per year?

收入每年是否超過還是不足 70,000美元？

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$70K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, goto 'QA18_K12'

If = -7, -8, goto 'PN_'QA18_K14''

'QA18_K11' [AK14] -

Is it ...

是.....

- ☐ 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_'QA18_K14''

'QA18_K12' [AK15] -

Is it more or less than \$135,000 per year?

收入每年是否超過還是不足135,000美元？

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$135K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_'QA18_K14'

'QA18_K13' [AK16] -

Is it ...

是.....

- ☐ 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_QA18_K14' [PN_AK17] -
PROGRAMMING NOTE 'QA18_K14' :
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE 'QA18_K15' ;
ELSE CONTINUE WITH 'QA18_K14'

'QA18_K14' [AK17] -

Including yourself, how many people living in your household are supported by your total household income?

包括您自己在內，住在您的住戶裡的多少人需要依靠您的住戶總收入生活？

_____ NUMBER OF PEOPLE [HR: 1-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_K15' :
'QA18_K15' MUST BE LESS THAN 'QA18_K14' ;
IF R IS ONLY MEMBER OF HH, GO TO 'QA18_K16' ;
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)

'QA18_K15' [AK18] -

How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

在這{INSERT NUMBER FROM QA15_K15} 口人中，有多少是 18 歲以下的孩子？

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_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?

是否有住在美國、目前不住在你們住戶中、但依靠你們的住戶收入生活的任何其他人？

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

If = 2, -7, -8, goto 'PN_AM1'

'QA18_K17' [AK33] -

How many?

有幾個人？

_____ NUMBER OF PEOPLE [HR: 1-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_K18' [PN_AM1B] -

PROGRAMMING NOTE 'QA18_K18' :

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA18_K18' ;

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 'QA18_K18';

ELSE GO TO 'QA18_L1'

'QA18_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.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

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

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

以下是有關您們住戶在過去十二個月中所吃的食物以及是否有錢購買所需的食物的問題。

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

第一句話是：「{我/我們} 購買的食物總是不夠，{我/我們} 沒有錢買更多的食物。」

這是經常符合、有時符合還是從不符合您和您的住戶在過去十二個月的情況？

- ☐ 01 OFTEN TRUE
- ☐ 02 SOMETIMES TRUE
- ☐ 03 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_K19' [PN_AM2B] -
PROGRAMMING NOTE 'QA18_K19' :
IF 'QA18_K14' = 1, THEN DISPLAY "I",
ELSE IF 'QA18_K14' > 1 DISPLAY "We"**

'QA18_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?

第二句話是：「{我/我們} 沒有錢吃均衡的食物。」

這是經常符合、有時符合還是從不符合您和您的住戶在過去十二個月的情况？

- ☐ 01 OFTEN TRUE
- ☐ 02 SOMETIMES TRUE
- ☐ 03 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_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?

請告訴我，在過去 12 個月中，您或住戶中的其他成年人有沒有因為沒有足夠的錢購買食物而減少食物量或減少用餐次數？

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

If = 2, -7, -8, goto "QA18_K22"

'QA18_K21' [AM3C] -

How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

這種情况多久會出現一次—幾乎每個月、有的月份但不是每個月、或只是在1或2 個月裡？

- ☐ 01 ALMOST EVERY MONTH
- ☐ 02 SOME MONTHS BUT NOT EVERY MONTH
- ☐ 03 ONLY IN 1 OR 2 MONTHS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_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?

在過去 12 個月中，您有沒有因為沒有足夠的錢購買食物而吃不飽？

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

'QA18_K23' [AM5B] -

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

在過去 12 個月中，您有沒有因為買不起足夠的食物而挨餓？

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

Section L: Public Program Participation

PROGRAMMING NOTE 'QA18_L1':

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 'QA18_M1'

'QA18_L1' [AL2] -

Are you now receiving TANF or CalWORKs?

您目前正在接受TANF或CalWORKS嗎？

[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 表示「貧困家庭臨時協助」； CalWORKS 表示「加州工作機會及對孩子的責任」。這兩項計劃用於替代加州原來的福利計劃 AFDC。"]

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

'PN_QA18_L2' [PN_IAP1] -

PROGRAMMING NOTE 'QA18_L2' :

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA18_L2' ;
ELSE GO TO 'QA18_L3' ;

'QA18_L2' [IAP1] -

Is(TEEN) now receiving TANF or CalWORKs?

(TEEN) 目前是否在領取 TANF 或 CalWORKS？

[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 表示「貧困家庭臨時協助」； CalWORKS 表示「加州工作機會及對孩子的責任」。這兩項計劃用於替代加州原來的福利計劃 AFDC。"]

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

'QA18_L3' [AL5] -

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

您是否在領糧食券福利？糧食券也稱為 CalFresh。

[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: "您可能透過 EBT 卡獲得福利。EBT 表示電子福利轉換卡。又稱作「黃金州優惠卡」。"]

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

**'PN_QA18_L4' [PN_IAP2] -
PROGRAMMING NOTE 'QA18_L4':
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH 'QA18_L4';
ELSE GO TO 'QA18_L5'**

'QA18_L4' [IAP2] -

Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

(TEEN) 是否在領糧食券福利？糧食券福利也稱為 CalFresh。

[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: 「您通過EBT卡接受福利。EBT表示電子福利轉帳卡，也稱為「黃金州優惠卡」。」]

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

'QA18_L5' [AL6] -

Are you receiving Supplemental Security Income (SSI)?

您是否在領取 SSI?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

[IF NEEDED, SAY: 「SSI 指安全補助收入，這和社會安全金不同。」]

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

**'PN_QA18_L6' [PN_AL7] -
PROGRAMMING NOTE 'QA18_L6':
IF 'QA18_A5' = 2 (FEMALE) AND ['QA18_E1' = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR
YOUNGER)] CONTINUE WITH 'QA18_L6';
ELSE GO TO PROGRAMMING NOTE 'QA18_L7'**

'QA18_L6' [AL7] -

Are you on WIC?

您目前是否參加了 WIC?

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

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

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

**'PN_QA18_L7' [PN_AL9] -
PROGRAMMING NOTE 'QA18_L7' :**
IF 'QA18_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA18_A4' = 6) AND (POVERTY < 6 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA18_L7' ; ELSE SKIP TO PROGRAMMING NOTE 'QA18_L14' ;

OBTAIN THE PROPERTY LIMIT VALUE FRO

**IF 'QA18_K14' = 1 DISPLAY \$2000;
 IF 'QA18_K14' = 2 DISPLAY \$3000;
 IF 'QA18_K14' = 3 DISPLAY \$3150;
 IF 'QA18_K14' = 4 DISPLAY \$3300;
 IF 'QA18_K14' = 5 DISPLAY \$3450;
 IF 'QA18_K14' = 6 DISPLAY \$3600;
 IF 'QA18_K14' = 7 DISPLAY \$3750;
 IF 'QA18_K14' = 8 DISPLAY \$3900;
 IF 'QA18_K14' = 9 DISPLAY \$4050;
 IF 'QA18_K14' ≥ 10 DISPLAY \$4200;
 IF 'QA18_A16' = 1 (MARRIED) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE),
 DISPLAY "your family's";
 ELSE DISPLAY "your"**

'QA18_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}?

不把您擁有的任何房子或汽車計算在內，您認為{您/您家}的資產，也就是說{您/您家}所有的現金、儲蓄、投資的總值，有沒有超過{PROPERTY LIMIT}？

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

If = 1, goto 'PN_QA18_L14'

**'PN_QA18_L14' [PN_AL15B] -
PROGRAMMING NOTE 'QA18_L14':**
IF 'QA18_A16' = 1 (MARRIED) AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF ['QA18_A16' = 2 (LIVING WITH PARTNER) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

'QA18_L14' [AL15B] -

Did {you or your spouse/you or your partner/you} receive any money last month for child support?

{ 您或您的配偶/您或您的伴侶/你們 } 上個月有沒有收到任何子女扶養費？

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

If = 2, -7, -8, goto 'PN_QA18_L16'

**'PN_QA18_L15' [PN_AL16B] -
PROGRAMMING NOTE 'QA18_L15':**
IF 'QA18_A16' = 1 (MARRIED) AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"combined" AND "and your spouse";
ELSE IF ['QA18_A16' = 2 (LIVING WITH PARTNER) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-
SEX COUPLE)] AND 'QA18_G12' = 1

'QA18_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}?

{ 您或您的配偶/您或您的伴侶/你們 } 上個月 收到的子女扶養費 {合計} 總額是多少？

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

\$_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_L16' [PN_AL17] -
PROGRAMMING NOTE 'QA18_L16':**
IF 'QA18_A16' = 1 (MARRIED) AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse or both of you";
ELSE IF ['QA18_A16' = 2 (LIVING WITH PARTNER) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-
SEX COUPLE)] AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner
or both of you" ELSE DISPLAY "you"

'QA18_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?

{ 您或您的配偶/您或您的伴侶/你們 } 上個月 有沒有支付任何子女扶養費？

- ☐ 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_'QA18_L18''

**'PN_QA18_L17' [PN_AL18] -
PROGRAMMING NOTE 'QA18_L17' :**
IF 'QA18_A16' = 1 (MARRIED) AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse or both of you";
ELSE IF ['QA18_A16' = 2 (LIVING WITH PARTNER) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you" ELSE DISPLAY "you"

'QA18_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?

{您或您的配偶或你們兩人/您或您的伴侶或你們兩人 } 上個月 支付的子女扶養費總共是多少？

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

_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_L18' [PN_AL32] -
PROGRAMMING NOTE 'QA18_L18' :**
IF 'QA18_A16' = 1 (MARRIED) AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse";
ELSE IF ['QA18_A16' = 2 (LIVING WITH PARTNER) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA18_G12' = 1 (SPOUSE)

'QA18_L18' [AL32] -

Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

{您或您的配偶/您或您的伴侶/您} 上個月 是否領取任何工傷賠償付款？

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

If = 2, -7, -8, goto 'PN_'QA18_L20''

**'PN_QA18_L19' [PN_AL33] -
PROGRAMMING NOTE 'QA18_L19' :**
IF 'QA18_A16' = 1 (MARRIED) AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"combined" AND "and your spouse";
ELSE IF ['QA18_A16' = 2 (LIVING WITH PARTNER) OR 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA18_G12'

'QA18_L19' [AL33] -

What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

您{和您的配偶/伴侶} 上個月 從工傷賠償領取的{合計}總額是多少？

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

\$_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_L20' [PN_AL18A] -
PROGRAMMING NOTE 'QA18_L20':IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH AL18A AND DISPLAY "you or your spouse";ELSE IF AGE ≥ 65 AND 'QA18_G12' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA18_L20' AND DISPLAY "you or your partner";ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'QA18_L20' AND DISPLAY "you";ELSE GO TO PROGRAMMING NOTE 'QA18_L22'

'QA18_L20' [AL18A] -

Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

{您或您的配偶/您或您的伴侶/您} 上個月有沒有領取任何社會安全金 (Social Security)或退休金？

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

If = 2, -7, -8, goto 'PN_'QA18_L22''

'PN_QA18_L21' [PN_AL18B] -
PROGRAMMING NOTE 'QA18_L21' :IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA18_L26' = 1 (MARRIED) AND 'QA18_L27' = 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";

'QA18_L21' [AL18B] -

What was the total amount received last month from Social Security and Pensions {for both you and your spouse/partner}?

您上個月領取的社會安全金和養老金總額是多少？

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

_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_L22' [PN_AL19] -
PROGRAMMING NOTE 'QA18_L22' :
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA18_L22' ;
ELSE GO TO 'QA18_L23'**

'QA18_L22' [AL19] -

What is the one main reason why you are not enrolled in the Medi-Cal program?

您(和您的配偶/伴侶)上個月從工傷賠償領取的{合計}總額是多少？

- ☐ 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

**PROGRAMMING NOTE 'QA18_L23':
IF ARMCAL = 1 (MEDI-CAL) OR 'QA18_H75'=1, 'QA18_H76'=1 OR 'QA18_H77' =1 (HAD PRIOR MEDI-CAL
COVERAGE), CONTINUE WITH 'QA18_L23';
ELSE GO TO PN 'QA18_L32'**

'QA18_L23' [AL40] -

You previously said you had Medi-Cal. How long did you have Medi-Cal?

您之前提及您曾經有Medi-Cal。您擁有Medi-Cal的時間有多長？

[AL40Y] -

_____ YEARS

[AL40M] -

_____ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_L24':
IF 'QA18_L23' > 1 YEAR, THEN CONTINUE WITH 'QA18_L24';
ELSE GO TO PN 'QA18_L32'

'QA18_L24' [AL41] -

Was your Medi-Cal renewed automatically in the past year (with no input or action needed on your part)?

您的加州醫療保健計劃有否在去年自動續期（您無需輸入資料或採取行動）？

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DID NOT RENEW
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 3, -7, -8, go to PN_'QA18_L32'

'QA18_L25' [AL42] -

Did you need to provide additional information for your Medi-Cal renewal by phone, mail, fax, online, or in person?

您是否需要透過電話、郵件、傳真、網路或親身提供額外資訊以更新 Medi-Cal？

[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 'QA18_L25' = 6, -7, -8 goto 'QA18_L27'

'QA18_L26' [AL43] -

What information was needed?

需要什麼資訊？

[CHECK ALL THAT APPLY]

- ☐ 01 INCOMEINFORMATION
- ☐ 02 HOUSEHOLD INFORMATION
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_L27' [AL44] -

Did you have any problems when renewing your Medi-Cal?

加州醫療保健計劃續期時，您有否遇到任何事宜或問題？加州醫療保健計劃續期時，您有否遇到任何問題？

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

'QA18_L28' [AL45] -

Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

您曾否暫時失去受保 1 至 2 個月，失去受保，或要重新申請？您曾否暫時失去受保 1 至 2 個月，完全失去受保，或要重新申請？

- ☐ 1 LOST COVERAGE FOR 1-2 MONTHS
- ☐ 2 LOST COVERAGE
- ☐ 3 HAD TO REAPPLY
- ☐ 4 REFUSED
- ☐ 5 DON'T KNOW

'QA18_L29' [AL46] -

Prior to having Medi-Cal coverage, what health coverage did you have?

獲加州醫療保健計劃保障前，您曾有甚麼健康保險？

- ☐ 01 UNINSURED
- ☐ 02 EMPLOYER-BASED
- ☐ 03 PRIVATE
- ☐ 04 COVERED CALIFORNIA
- ☐ 05 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_L30':
IF 'QA18_L29' = 4, THEN CONTINUE WITH 'QA18_L30';
ELSE GO TO PN 'QA18_L32'

'QA18_L30' [AL47] -

Did you have problem in changing to Medi-Cal?

轉用加州醫療保健計劃時，您有遇到問題嗎？

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

If = 2, -7, -8, goto "QA18_L32"

'QA18_L31' [AL48] -

What kind of problem?

遇到哪類問題？

- ☐ 01 GAP IN HEALTH COVERAGE
- ☐ 02 FILED AN APPEAL AS ELIGIBILITY DECISIONS WAS INCORRECT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_L32':**IF 'QA18_L6' =1 (YES) GO TO 'QA18_L56'****IF HH INCOME <=300% FPL AND (HHS WITH FEMALES <=45 YEARS OLD OR CHILDREN <= 10 YEARS OLD OR 'QA18_E1' =1 OR 'QA18_J32' =4 (AR FEMALE IS PREGNANT), THEN CONTINUE WITH 'QA18_L32'; ELSE GO TO 'QA18_M1';****'QA18_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?

過去 12 個月內，您或任何家庭成員曾否獲取婦嬰幼兒特殊營養補充計劃（WIC）的輔助？

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

If = 1, goto 'QA18_L56'**If = -7, -8, goto 'QA18_M1'****'QA18_L33' [AL50] -**

Have you or any member of your household received benefits from the WIC program in the past 5 years?

過去 5 年內，您或任何家庭成員曾否獲取婦嬰幼兒特殊營養補充計劃的輔助？

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

If = 2 goto "QA18_L45"**If = -7, -8 goto 'QA18_M1'****'QA18_L34' [AL51] -**

Why did you leave WIC?

Did you leave because you were no longer eligible?

您為何退出婦嬰幼兒特殊營養補充計劃？因不再符合資格而退出計劃嗎？

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

If = 1 goto PN 'QA18_L56'**'QA18_L35' [AL52] -**

Did you leave because you only wanted baby formula?

因只想要嬰幼兒配方奶粉而退出計劃嗎？

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

‘QA18_L36’ [AL53] -

Did you leave because shopping for WIC foods was a hassle?

因購買婦嬰幼兒特殊營養補充計劃食物很麻煩而退出計劃嗎？

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

‘QA18_L37’ [AL54] -

[Did you leave because]....you had a bad experience at WIC?

因參與婦嬰幼兒特殊營養補充計劃的體驗欠佳〔而退出計劃嗎〕？

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

‘QA18_L38’ [AL55] -

[Did you leave because]....you didn't value the information received?

因不覺得所獲資料有用〔而退出計劃嗎〕？

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

‘QA18_L39’ [AL56] -

[Did you leave because]....you thought you were taking the place of someone who needed WIC more?

因覺得有人比自己更需要婦嬰幼兒特殊營養補充計劃輔助〔而退出計劃嗎〕？

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

‘QA18_L40’ [AL57] -

[Did you leave because]....the amount of food benefits received were not worth your time and effort?

因覺得不值得為所獲的食物輔助而花費時間心力〔而退出計劃嗎〕？

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

‘QA18_L41’ [AL58] -

[Did you leave because]....you would rather not rely on a government program?

因不想依靠政府項目〔而退出計劃嗎〕？

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

‘QA18_L42’ [AL59] -

[Did you leave because]....of transportation issues?

因交通問題〔而退出計劃嗎〕？

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

‘QA18_L43’ [AL60] -

Did you leave because of any other reasons?

基於任何其他原因〔而退出計劃嗎〕？

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

If = 2, -7, -8, goto 'PN 'QA18_L56''

‘QA18_L44’ [AL61] -

What were those reasons?

那是甚麼原因呢？

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

If = 1,-7,-8 goto PN 'QA18_L56'

‘QA18_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?

為何您或任何家庭成員沒有參與婦嬰幼兒特殊營養補充計劃？那是因不知道有婦嬰幼兒特殊營養補充計劃嗎？

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

If = 1,-7,-8 goto 'QA18_M1'

‘QA18_L46’ [AL63] -

Was it because you didn't qualify?

那是因自己不符合資格嗎？

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

If = 1, 3, 4, goto 'QA18_M1'

‘QA18_L47’ [AL64] -

[Was it]...because you didn't think you needed WIC?

〔那是〕因不覺得需要參與婦嬰幼兒特殊營養補充計劃嗎？

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

‘QA18_L48’ [AL65] -

[Was it]...because you didn't value what WIC offered?

〔那是〕因不覺得婦嬰幼兒特殊營養補充計劃輔助有用嗎？

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

‘QA18_L49’ [AL66] -

[Was it]...because it was too difficult to apply?

〔那是〕因太難申請嗎？

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

‘QA18_L50’ [AL67] -

[Was it]...because of language issues?

〔那是〕因有語言障礙嗎？

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

‘QA18_L51’ [AL68] -

[Was it]...because you didn't trust WIC?

〔那是〕因不信任婦嬰幼兒特殊營養補充計劃嗎？

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

‘QA18_L52’ [AL69] -

[Was it]...because you heard negative things about WIC?

〔那是〕因聽過關於婦嬰幼兒特殊營養補充計劃的負面事情嗎？

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

‘QA18_L53’ [AL70] -

[Was it]...because of transportation issues?

〔那是〕基於交通問題嗎？

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

‘QA18_L54’ [AL71] -

Did you not enroll because of any other reasons?

您是因為任何其他原因而沒有參與計劃嗎？

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

If = 2, -7, -8, goto “QA18_M1”

‘QA18_L55’ [AL72] -

What were those reasons?

那是甚麼原因呢？

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

If = 1, -7, -8 goto “QA18_M1”

PROGRAM NOTE ‘QA18_L56’:

IF ‘QA18_L6’ = 1 OR ‘QA18_L33’ = 1 DISPLAY "You previously mentioned you were on WIC"

ELSE IF ‘QA18_L32’ =1, GO TO ‘QA18_L56’

ELSE IF ‘QA18_L32’=2 AND ‘QA18_L33’ =2 SKIP TO ‘QA18_M1’

‘QA18_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?

〔介紹〕：您提及過自己曾參與婦嬰幼兒特殊營養補充計劃。您喜歡哪些從婦嬰幼兒特殊營養補充計劃得到的輔助？您喜歡婦嬰幼兒特殊營養補充計劃的食物支票嗎？

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

‘QA18_L57’ [AL74] -

Did you like WIC checks for baby formula?

您喜歡婦嬰幼兒特殊營養補充計劃的嬰幼兒配方奶粉支票嗎？

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

‘QA18_L58’ [AL75] -

[Did you like]... education for having healthy pregnancy?

〔您喜歡〕健康懷孕教育嗎？

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

‘QA18_L59’ [AL76] -

[Did you like]... individual counseling?

〔您喜歡〕個別輔導嗎？

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

‘QA18_L60’ [AL77] -

[Did you like]... education on improving the health and nutrition of my family?

〔您喜歡〕關於改善家人健康與營養狀況的教導嗎？

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

‘QA18_L61’ [AL78] -

[Did you like]... support for breastfeeding?

〔您喜歡〕哺乳支援嗎？

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

‘QA18_L62’ [AL79] -

[Did you like]... help getting a breast pump?

〔您喜歡〕受助獲取奶泵嗎？

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

‘QA18_L63’ [AL80] -

[Did you like]... information on how to get health care services?

〔您喜歡〕介紹如何獲享醫護服務的資訊嗎？

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

‘QA18_L64’ [AL81] -

[Did you like]... information on community programs?

〔您喜歡〕關於社區計劃的資訊嗎？

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

‘QA18_L65’ [AL82] -

[Did you like]... one-on-one education?

〔您喜歡〕單對單教導嗎？

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

‘QA18_L66’ [AL83] -

[Did you like]... group classes?

〔您喜歡〕分組上課嗎？

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

'QA18_L67' [AL84] -

Did you like WIC benefits for any other reasons?

基於任何其他原因，而喜歡婦嬰幼兒特殊營養補充計劃的輔助嗎？

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

If = 2,-7,-8 go to 'QA18_M1'

'QA18_L68' [AL85] -

What were those reasons?

那是甚麼原因呢？

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section M: Housing and Social Cohesion

'QA18_M1' [AK23] -

These next questions are about your housing and neighborhood.

以下是有關您的住宅及所在社區的問題。

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

您是住在獨立屋、雙連屋、三單元或多單元建築物還是活動房屋中？

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

[IF NEEDED, SAY: "雙連屋指有兩個單元的建築物。"]

- ☐ 01 HOUSE
- ☐ 02 DUPLEX
- ☐ 03 BUILDING WITH 3 OR MORE UNITS
- ☐ 04 MOBILE HOME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M2' [AK25] -

Do you own or rent your home?

您是自己擁有住宅還是租用住宅？

- ☐ 01 OWN
- ☐ 02 RENT
- ☐ 03 OTHER ARRANGEMENT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'PN_QA18_M3' [PN_AM37] -

PROGRAMMING NOTE 'QA18_M3': If AAGE >= 65 AND AK25 = 1, Only ask 'QA18_M3'

'QA18_M3' [AM37] -

Are you currently paying off a mortgage or loan on this home?

您目前正償還家居按揭或貸款嗎？

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

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

PROGRAMMING NOTE 'QA18_M4' :

**IF 'QA18_M4' THROUGH 'QA18_M8' NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH 'QA18_M4' ;
ELSE GO TO 'QA18_M9'**

'QA18_M4' [AM19] -

Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

請告訴我您對以下陳述的贊成程度。您是極為贊成、贊成、不贊成還是極不贊成：

我所在社區的居民很願意互相幫助。

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成?]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M5' [AM20] -

People in this neighborhood generally do NOT get along with each other.

本社區的人通常無法和睦相處。

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成?]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M6' [AM21] -

People in this neighborhood can be trusted.

本社區的人值得信賴。

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成?]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_M7’ [AM35] -

You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

您可以依靠本社區的成年人注意孩子們的安全，避免孩子惹麻煩。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成?]

[“DO NOT PROBE A “DON'T KNOW” RESPONSE.]

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ 05 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_M8’ [AK28] -

Do you feel safe in your neighborhood...

您在居住區附近感到安全.....

- ☐ 01 All of the time,
- ☐ 02 Most of the time,
- ☐ 03 Some of the time, or
- ☐ 04 None of the time
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_M9’ [AC146] -

For the next three questions, please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder would you say you personally feel you stand at this time?

在接下來的三個問題裡，請想像一個梯子，從最底層的一階是0，最頂層的一階是10。梯子的頂部代表您可能有的最好生活，梯子的底部則代表您可能有的最壞生活。

您個人覺得您目前正站在梯子的哪一階級呢？

_____ NUMBER [HR: 0-10]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA18_M10’ [AC147] -

On which step do you think you will stand about five years from now?

您認為大約5年後您會站在梯子的哪一階級呢？

_____ NUMBER [HR: 0-10]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M11' [AC148] -

Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you.

現在想像梯子的頂部代表您可能有的最佳財務狀況，梯子的底部則代表您可能有的最壞財務狀況。

[IF NEEDED: Imagine a ladder with steps numbered from zero at the bottom to ten at the top.]

[IF NEEDED: 請想像一個梯子，它最底層的一級是0，最頂層的一級是10。]

On which step of the ladder would you say you stand at this time?

您認為您目前正站在梯子的哪一階級呢？

_____ NUMBER [HR: 0-10]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M12' [AC149] -

How often do you get the social and emotional support you need?
Would you say always, usually, sometimes, rarely, or never?

您多常會得到您所需的社交和情感上的支持？

您認為總是會、經常會、有時會、很少會，還是從來沒有呢？

- ☐ 01 ALWAYS
- ☐ 02 USUALLY
- ☐ 03 SOMETIMES
- ☐ 04 RARELY
- ☐ 05 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M13' [AC150] -

How strongly do you agree with this statement?

"I lead a purposeful and meaningful life."

Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

您對以下這個說法的同意度有多大？

"我過著一個有目的和有意義的生活。"

您是強烈同意、同意、既不同意也不反對、不同意，或是強烈不同意呢？

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 NEITHER AGREE NOR DISAGREE
- ☐ 04 DISAGREE
- ☐ 05 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_M14': IF 'QA18_M14' WAS ASKED IN CHILD INTERVIEW, THEN 'QA18_M14' = KAM36, AND SKIP TO SECTION P ELSE CONTINUE WITH 'QA18_M14'

'QA18_M14' [AM36] -

In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

在過去十二個月內，您是否曾經做任何義工或不領取報酬的社區服務工作？

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

Section P: Voter Engagement

PROGRAMMING NOTE 'QA18_M14':

IF 'QA18_G9'=1 (CITIZEN) OR [IF 'QA18_G1' = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS)], THEN CONTINUE WITH 'QA18_M14';
ELSE GO TO 'QA18_S1';

'QA18_M14' [AP70] -

Are you currently registered to vote?

您目前是否登記選民？

- ☐ 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 "QA18_M16"

If = 4, goto 'QA18_S1'

'QA18_M15' [AP71] -

What is the main reason why you are not registered to vote?

您不是登記選民的主因是甚麼？

- ☐ 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 "QA18_S1"

'QA18_M16' [AP72] -

Did you vote in the last general elections in November 2016?

您曾否在 2016 年 11 月的上次普選投票？

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

'QA18_M17' [AP73] -

How often do you vote in presidential elections?

您多常在總統選舉中投票？

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M18' [AP74] -

How often do you vote in state elections, such as for Governor or state proposition?

您多常在州選舉（例如州長或州提案）中投票？

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_M19' [AP75] -

How often do you vote in local elections, such as for Mayor or school board?

您多常在本地選舉（例如市長或教育委員會）中投票？

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section S: Suicide Ideation and Attempts

‘QA18_S1’ [AF86] -

The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

下一節是有關自我傷害的想法。再說一遍，如果提出的任何問題使您感到不安，您不需要回答。

Have you ever seriously thought about committing suicide?

您是否曾經認真地考慮過自殺？

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

If = 2, -7, -8, goto ‘PN_’QA18_N1’’

‘QA18_S2’ [AF87] -

Have you seriously thought about committing suicide at any time in the past 12 months?

您在過去十二個月內的任何時間是否認真地考慮過自殺？

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

If = 2, -7, -8, goto “QA18_S4”

‘QA18_S3’ [AF91] -

Have you seriously thought about committing suicide at any time in the past 2 months?

您在過去兩個月的任何時間是否曾經認真地考慮過自殺的問題？

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

‘QA18_S4’ [AF88] -

Have you ever attempted suicide?

您是否曾經嘗試過自殺？

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

'PN_QA18_S5' [PN_AF89] -

PROGRAMMING NOTE 'QA18_S5' :

IF 'QA18_S2' = (2, -7, -8) AND 'QA18_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF 'QA18_S3' = (2, -7, -8) AND 'QA18_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF 'QA18_S3' = 1 AND 'QA18_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

'QA18_S5' [AF89] -

Have you attempted suicide at any time in the past 12 months?

您在過去十二個月內的任何時間是否曾經嘗試過自殺？

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

[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.]

[POST_SUICIDE RESOURCE] -

POST-NOTE FOR SUICIDE RESOURCE:

IF 'QA18_S2' = (2, -7, -8) AND 'QA18_S4' = (2, -7, -8) THEN SKIP TO PN 'QA18_N1' (NEXT SECTION); ELSE CONTINUE

'QA18_S6' [AF90] -

Would you like to discuss your thoughts with this person or would you like to continue with the survey?

您是否願意與這個人討論您的想法？

- ☐ 01 DISCUSS THOUGHTS WITH PERSON
- ☐ 02 CONTINUE WITH SURVEY
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_'QA18_N1''

Section N: Demographic Information Part III and Closing

'PN_QA18_N1' [PN_AH42] -
PROGRAMMING NOTE 'QA18_N1' :
IF 'QA18_N1' WAS ASKED IN THE CHILD INTERVIEW, THEN 'QA18_N1' = KAH42, AND SKIP TO 'QA18_N7' :
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO 'QA18_N2'
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH 'QA18_N1'

'QA18_N1' [AH42] -

Just a few final questions and then we are done.

最後再有幾個問題，我們就完成了。

To be sure we are covering the entire state, what county do you live in?

為了確保我們把全州都包括在研究範圍內，您住在哪個縣？

- ☐ 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_QA18_N2' [PN_AO1] -

PROGRAMMING NOTE 'QA18_N2' :

IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK 'QA18_N2' ;

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final questions and then we are done.";

ELSE GO TO 'QA18_N3'

'QA18_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.

Do you now live at {R's ADDRESS AND STREET}?

{最後再有幾個問題，我們就完成了。}

您的電話號碼是透過電腦以隨機方式被選擇參加本項研究的。我們已經根據您的電話號碼查到您的住址，並給您寄出了一封信，解釋本項研究的目的。為了幫助我們更好地瞭解您的生活環境以及您的生活環境對您的健康的影響，我們希望確認您的住址。我們會對您的住址保密，並在問卷調查全部完成後銷毀。

您目前是否住在 {R's ADDRESS AND STREET}？

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

If = 1, goto 'QA18_N6'

**'PN_QA18_N3' [PN_AM7] -
PROGRAMMING NOTE 'QA18_N3' :
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".**

'QA18_N3' [AM7] -

{Just a few final questions and then we are done.}

What is your zip code?

{最後再有幾個問題，我們就完成了。}

您的郵遞區號是？

_____ ZIP CODE

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_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.

為了幫助我們更好地瞭解您的生活環境以及您的生活環境對您的健康的影響，請告訴我您的住址。我們會對您的住址保密，並在問卷調查全部完成後銷毀。

[AO2ANUM] -

_____ HOUSE ADDRESS NUMBER

[AO2ADDR] -

_____ NAME OF STREET (VERIFY SPELLING)

If TRUE, goto 'QA18_N6'

[AO2STTY] -

_____ STREET TYPE

[AO2ADD2] -

_____ APT. NO

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_N5' [PN_AM8] -
PROGRAMMING NOTE 'QA18_N5' :
IF ADDRESS WAS GIVEN IN 'QA18_N4' , SKIP TO 'QA18_N6' ;
ELSE CONTINUE WITH 'QA18_N5'**

'QA18_N5' [AM8] -

Can you tell me just the name of the street you live on?

[TEXT_NASTR_AM8] -

Can you tell me just the name of the street you live on?

您是否能夠只告訴我您居住的街道名稱？

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA18_N6' [AM9] -

And what is the name of the street down the corner from you that crosses your street?

[TEXT_NAXSTR_AM9] -

在您所住的街道轉角處與您所住的街道交叉的街道名稱是什麼？

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN_QA18_N7' [PN_AM33] -
PROGRAMMING NOTE 'QA18_N7' :
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE 'QA18_N13' ;
ELSE CONTINUE WITH 'QA18_N7'**

'QA18_N7' [AM33] -

I'm won't ask you for the number, but do you have a working cell phone?

我不會問您的手機號碼，但是，您是否有一個可以使用的手機？

[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_'QA18_N9''

'QA18_N8' [AN10] -

How many different cell phone numbers do you currently use for personal calls?

您目前有多少個供您個人使用的手機電話號碼？

_____ CELL PHONE NUMBERS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_N9' :
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE 'QA18_N12' ;
ELSE CONTINUE WITH 'QA18_N9'

'QA18_N9' [AN6] -

Is there a regular or landline telephone in your household?

您的家中是否有一部普通的或有線固定電話？

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

If = 2, -7, -8, goto 'PN_QA18_N13'

'QA18_N10' [AN7] -

Is that telephone for personal use or business use only?

這部電話是僅限用於個人用途還是業務用途？

- ☐ 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_QA18_N13'

'QA18_N11' [AN11] -

How many telephone lines do you have for personal use?

您目前有多少條個人使用的電話線路？

_____ REGULAR OR LANDLINE NUMBERS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_N12' :
IF 'QA18_N7' = 1 (YES) OR 3 (SHARES CELL PHONE), OR 'QA18_N10' = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH 'QA18_N12' ;
ELSE SKIP TO PROGRAMMING 'QA18_N13'

'QA18_N12' [AM34] -

Of all the telephone calls that you receive, are...

在您接聽的所有電話中，是.....

- ☐ 01 All or almost all calls received on a cell phone,
- ☐ 02 Some on cell phones & some on regular phones, or
- ☐ 03 Very few or none on cell phones
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Follow-Up Survey Permission

PROGRAMMING NOTE 'QA18_N13' :
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH 'QA18_N13'

'QA18_N13' [AM10] -

Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

最後，我想問一下您是否願意今後參加本項研究的一次後續調查？

- ☐ 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 'QA18_S6' = (2, -7, -8),
AND ['QA18_S3' = 1 OR ('QA18_S3' = 2, -7, -8 AND 'QA18_S5' =1)], THEN CONTINUE WITH SUICIDE
RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. 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 www.suicidepreventionlifeline.org[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

'QA18_N14' [AN8] -

Would you like to speak with someone now?

您現在希望與人交談嗎？

- ☐ 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] -

Let me check to see if there is anyone else.

If true, goto 'HH_SELECT'

我們是不是還需要和任何其他人談話。

[CLOSE2] -

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

謝謝您的時間與合作！您幫助我們進行了一項非常重要的健康調查。如果您有任何疑問，請與研究負責人Ninez Ponce 博士聯繫。他的免費電話號碼是1-866-275-2447。再次感謝，再見。