CHIS 2015
Child Questionnaire
Version 2.72 - Korean
JUNE 14, 2017
(Children Ages 0-11 Answered by Adult Proxy Respondent)

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

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550
Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu

Table of Contents

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 2015 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS

PROGRAMMING NOTE QC15_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC15_A2;
ELSE CONTINUE WITH QC15_A1

QC15_A1   Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.
우선 (CHILD) 의 나이 같은 기본적인 인적 사항을 몇 가지 여쭤보겠습니다.

Is (CHILD) male or female?
(CHILD) 은(는) 남자입니까 아니면 여자입니까?

| CA1 |

MALE 1
FEMALE 2
REFUSED .... -7

QC15_A2   What is {his/her} date of birth?
이 아이의 생년월일은 언제입니까?

| CA2MON |

_____ MONTH [HR: 1-12]

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

| CA2DAY |

_____ DAY [HR: 1-31]

| CA2YR |

_____ YEAR [HR: 2004-2015]

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

PROGRAMMING NOTE QC15_A3:
IF QC15_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC15_A3;
ELSE SKIP TO QC15_A4

QC15_A3   How old is {he/she}?
(CHILD) 은(는) 몇 살입니까?

| CA3 |

[INTERVIEWER NOTE: FOR AGES ABOVE 4 YRS OR 48 MO, DO NOT RECORD MONTHS OR PARTIAL YRS]

_____ YEARS

_____ MONTHS

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

QC15_A4   About how tall is (CHILD) now without shoes?
              (CHILD) 은(는) 현재 신발을 신지 않았을 때 신장이 대략 얼마나 됩니까?

CA4F/CA4I

              [IF NEEDED, SAY: "Your best guess is fine."]
              [IF NEEDED, SAY: "정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다."]

                      _____ FEET   _____ INCHES

CA4M/CA4C

                      _____ METERS   _____ CENTIMETERS

CA4FMT

                      FEET/INCHES 1
                      METERS/CENTIMETERS 2
                      REFUSED .... -7
                      DON'T KNOW .... -8

QC15_A5   About how much does (CHILD) weigh now without shoes?
              (CHILD) 은(는) 현재 신발을 신지 않았을 때 체중이 대략 얼마나 됩니까?

CA5P

              [IF NEEDED, SAY: "Your best guess is fine."]
              [IF NEEDED, SAY: "정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다."]

                      _____ POUNDS

CA5K

                      _____ KILOGRAMS

CA5FMT

                      POUNDS...1
                      KILOGRAMS...2
                      REFUSED .... -7
                      DON'T KNOW .... -8

PROGRAMMING NOTE QC15_A5A:
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE QC15_A6;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH QC15_A5A

QC15_A5A   Was (CHILD) ever breastfed or fed breast milk?
              (CHILD) (을/를) 키울 때 우유가 아니라 모유, 즉 엄마 젖을 먹인 적이 있습니까?

CA14

                      YES..1
                      NO..2   **[GO TO QC15_A8]**
                      REFUSED .... -7   **[GO TO QC15_A8]**
                      DON'T KNOW .... -8   **[GO TO QC15_A8]**

QC15_A5B   How old was (CHILD) when {he/she} stopped breastfeeding altogether?
모유를 끊었을 때 (CHILD) (이)/는 몇 살이었습니까?

CA15

         _____DAYS

         _____WEEKS

         _____MONTHS

         _____YEARS

STILL BREASTFEEDING 93
REFUSED .... -7
DON'T KNOW .... -8

QC15_A5C   How old was (CHILD) when you began giving {him/her} baby food or other solid foods?
귀하가 (CHILD) 에게 이유식이나 고형식을 먹이기 시작한 것은 이 아이가 몇 살 때
였습니까?

CA16

**[IF NEEDED SAY: "Solid food is anything other than milk, formula, juice, water,
herbs or teas."]**
**[IF NEEDED SAY, "고형식이란 우유, 분유, 주스, 물, 약초 또는 차를 제외한 기타 식품을
말합니다."]**
         _____MONTHS

NO SOLID FOOD YET 93
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_A6:
IF CAGE < 5 YEARS GO TO QC15_A8;
**ELSE CONTINUE WITH QC15_A6 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or
nursery school,"**

QC15_A6   {Not including pre-school or nursery school,} Did (CHILD) attend school last week?
{프리스쿨이나 유아원은 제외하고} (CHILD) (이)는 지난 주에 학교에 다녔습니까?

CA42

YES 1   **[GO TO QC15_A8]**
NO...2
ON VACATION 3
HOME SCHOOLED 4   **[GO TO QC15_A8]**
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QC15_A7:**
> **IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"**

QC15_A7   {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?
프리스쿨이나 유아원은 제외하고} (CHILD) (이)는 지난 학년도에 학교에 다녔습니까?

CA43

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

QC15_A8   In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?
전반적으로 (CHILD) (이)의 건강 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그런대로 괜찮습니까, 아니면 좋지 않습니까?

CA6

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

QC15_A9   Has a doctor <u>ever</u> told you that (CHILD) has asthma?
의사로부터 (CHILD) (이)/가 천식이 있다는말을 들은 **적**이 있습니까?

CA12

YES...1
NO...2   **[GO TO QC15_A25]**
REFUSED .... -7   **[GO TO QC15_A25]**
DON'T KNOW .... -8   **[GO TO QC15_A25]**

QC15_A10   Does {he/she} still have asthma?
(CHILD) (이)/는 아직도 천식이 있습니까?

CA31

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

QC15_A11   During the <u>past 12 months</u>, has {he/she} had an episode of asthma or an asthma attack?
지난 12개월 동안, 이 아이가 천식 증상이 있었던 적이 있습니까?

CA32

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

PROGRAMMING NOTE QC15_A12:
IF QC15_A10 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QC15_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC15_A16;
ELSE CONTINUE WITH QC15_A12

QC15_A12   During the <u>past 12 months</u>, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:
지난 12 개월 동안, (CHILD) 에게 기침, 씨근거림, 숨가쁨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까? 다음 중 선택해 주십시오.

CA12B

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

QC15_A13   During the <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?
<u>지난 12 개월</u> 동안, (CHILD) (이)/가 천식 때문에 병원 응급실에 간 적이 있습니까?

CA33

YES	1	
NO	2	**[GO TO QC15_A15]**
REFUSED	-7	**[GO TO QC15_A15]**
DON'T KNOW	-8	**[GO TO QC15_A15]**

QC15_A14   Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?
(CHILD) (이)/가 천식 증세가 있을 때 귀하가 아이의주치의나 전문의를 볼 수 없었기 때문에 병원 응급실로 데려간 적이 있습니까?

CA48

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

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

QC15_A15   During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?
지난 **12 개월** 동안 이 아이가 천식 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

CA44

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

QC15_A16   Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?
(CHILD) (이)/가 천식을 다스리기 위해 의사가 처방하거나 제공해 준 약을
현재 매일 복용하고 있습니까?

CA12A

[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]
[IF NEEDED, SAY: "입으로 복용하는 약과 코로 들이마시는 약을 둘 다 포함해서 말씀해 주십시오. 하지만, 즉각적인 효과를 보기 위해 사용하는 흡입제와는 다릅니다."]
YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_A17:
IF QC15_A10 = 1 (YES, STILL HAS ASTHMA) OR QC15_A11 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC15_A21;
ELSE CONTINUE WITH QC15_A17

QC15_A17   During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:
지난 **12개월** 동안, (CHILD) 에게 기침, 씨근거림, 숨가쁨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까? 다음 중에서 선택해 주십시오.

CA40

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

QC15_A18   During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?
지난 **12 개월** 동안, **(CHILD) (**이**)** 의 천식 증세로 병원 응급실에 간 적이 있습니까?

CA41

YES 1
NO..2   **[GO TO QC15_A20]**
REFUSED .... -7   **[GO TO QC15_A20]**
DON'T KNOW .... -8   **[GO TO QC15_A20]**

QC15_A19   Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you
were unable to see {his/her} doctor?
(CHILD) (이)가 천식 증세가 있을 때 귀하가 아이의 주치의나 전문의를 볼 수 없었기
때문에 병원 응급실로 데려간 간 적이 있습니까?

CA49

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

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

QC15_A20   During the past 12 months, was {he/she} admitted to the hospital overnight or longer for
{his/her} asthma?
지난 12 개월 동안 (CHILD) (은)/는 천식 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

CA45

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

QC15_A21   During the past 12 months, how many days of day care or school did (CHILD) miss due
to asthma?
지난 12 개월 동안, 천식 때문에 (CHILD) (이)가 데이 케어나 학교에 나가지
못했던 게 며칠이나 됩니까?

CA34

> _____ NUMBER OF DAYS
>
> CHILD NOT IN DAYCARE OR SCHOOL 93
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_A22   Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so
that you know how to take care of {his/her} asthma?
(CHILD) (이)의 담당 의사나 다른 의료 제공자가 자녀분의 천식을 관리하는 방법을
알려주기 위해 귀하와 함께 천식 관리 계획서를 작성한 적이 있습니까?

CA35

> YES 1
> NO...2   **[GO TO QC15_A24]**
> REFUSED .... -7   **[GO TO QC15_A24]**
> DON'T KNOW .... -8   **[GO TO QC15_A24]**

QC15_A23   Do you have a written or printed copy of this plan?
이 천식 관리계획서 사본을 갖고 계십니까?

CA50

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "전자 사본, 인쇄 사본 모두 해당됩니다."]
> YES 1
> NO...2
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_A24   How confident are you that you can control and manage (CHILD's) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?
귀하는 (CHILD) (이)의 천식을 억제 또는 관리하는 데 얼마나 자신이 있습니까? 매우 자신이 있다, 약간 자신이 있다, 별로 자신이 없다, 전혀 자신이 없다
중에서 선택해 주십시오.

CA51

VERY CONFIDENT 1
SOMEWHAT CONFIDENT.....................................2
NOT TOO CONFIDENT...3
NOT AT ALL CONFIDENT 4
REFUSED ....-7
DON'T KNOW ....-8

QC15_A25   Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?
(CHILD) (이)는 자기 나이에 맞는 정상 활동을 어렵게 하거나 지장을 주는 신체적, 정신적, 또는 행동 상의 증세를 갖고 있습니까?

CA7

YES..1
NO..2   **[GO TO QC15_B1]**
REFUSED ....-7   **[GO TO QC15_B1]**
DON'T KNOW ....-8   **[GO TO QC15_B1]**

QC15_A26   What condition does (CHILD) have?
어떤 증세입니까?

CA10A

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "다른 건강 상태도 있습니까?"]
ADD/ADHD 1
ASPERGER'S SYNDROME 2
AUTISM..3
CEREBRAL PALSY 4
CONGENITAL HEART DISEASE 5
CYSTIC FIBROSIS 6
DIABETES 7
DOWN'S SYNDROME...8
EPILEPSY..9
DEAFNESS OR OTHER HEARING PROBLEM ... 10
MENTAL RETARDATION, OTHER THAN
DOWN'S.. 11
MUSCULAR DYSTROPHY 12
NEUROMUSCULAR DISORDER.......................... 13
ORTHOPEDIC PROBLEM (BONES OR JOINTS) 14
SICKLE CELL ANEMIA 15
BLINDNESS OR OTHER VISION PROBLEM....... 16
OTHER (SPECIFY: _____) 91
REFUSED ....-7
DON'T KNOW ....-8

QC15_A27   Have (CHILD's) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM QC15_A26)?
(CHILD) (이)의 담당 의사나 다른 의료 제공자들이 자녀분의(INSERT CONDITION(S) 4-91 FROM QC15_A26) 증상을 관리하는 방법을 알려주기 위해 귀하와 함께 관리 계획을 세운 적이 있습니까?

CA55

> YES 1
> NO...2   **[GO TO QC15_A29]**
> REFUSED .... -7   **[GO TO QC15_A29]**
> DON'T KNOW .... -8   **[GO TO QC15_A29]**

QC15_A28   Do you have a written or printed copy of this plan?
이 관리계획서 사본을 갖고 계십니까?

CA56

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

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

QC15_A29   How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM QC15_A26)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?
귀하께서는 (CHILD)(이)의 (INSERT CONDITION(S) FROM QC15_A27) 증상을 억제하고 관리하는 데 얼마나 자신이 있으십니까? 매우 자신이 있다, 약간 자신이 있다, 별로 자신이 없다, 전혀 자신이 없다 중에서 선택해 주십시오.

CA57

> VERY CONFIDENT 1
> SOMEWHAT CONFIDENT......................................2
> NOT TOO CONFIDENT..3
> NOT AT ALL CONFIDENT 4
> REFUSED .... -7
> DON'T KNOW .... -8

SECTION B – DENTAL HEALTH

PROGRAMMING NOTE QC15_B1:
IF CAGE > 2 YEARS, GO TO QC15_B2 AND DISPLAY "Now I'm going to ask about (CHILD)'s dental health";
ELSE CONTINUE WITH QC15_B1

QC15_B1   These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?
다음 질문들은(CHILD) (이)의 치아 건강에 관한 겁니다. (CHILD) (이)는 치아가 있습니까?

> **CC1**

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

QC15_B2   {Now I'm going to ask about (CHILD)'s dental health.}
지금부터는 (CHILD) (이)의 치아 건강에 관해 질문을 드리겠습니다.

About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.
자녀분이 가장 최근에 치과 의사에게 진료받거나 치과 클리닉을 다녀온 지 얼마나
지났습니까? 치위생사 등 치과 계통 전문가를 모두 포함해서 대답해 주십시오.

> **CC5**

HAS NEVER VISITED 0
6 MONTHS AGO OR LESS....................................1
MORE THAN 6 MONTHS UP TO 1YEAR AGO.......2
MORE THAN 1 YEAR UP TO 2 YEARS AGO 3
MORE THAN 2 YEARS UP TO 5 YEARS AGO.......4
MORE THAN 5 YEARS AGO 5
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_B3:
IF QC15_B2 = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH QC15_B3;
ELSE SKIP TO QC15_B4;

IF QC15_B2 = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF QC15_B2 ≥ 3 DISPLAY "not" AND "in the past year"

QC15_B3   What is the main reason your child has {never/not} visited a dentist {in the past year}?
{지난 한 해 동안} 자녀분이 한 번도 치과에 가지 않은 주된 이유는 무엇 때문이었습니까?

CB23

```
                NO REASON TO GO/NO PROBLEMS ...................1
                NOT OLD ENOUGH .................................2
                COULD NOT AFFORD IT/TOO EXPENSIVE/
                NO INSURANCE.....................................3
                FEAR, DISLIKES GOING ..........................4
                DO NOT HAVE/KNOW A DENTIST .......................5
                CANNOT GET TO THE OFFICE/CLINIC ................6
                NO DENTIST AVAILABLE/NO APPOINTMENTS
                AVAILABLE......................................7
                DIDN'T KNOW WHERE TO GO ............................8
                HOURS NOT CONVENIENT...............................9
                SPEAK A DIFFERENT LANGUAGE .................... 10
                OTHER........................................... 91
                REFUSED ........................................... -7
                DON'T KNOW ....................................... -8
```

QC15_B4   Do you now have any type of insurance that pays for part or all of your child's dental care?
귀하는 현재 (CHILD)(이)의 치과 진료비의 전부 또는 일부를 부담하는 의료보험이 아무 종류라도 있으십니까?

CC7A

[IF NEEDED, SAY: "Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Healthy Families"]
[IF NEEDED: "치과 보험, HMO 같은 선불 치과 플랜, Medi-Cal 또는 Healthy Families 같은 정부 플랜을 포함시키십시오."]

```
                YES..............................................1
                NO...............................................2     [GO TO QC15_B6]
                REFUSED ........................................... -7
                DON'T KNOW ....................................... -8
```

QC15_B5   During the past 12 months, was there any time when {he/she} had no dental insurance at all?
지난 12 개월 동안, 이 아이에게 치과 보험이 전혀 없던 때가 있었습니까?

CB25

```
                YES..............................................1
                NO...............................................2     [GO TO QC15_B7]
                REFUSED ........................................... -7     [GO TO QC15_B7]
                DON'T KNOW ....................................... -8     [GO TO QC15_B7]
```

PROGRAMMING NOTE QC15_B6:
IF QC15_B4=2 (NO CURRENT DENTAL INSURANCE) OR QC15_B5 = 1 (HAD NO DENTAL
INSURANCE AT SOME TIME IN THE PAST 12 MONTHS) CONTINUE WITH QC15_B6;
ELSE GO TO QC15_B7

QC15_B6   What is the ONE MAIN reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?
보험이 없던 기간 중, (CHILD) (이)가 아무런 {보험 혜택도 받지 못했던/ 치과 보험 혜택도 받지 못했던} 가장 주된 이유는 무엇이었습니까?

CB26

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

QC15_B7   During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?
지난 12 개월 동안 (CHILD)가 정기 검사를 포함해서 치과 진료를 받아야 했지만 그렇지 못했던 적이 한 번이라도 있었습니까?

CB27

> YES...1
> NO...2   **[GO TO QC15_B9]**
> REFUSED .... -7   **[GO TO QC15_B9]**
> DON'T KNOW .... -8   **[GO TO QC15_B9]**

QC15_B8   What is the ONE MAIN reason {he/she} didn't get the dental care?
지난 12 개월 동안 (CHILD)가 정기 검사를 포함해서 치과 진료를 받아야 했지만 그렇지
못했던 적이 한 번이라도 있었습니까?

CB28

> COULDN'T GET APPOINTMENT 1
> MY INSURANCE NOT ACCEPTED 2
> INSURANCE DID NOT COVER 3
> LANGUAGE PROBLEMS 4
> TRANSPORTATION PROBLEMS...........................5
> HOURS NOT CONVENIENT..................................6
> NO CHILD CARE FOR CHILDREN AT HOME 7
> FORGOT OR LOST REFERRAL.............................8
> I DIDN'T HAVE TIME 9
> COULDN'T AFFORD/COST TOO MUCH 10
> NO INSURANCE.. 11
> OTHER (SPECIFY: _____).................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_B9   During the past 12 months, did (CHILD) have to visit a hospital emergency because of a
dental problem?
지난 12 개월 동안, (CHILD)(이)가 치과 관련 문제 때문에 병원 응급실에 가야 했던 적이
있었습니까?

CB29

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

QC15_B10   During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a
dental problem?
지난 12 개월 동안, (CHILD)가 치아 관련 문제 때문에 어전트 케어(urgent care) 에 가야 했던
적이 있었습니까?

CB30

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

PROGRAMMING NOTE QC15_B11:
IF CAGE ≥ 6, SKIP TO SECTION C;
ELSE CONTINUE WITH QC15_B11

QC15_B11   When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a
bottle in {his/her} mouth?
이 아이는 밤에 자거나 낮잠을 잘 때, 젖병을 물고 잡니까?

CB31

> YES...1
> NO...2   **[SKIP TO SECTION C]**
> REFUSED .... -7   **[SKIP TO SECTION C]**
> DON'T KNOW .... -8   **[SKIP TO SECTION C]**

QC15_B12   What is usually in the bottle; for example, mother's milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?
그 젖병 안에는 보통 무엇이 들어있습니까? 모유나 일반 우유, 초콜렛 우유, 물, 주스, 아니면 가당 음료수 같은 것들을 예로 들 수 있습니다.

CB32

MOTHER'S MILK 1
REGULAR MILK 2
CHOCOLATE MILK, JUICE, OR
SUGARY DRINK...3
WATER 4
OTHER (SPECIFY: _____)......................... 91
REFUSED .... -7
DON'T KNOW .... -8

SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

> **PROGRAMMING NOTE QC15_C1:**
> **IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC15_C15;**
> **ELSE CONTINUE WITH QC15_C1**

QC15_C1   Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?
지금부터는 자녀분이 어제 먹은 음식에 대해 질문을 드리겠습니다. 주식과 간식을 모두 포함해서 대답해 주십시오. (CHILD (이)는 어제 오렌지 주스 또는 사과 주스와 같은 100% 과일 주스를 몇 잔 또는 몇 통이나 마셨습니까?

CC13

[IF NEEDED, SAY: "Servings are self-defined. A serving is the child's regular portion of this food."]
[IF NEEDED, SAY: "일인분"의 양은 사람에 따라 다릅니다. 일인분은 자녀가 보통 이 식품을 한 번에 먹는 분량을 말합니다."]

_____ SERVINGS   [HR: 0-20; SR 0-9]

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

QC15_C2   Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.
이 아이는 어제, 야채 샐러드, 초록색 깍지콩(그린빈)이나 감자 같은 채소를 몇 인분이나 먹었습니까? 감자 튀김은 포함시키지 마십시오

CC31

_____ SERVINGS   [HR: 0-20; SR 0-4]

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

QC15_C3   [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.
[어제,] 이 아이는 콜라 등 설탕이 들어있는 소다, 즉 탄산 음료를 몇잔 또는 몇 캔이나 마셨습니까? 다이어트 소다는 포함시키지 마십시오.

CC49

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas."]
[IF NEEDED, SAY: "캔 또는 병에 들어 있는 주스나 차는 포함시키지 마십시오."]

_____ GLASSES, CANS OR BOTTLES

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

QC15_C4   [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?
[어제,] 귀하의 자녀는 가당 과일 음료, 스포츠 또는 에너지 음료를 몇 잔 또는 몇 캔이나 마셨습니까?

CC50

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]
[IF NEEDED, SAY: "레모네이드, 게토레이드, 스내플 또는 레드불 같은 음료."]

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

_____ GLASSES, CANS, OR BOTTLES

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

QC15_C5   Now think about the *past week.* In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.
지금부터는 지난 한 주에 대해서 생각해 주십시오. 지난 7 일 동안, 자녀분은 패스트 푸드를 몇 번이나 먹었습니까? 학교나 가정, 또는 패스트 푸드 식당에서 먹거나, 캐리아웃 또는 드라이브 스루를 통해서 사먹은 패스트푸드 음식을 포함시키십시오.

CC32

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express or Taco Bell."]
[IF NEEDED, SAY: "맥도널즈, KFC, 팬더 익스프레스, 타코벨 등에서 사 먹은 음식 같은."]

_____ TIMES [HR: 0-20; SR 0-4]

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

PROGRAMMING NOTE QC15_C6:
IF QC15_A6 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC15_A7= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC15_C13;
ELSE IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC15_C6 AND DISPLAY "How many days in the past week";
IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC15_C6 AND DISPLAY "During the school year, on how many days during a typical week";
ELSE GO TO PROGRAMMING NOTE QC15_C13

QC15_C6   Now I'm going to ask you about physical activity.
지금부터는 신체 활동에 대해 질문 드리겠습니다.

{How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk home from school?
{지난 주에 (CHILD) 이(가) 걸어서 학교에서 집으로 온 날이 며칠이나 됩니까? 이번 학년도(school year) 동안, (CHILD) 이(가) 학교에서 집으로 걸어서 온 날이 보통 한 주에 며칠이나 됩니까?}

CC40

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, "I'll ask about those next."]

[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]
_____ DAYS

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

PROGRAMMING NOTE QC15_C7:
IF QC15_C6= 0 (DAYS), -7, OR -8, GO TO QC15_C8;
ELSE IF QC15_C6 > 0 (DAYS) CONTINUE WITH QC15_C7;
IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY "does";
IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY "did"

QC15_C7   About how many minutes {did/does} it take {him/her} without any stops?
자녀분이 중간에 한 번도 쉬지 않고 온 경우, 대략 몇 분 정도 {걸렸습니까/ 걸립니까}?

CC41

_____ MINUTES   [GO TO QC15_C9]

REFUSED .... -7   [GO TO QC15_C9]
DON'T KNOW .... -8   [GO TO QC15_C9]

QC15_C8   Could {he/she} walk home from school in 30 minutes or less?
이 아이는 걸어서 학교에서 집까지 30분 이내에 올 수 있습니까?

CC42

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

QC15_C9 {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?
{지난 한 주 동안/이번 학년도 동안} (CHILD) (이)가 자전거 또는 스케이트 보드를 타고 학교에서 집으로 온 날은 {며칠이나/ 보통 한 주에 며칠이나} 됩니까?

CC43

[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]

[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

_____ DAYS

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

PROGRAMMING NOTE QC15_C10:
IF QC15_C9 = 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC15_C11;
ELSE IF QC15_C9 > 0 DAYS, CONTINUE WITH QC15_C10;
IF QC15_A6 = 1, DISPLAY "does";
ELSE IF QC15_A7 = 1, DISPLAY "did"

QC15_C10 About how many minutes {did/does} it take {him/her} without any stops?
자녀분이 중간에 한 번도 쉬지 않고 온 경우, 대략 몇 분 정도 {걸렸습니까/ 걸립니까}?

CC44

[IF NEEDED, SAY: "To bicycle or skateboard home from school."]
[IF NEEDED, SAY: "자전거 또는 스케이트보드를 타고 학교에서 집으로 오는 경우."]

_____ MINUTES   **[GO TO PN QC15_C12]**

REFUSED .... -7   **[GO TO PN QC15_C12]**
DON'T KNOW .... -8   **[GO TO PN QC15_C12]**

PROGRAMMING NOTE QC15_C11:
IF QC15_C7 ≤ 30 MINUTES OR QC15_C8 = 1 THEN GO TO PROGRAMMING NOTE QC15_C12;
ELSE CONTINUE WITH QC15_C11

QC15_C11 Could {he/she} bike or skateboard home from school in 30 minutes or less?
자녀분은 자전거 또는 스케이트보드를 타고 학교에서 집까지 30분 이내에 올 수 있습니까?

CC45

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

PROGRAMMING NOTE QC15_C12:
If QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC15_A7 = 1 (ATTENDED SCHOOL LAST
YEAR) THEN CONTINUE WITH QC15_C12;
ELSE SKIP TO PROGRAMMING NOTE QC15_C13

QC15_C12   What is the name of the school (CHILD) goes to or last attended?
(CHILD) 이(가)현재 다니고 있거나 마지막으로 다녔던 학교의 이름은 무엇입니까?

CB22

[INTERVIEWER NOTE: RECORD VERBATIM, ASK FOR SPELLING IF NECESSARY]

_____ NAME OF SCHOOL

CHILD NOT IN SCHOOL 0
PRE-SCHOOL/DAYCARE 1
KINDERGARTEN...2
ELEMENTARY..3
INTERMEDIATE 4
JUNIOR HIGH...5
MIDDLE SCHOOL 6
CHARTER 7
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_C13:
IF CAGE < 5, SKIP TO PN QC15_C15;
ELSE CONTINUE WITH QC15_C15

QC15_C13   Not including school PE, on how many days of the past 7 days was (CHILD) physically
active for at least 60 minutes total?
(CHILD) (이)가 학교 체육시간(PE)을 제외하고, 지난 7일 동안 하루에 총 60분 이상 신체
활동을 한 날은 며칠이나 됩니까?

CC35

_____ DAYS [HR: 0-7]

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

QC15_C14   During a typical week, on how many days is (CHILD) physically active for at least 60
minutes total per day? Do not include PE.
보통 한 주 동안, (CHILD) (이)가 하루에 총 60분 이상 신체 활동을 하는 날은 며칠이나
됩니까? 체육 수업은 포함시키지 마십시오

CC51

[IF NEEDED, SAY: "Add up the time (he/she) was active for each day of the past 7.
Then tell me how many days (he/she) active for at least 60 minutes."]
[IF NEEDED, SAY: "지난 7일 동안, 이 자녀가 하루에 신체 활동을 한 시간을 더하십시오. 그
다음에 60분 이상 신체 활동을 한 일수를 말씀해 주십시오."]

_____ DAYS [HR: 0-7]

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

> **PROGRAMMING NOTE QC15_C15**
> **IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE QC15_C16**
> **ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C15**

QC15_C15   The next questions are about the time {your child/CHILD} spends mostly sitting when {he/she} is <u>not</u> in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?
다음 질문들은 (CHILD) (이)가 학교에 있지 않거나 숙제를 하고 있지 않을 때 주로 앉아서 보내는 시간에 대한 것입니다. (CHILD) (이)는 주말에 TV 시청, 컴퓨터 게임, 친구들과 이야기, 등을 하면서 앉아서 보내는 시간이 보통 몇시간 정도 됩니까?

CC53

_____ HOURS

_____ MINUTES

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

> **PROGRAMMING NOTE QC15_C16:**
> **IF CAGE ≤ 1 YEAR GO TO PN QC15_C17;**
> **ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C16**

QC15_C16   During the weekdays, about how much time does {your child/CHILD} spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?
(CHILD) (이)는 주중에 TV 시청, 컴퓨터 게임, 친구들과 이야기, 등을 하면서 앉아서 보내는 시간이 보통 몇시간 정도 됩니까?

CC52

_____ HOURS

_____ MINUTES

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

> **PROGRAMMING NOTE QC15_C17:**
> **IF CAGE < 1 GO TO QC15_D1;**
> **ELSE CONTINUE WITH QC15_C**

QC15_C17   Has (CHILD) been to a park, playground, or open space in the past 30 days?
(CHILD) (이)는 지난 30일 동안, 공원이나 놀이터, 또는 공터에 간 적이 있습니까?

CC37

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

QC15_C18   Is there a park, playground, or open space within 30 minutes walking distance of your home?
집에서 걸어갈 수 있는 거리에 공원이나 놀이터나 공터가 있습니까?

CC36

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

QC15_C19   Do you strongly agree, agree, disagree, or strongly disagree with the following statement?
제가 읽어드릴 문장에 대해, 전적으로 동의함, 동의함, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.

The park or playground closest to where I live is safe during the day.
우리 집에서 가장 가까운 곳에 있는 공원이나 놀이터는 낮시간에 안전하다.

CC39

STRONGLY AGREE...1
AGREE..2
DISAGREE...3
STRONGLY DISAGREE...4
DON'T KNOW .... -7
REFUSED .... -8

QC15_C20   The park or playground closest to where I live is safe at night.
우리 집에서 가장 가까운 곳에 있는 공원이나 놀이터는 밤에 안전하다.

CC46

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.]

STRONGLY AGREE...1
AGREE..2
DISAGREE...3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

SECTION D – HEALTH CARE ACCESS AND UTILIZATION

QC15_D1   The next questions are about where (CHILD) goes for health care.
지금부터는 (CHILD)(이)의 의료기관 방문에 관해 질문을 드리겠습니다.

Is there a place you <u>usually</u> take {him/her} to when {he/she} is sick or you need advice about {his/her} health?
자녀분이 아프거나 건강에 관한 조언이 필요할 때 <u>보통</u> 귀하가 아이를 데리고 가는 곳이 있습니까?

CD1

YES 1
NO 2   **[GO TO QC15_D3]**
DOCTOR/(HIS/HER) DOCTOR 3
KAISER 4
MORE THAN ONE PLACE 5
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_D2:
IF QC15_D1 = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often —a medical";
ELSE IF QC15_D1 = 3 DISPLAY "Is {his/her} doctor in a private";
ELSE IF QC15_D1 = 4, FILL QC15_D2 = 1 AND GO TO PN QC15_D3

QC15_D2   {What kind of place do you take {him/her} to most often—a medical/Is {his/her} doctor a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?
{자녀분을 가장 자주 데려가시는 곳은 개인 닥터 오피스, 클리닉, 종합병원, 응급실, 또는 기타 다른 곳 중 어디입니까? / 자녀분의 주치의는 개인 닥터 오피스, 클리닉, 종합병원, 응급실, 기타 다른 곳 중 어디에 소속되어 있습니까?}

CD3

DOCTOR'S OFFICE/KAISER/OTHER HMO 1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
EMERGENCY ROOM 3
SOME OTHER PLACE (SPECIFY: _____) ... 91
NO ONE PLACE 94
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_D3:
IF QC15_A13 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC15_A18 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON QC15_D3 AND GO TO QC15_D4;
ELSE CONTINUE WITH QC15_D3

QC15_D3   During the past 12 months, did (CHILD) visit a hospital emergency room?
지난 12 개월 동안, (CHILD) (이)가 병원 응급실에 간 적이 있습니까?

CD12

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

QC15_D4   During the past 12 months, how many times has (CHILD) seen any kind of medical
                     doctor?
                     지난 12 개월 동안, (CHILD) (이)가 종류와 상관없이 의사의 진료를 받은 것은 몇
                     번입니까?

CD6

                     _____TIMES

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

PROGRAMMING NOTE QC15_D5:
IF QC15_D4 > 0, GO TO PROGRAMMING NOTE QC15_D6;
ELSE IF QC15_D4 = 0, -7, OR -8, CONTINUE WITH QC15_D5

QC15_D5   About how long has it been since {he/she} last saw a medical doctor?
                     마지막으로 자녀분이 의사를 만난 것은 대략 얼마 전입니까?

CD7

                     ONE YEAR AGO OR LESS......................................1
                     MORE THAN 1 YEAR UP TO 2 YEARS AGO 2
                     MORE THAN 2 YEARS UP TO 3 YEARS AGO.......3
                     MORE THAN 3 YEARS AGO 4
                     NEVER...5
                     REFUSED .... -7
                     DON'T KNOW .... -8

PROGRAMMING NOTE QC15_D6:
IF QC15_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC15_D6;
ELSE SKIP TO PROGRAMMING NOTE QC15_D7

QC15_D6   Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?
                     이 자녀분의 담당 의료 제공자 역할을 하는 개인 의사나 의료 제공자가 있습니까?

CD33

                     **[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician
                     assistant, a nurse, or other health provider."]**
                     **[IF NEEDED, SAY: "여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 기타
                     의료제공자가 포함될 수 있습니다."]**

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

PROGRAMMING NOTEQC15_D7:
IF QC15_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC15_D7;
ELSE SKIP TO QC15_D9A

QC15_D7   How often does (CHILD)'s doctor or medical provider listen carefully to you? Would you say…
(CHILD) (이)의 담당 의사나 의료 제공자가 귀하의 말을 경청하는 경우는 얼마나 자주 있었습니까?

CD43

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

QC15_D8   How often does (CHILD's) doctor or medical provider explain clearly what you need to do to take care of (CHILD)'s health? Would you say…
(CHILD) (이)의 담당의사나 의료 제공자가 귀하가 (CHILD) (이)의 건강을 돌보기 위해 할 일에 대해 분명하게 설명해 준 경우는 얼마나 자주 있었습니까?

CD44

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

PROGRAMMING NOTEQC15_D9A:
IF CAGE<1, SKIP TO QC15_D10;
ELSE IF CAGE ≥ 1, CONTINUE WITH QC15_D9A

QC15_D9A   Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.
의사나 교사, 카운셀러 등 많은 전문가들은 발달 단계 검사를 하고 있습니다. 발달 단계 검사란 아이가 성장, 학습, 행동적인 면에 있어서 또래의 다른 아이들과 비교해서 어떻게 성장하고 있는지를 평가하는 것입니다.

Did (CHILD)'s doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD)'s development?
(CHILD) (이)의 담당 의사나 다른 의료 제공자, 또는 교사나 학교의 카운셀러가 (CHILD) (이)의 발달에 대한 평가나 검사를 적이 있습니까?

CF40

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

QC15_D9B   Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?
(CHILD) (이)의 담당 의사나 다른 의료제공자, 또는 교사나 학교의 카운셀러가 (CHILD) (이)에게 구르거나, 작은 물건을 집거나, 블록을 쌓거나, 공을 던지거나, 색깔을 구별해 보라고 시킨 적이 있습니까?

CF41

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

QC15_D9C   Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?
그러한 전문가들이 귀하에게 이 아이의 학습, 발달 또는 행동과 관련된 문제점에 대해 체크리스트를 작성하게 한 적이 있습니까?

CF42

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

QC15_D9D   Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?
그러한 전문가들이 귀하에게 (CHILD) (이)가 할 수 있는 활동, 즉 이 아이가 특정한 물건을 그리는 것 같은 신체적인 작업, 또는 아이가 귀하와 의사소통을 하는 방법에 대한 체크리스트를 작성하게 한 적이 있습니까?

CF43

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

QC15_D9E   Did they ever ask if you have concerns about {his/her} learning, development, or behavior?
그러한 전문가들이 자녀분의 학습, 발달 또는 행동과 관련된 문제점에 대해 물어본 적이 있습니까?

CF44

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

PROGRAMMING NOTE QC15_D9F:
IF QC15_A26 =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO QC15_D9G;
ELSE CONTINUE WITH QC15_D9F

QC15_D9F   Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?
의사나 다른 전문가가 (CHILD) (이) 에 대해 좀더 유심히 지켜봐야 할 문제가 있다고 우려를 표시한 적이 있습니까?

CF45

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

QC15_D9G   Did they ever refer {him/her} to a specialist regarding his development?
의사나 다른 전문가가 자녀분의 성장 발달과 관련하여 전문의를 만나보라고 추천해 준 적이 있습니까?

CF46

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

QC15_D9H   Did they ever refer {him/her} for speech, language or hearing testing?

의사나 다른 전문가가 자녀분의 말하기, 언어 발달, 또는 청력 테스트와 관련하여

전문의를 만나보라고 추천해 준 적이 있습니까?

CF47

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

PROGRAMMING NOTE QC15_D10:
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC15_D1 = 1, 3, 4, OR 5
(HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC15_D10;
ELSE GO TO PROGRAMMING NOTE QC15_D12

QC15_D10   In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

지난 12 개월 동안, (CHILD) (이)가 아프거나 다쳐서 담당의사 또는 의료 제공자와 이틀 이내에 진료 예약을 잡으려고 시도했던 적이 있으셨습니까?

CD55

[IF NEEDED, SAY: "Do not include emergencies."]
[IF NEEDED, SAY: "응급 상황은 포함시키지 마십시오."]

YES 1
NO 2   **[GO TO QC15_D12]**
REFUSED .... -7   **[GO TO QC15_D12]**
DON'T KNOW .... -8   **[GO TO QC15_D12]**

QC15_D11   How often were you able to get an appointment within two days? Would you say…

예약을 이틀 이내에 할 수 있었던 경우가 얼마나 자주 있었습니까?

CD45

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

PROGRAMMING NOTE QC15_D12:
IF [QC15_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC15_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC15_D12;
ELSE GO TO QC15_D17

QC15_D12   The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?
지난 번에 (CHILD) (이) 때문에 의사를 보았을 때 귀하께서는 의사가 하는 말이 알아 듣기 힘들었습니까?

CD25

YES 1   **[GO TO QC15_D14]**
NO 2
NEVER ACCOMPANIED CHILD TO DOCTOR 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_D13:
IF QC15_D12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC15_D13;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_D13 WAS ASKED;
ELSE SKIP TO QC15_D14;

QC15_D13   In what language does (CHILD)'s doctor speak to you?
자녀의 담당의사가 귀하와 대화할 때 어떤 언어를 사용합니까?

CD31

ENGLISH 1   **[GO TO QC15_D15]**
SPANISH 2   **[GO TO QC15_D17]**
CANTONESE..3   **[GO TO QC15_D17]**
VIETNAMESE 4   **[GO TO QC15_D17]**
TAGALOG..5   **[GO TO QC15_D17]**
MANDARIN 6   **[GO TO QC15_D17]**
KOREAN 7   **[GO TO QC15_D17]**
ASIAN INDIAN LANGUAGES................................8   **[GO TO QC15_D17]**
RUSSIAN 9   **[GO TO QC15_D17]**
OTHER1 (SPECIFY: _____) 91   **[GO TO QC15_D17]**
REFUSED .... -7   **[GO TO QC15_D17]**
DON'T KNOW .... -8   **[GO TO QC15_D17]**

PROGRAMMING NOTE QC15_D14:
IF QC15_D12 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC15_D14;
ELSE SKIP TO QC15_D17;

QC15_D14   Was this because you and the doctor spoke different languages?
그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

CD26

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

QC15_D15   Did you need someone to help you understand the doctor?
의사가 하는 말을 알아듣기 위해 누군가의 도움이 필요했습니까?

CD27

        YES 1
        NO...2   **[GO TO QC15_D17]**
        REFUSED .... -7   **[GO TO QC15_D17]**
        DON'T KNOW .... -8   **[GO TO QC15_D17]**

QC15_D16   Who was this person who helped you understand the doctor?
의사의 말을 이해하도록 도와준 사람은 누구였습니까?

CD28

        MINOR CHILD (UNDER AGE 18) 1
        AN ADULT FAMILY MEMBER OR FRIEND
        OF MINE 2
        NON-MEDICAL OFFICE STAFF 3
        MEDICAL STAFF INCLUDING NURSES AND
        DOCTORS 4
        PROFESSIONAL INTERPRETER (BOTH IN
        PERSON AND ON THE TELEPHONE) 5
        OTHER (PATIENTS, SOMEONE ELSE)................6
        DID NOT HAVE SOMEONE TO HELP...................7
        REFUSED .... -7
        DON'T KNOW .... -8

QC15_D17   During the past 12 months, did you either delay or not get a medicine that a doctor
prescribed for (CHILD)?
지난 12개월 동안 의사가 (CHILD) (이)에게 처방해준 약을 사는 것을 미루거나 아예 사지
않으신 적이 있습니까?

CE1

        YES..1
        NO...2   **[GO TO QC15_D19]**
        REFUSED .... -7   **[GO TO QC15_D19]**
        DON'T KNOW .... -8   **[GO TO QC15_D19]**

QC15_D18   Was cost or lack of insurance a reason why you delayed or did not get the prescription?
비용 문제나 보험이 없던 것이 처방약을 늦게 받거나 받지 못한 이유였습니까?

CE12

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

QC15_D19   During the past 12 months, did you delay or not get any other medical care you felt
(CHILD) needed—such as seeing a doctor, a specialist, or other health professional?
지난 12개월 동안 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것 같이, 귀하가
(CHILD) (이)에게 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

CE7

        YES..1
        NO...2   **[GO TO PN QC15_D24]**
        REFUSED .... -7   **[GO TO PN QC15_D24]**
        DON'T KNOW .... -8   **[GO TO PN QC15_D24]**

QC15_D19   During the past 12 months, did you delay or not get any other medical care you felt
                  (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?
                  지난 12개월 동안 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것 같이, 귀하가
                  (CHILD) (이)에게 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

CE7

                  YES 1
                  NO 2   **[GO TO PN QC15_D24]**
                  REFUSED .... -7   **[GO TO PN QC15_D24]**
                  DON'T KNOW .... -8   **[GO TO PN QC15_D24]**

QC15_D20   Did (CHILD) get the care eventually?
                  (CHILD)(이)는 결국 진료를 받았습니까?

CD66

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

QC15_D21   Was cost or lack of insurance a reason why you delayed or did not get the medical care
                  you felt (he/she) needed?
                  비용 문제나 보험이 없던 것이 (CHILD) (이)가 필요한 진료를 연기했거나 받지 못한
                  이유였습니까

CE13

                  YES 1
                  NO 2   **[GO TO PN QC15_D23]**
                  REFUSED .... -7   **[GO TO PN QC15_D23]**
                  DON'T KNOW .... -8   **[GO TO PN QC15_D23]**

QC15_D22   Was that the <u>main</u> reason?
                  그것이 <u>주된</u> 이유였습니까?

CD67

                  YES 1   **[GO TO PN QC15_D24]**
                  NO 2
                  REFUSED .... -7   **[GO TO PN QC15_D24]**
                  DON'T KNOW .... -8   **[GO TO PN QC15_D24]**

QC15_D23   What was the <u>one</u> main reason why you delayed getting the care you felt (he/she) needed?
귀하가 자녀에게 필요하다고 생각한 진료를 연기한 <u>한 가지</u> 주된 이유는 무엇이었습니까?

CD68

        COULDN'T GET APPOINTMENT 1
        MY INSURANCE NOT ACCEPTED 2
        INSURANCE DID NOT COVER 3
        LANGUAGE PROBLEMS 4
        TRANSPORTATION PROBLEMS...........................5
        HOURS NOT CONVENIENT...................................6
        NO CHILD CARE FOR CHILDREN AT HOME 7
        FORGOT OR LOST REFERRAL.............................8
        I DIDN'T HAVE TIME 9
        COULDN'T AFFORD/COST TOO MUCH 10
        NO INSURANCE.. 11
        OTHER (SPECIFY: _____).................... 91
        REFUSED .... -7
        DON'T KNOW .... -8

QC15_D24   During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?
지난 12개월 동안, 귀하의 자녀를 진료해 줄 일반의를 찾는 데 문제가 있었습니까?

CD69

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

QC15_D25   During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?
지난 12개월 동안, 닥터 오피스나 클리닉에서 귀하의 자녀를 새 환자로 받아 주지 않겠다는 말을 들은적이 있습니까?

CD70

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

QC15_D26   During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?
지난 12개월 동안, 닥터 오피스나 클리닉에서 귀하 자녀의 의료보험을 받지 않는다는 말을 들은 적이 있습니까?

CD71

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

PROGRAMMING NOTE QC15_D27:
IF CAGE < 6 MONTHS, GO TO QC15_D28;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC15_D27

QC15_D27   During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called
"Flumist"?
지난 12개월 동안, (CHILD) (이)가 독감 예방 주사를 맞았거나 플루미스트라는 독감 백신을
코에 뿌린 적이 있습니까?

CD30

**[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against
influenza for the flu season."]**
**[IF NEEDED, SAY: "독감 예방주사는 보통 가을에 맞고 독감 시즌에 독감에 걸리는 것을
예방합니다."]**
             YES 1
             NO 2
             REFUSED .... -7
             DON'T KNOW .... -8

PROGRAMMING NOTE QC15_D28:
IF SKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC15_D28 = AJ108 AND GO TO QC15_E1;
ELSE CONTINUE WITH QC15_D28;

QC15_D28   The next questions are about using the Internet to get health information
다음의 질문들은 인터넷을 사용하여 건강 정보를 얻는 것에 대한 것입니다.

             Do you ever go on-line to use the Internet?
인터넷을 사용하기 위해 온라인으로 접속한 적이 있으십니까?

CD46

             YES 1
             NO 2   **[GO TO QC15_E1]**
             REFUSED .... -7   **[GO TO QC15_E1]**
             DON'T KNOW .... -8   **[GO TO QC15_E1]**

QC15_D29   [In the past 12 months, have you gone on-line to look for information that would help you
with ...]
... (CHILD)'s health?
귀하는 지난 12개월 동안 (CHILD)의 건강을 돌보는 데 도움이 되는 정보를 온라인으로
찾아본 적이 있으십니까?

CD47

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

QC15_D30   [In the past 12 months, have you gone on-line to look for information that would help you with...]
...how {he/she} is developing physically?
이 아이가 신체적으로 잘 발달하고 있는지와 관련해 [도움이 될 만한 정보를 찾기 위해 지난 12개월 동안 인터넷을 이용한 적이 있습니까?]

CD48

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

QC15_D31   [In the past 12 months, have you gone on-line to look for information that would help you with...]
...{his/her} speech?
이 아이의 말하기에 관련해 [도움이 될 만한 정보를 찾기 위해 지난 12개월 동안 인터넷을 이용한 적이 있습니까?]

CD49

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

QC15_D32   [In the past 12 months, have you gone on-line to look for information that would help you with...]
...how well {he/she} can hear?
이 아이의 청력과 관련해 [도움이 될 만한 정보를 찾기 위해 지난 12개월 동안 인터넷을 이용한 적이 있습니까?]

CD50

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

QC15_D33   [In the past 12 months, have you gone on-line to look for information that would help you with...]
... {his/her} diet or nutrition?
이 아이의 식생활과 영양섭취와 관련해 [도움이 될 만한 정보를 찾기 위해 지난 12개월 동안 인터넷을 이용한 적이 있습니까?]

CD51

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

QC15_D34   [In the past 12 months, have you gone on-line to look for information that would help you with...]
 ...{his/her} physical activity?
이 아이의 신체 활동과 관련해 [도움이 될 만한 정보를 찾기 위해 지난 12개월 동안 인터넷을 이용한 적이 있습니까?]

CD52

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

QC15_D35   [In the past 12 months, have you gone on-line to look for information that would help you with...]
...{his/her} behavior?
이 아이의 행동과 관련해 [도움이 될 만한 정보를 찾기 위해 지난 12개월 동안 인터넷을 이용한 적이 있습니까?]

CD53

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

PROGRAMMING NOTE QC15_D36:
IF QC15_D29= 2 AND QC15_D30 = 2 AND QC15_D31 = 2 AND QC15_ D32 = 2 AND QC15_D33 = 2 AND QC15_D34= 2 AND QC15_D35 = 2, GO TO PROGRAMMING NOTE QC15_E1;
ELSE CONTINUE WITH QC15_D36

QC15_D36   In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?
지난 12개월 동안, 귀하가 인터넷에서 찾은 자녀분에 대한 건강 정보에 대해 의사나 기타 의료 제공자와 상의한 적이 있으십니까?

CD54

> YES...1
> NO..2
> DID NOT FIND INFORMATION ON-LINE 3
> REFUSED .... -7
> DON'T KNOW .... -8

SECTION E – PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL) OR
POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST <> "Y" OR KIDS1ST =
"Y", CONTINUE WITH QC15_E1;
ELSE SKIP TO QC15_F1

QC15_E1   Is (CHILD) now on TANF or CalWORKs?
(CHILD) (이)가 현재 탠프(TANF)나 캘웍스(CalWORKs)를 받고 있습니까?

CE11

[IF NEEDED, SAY: "TANF means 'Temporary Assistance to Needy Families," and
CalWORKs means 'California Work Opportunities and Responsibilities to Kids.'
Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: "TANF 는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS 는
캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의
캘리포니아 주 복지 제공 프로그램인 AFDC 를 대체한 것입니다."]

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

QC15_E2   Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?
(CHILD) (이)/는 Cal Fresh 라고 하는 푸드스탬프 혜택을 받고 있습니까?

CE11A

[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for
Electronic Benefit Transfer card and is also known as the Golden State Advantage
Card."]
[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT 는 Electronic
Benefits Transfer card (전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지
카드라고도 합니다."]
```
YES........................................................................1
NO..........................................................................2
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QC15_E3:
IF CAGE > 6, GO TO QC15_F1;
ELSE CONTINUE WITH QC15_E3

QC15_E3   Is (CHILD) on WIC now?
(CHILD)(이)/가 현재 WIC(윅) 혜택을 받고 있습니까?

CE11C

[IF NEEDED, SAY: "WIC means 'Supplemental Food Program for Women, Infants
and Children.''']
[IF NEEDED, SAY: "WIC(윅)은 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다."]
```
YES........................................................................1
NO..........................................................................2
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

SECTION F – PARENTAL INVOLVEMENT

> **PROGRAMMING NOTE QC15_F1:**
> **IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC15_G1;**
> **ELSE CONTINUE WITH QC15_F1**

QC15_F1   In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?
보통 일주일에 며칠이나 귀하나 다른 가족 구성원이 (CHILD) 와(과) 함께 동화책을 읽거나 그림책을 봅니까?

CG14

EVERY DAY...1
3-6 DAYS 2
1-2 DAYS 3
NEVER..4
REFUSED .... -7
DON'T KNOW .... -8

QC15_F2   [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?
[귀하나 가족 중에 다른 어떤 분이 보통 한 주에 며칠이나] (CHILD) (이) 와 음악을 같이 연주하거나 노래를 불러 줍니까?

CG15

EVERY DAY...1
3-6 DAYS 2
1-2 DAYS 3
NEVER..4
REFUSED .... -7
DON'T KNOW .... -8

QC15_F3   [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?
[귀하나 가족 중에 다른 어떤 분이 보통 한 주에 며칠이나] (CHILD) (이) 를 공원, 상점, 놀이터 같은 곳에 데리고 갑니까?

CG16

EVERY DAY...1
3-6 DAYS 2
1-2 DAYS 3
NEVER..4
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QC15_F3A:**
> **IF CAGE < 5 YEARS OR HOUSEHOLD HAS CHILDREN < 5 YEARS, CONTINUE WITH QC15_F3A;**
> **ELSE GO TO QC15_G1**

QC15_F3A   Have you seen or heard messages encouraging you to talk, read and sing with your child?
아이와 이야기를 하거나 함께 책을 읽는 것, 또는 아이와 노래 부르는 것 등을 권장하는 문구나 메시지를 보거나 들은 적이 있습니까?

CF64

    YES 1
    NO 2   **[GO TO QC15_G1]**
    REFUSED .... -7   **[GO TO QC15_G1]**
    DON'T KNOW .... -8   **[GO TO QC15_G1]**

QC15_F3B   Would you say that you talk with your child less, about the same, or more after hearing that message?
이 메시지를 들은 뒤, 아이와 이야기 나누는 것을 예전보다 덜 하시게 되었습니까, 별로 차이가 없으셨습니까, 아니면 더 많이 하시게 되었습니까?

CF65

    LESS 1
    ABOUT THE SAME 2
    MORE 3
    REFUSED .... -7
    DON'T KNOW .... -8

QC15_F3C   Would you say that you sing with your child less, about the same, or more after hearing that message?
이 메시지를 들은 뒤, 아이와 함께 노래부르는 것을 예전보다 덜 하시게 되었습니까, 별로 차이가 없으셨습니까, 아니면 더 많이 하시게 되었습니까?

CF66

    LESS 1
    ABOUT THE SAME 2
    MORE 3
    REFUSED .... -7
    DON'T KNOW .... -8

QC15_F3D   Would you say that you read with your child less, about the same, or more after hearing that message?
이 메시지를 들은 뒤, 아이와 함께 책을 읽는 것을 예전보다 덜 하시게 되었습니까, 별로 차이가 없으셨습니까, 아니면 더 많이 하시게 되었습니까?

CF67

    LESS 1
    ABOUT THE SAME 2
    MORE 3
    REFUSED .... -7
    DON'T KNOW .... -8

SECTION G – CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE QC15_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC15_G1   These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}
다음의 질문은 어린 아이를 맡기는 차일드 케어(childcare)에 대한 것입니다. 여기서 아이를 맡긴다는 말은 부모나 법적 보호자, 양부모가 아닌 다른 사람이나 기관이 아이를 돌보는 상황을 말합니다. {프리스쿨이나 유아원(널서리 스쿨) 등은 여기에 포함되지만, 유치원, 즉 킨더가든(kindergarten)은 해당하지 않습니다.}

Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 hours or more per week?
현재 일주일에 10 시간 이상 (CHILD) (이)를 정기적으로 맡기시는 곳이 있습니까?

CG1

YES 1
NO..2   **[GO TO QC15_G13]**
REFUSED .... -7   **[GO TO QC15_G13]**
DON'T KNOW .... -8   **[GO TO QC15_G13]**

QC15_G2   Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.
(CHILD) (이)가 이런 기관에서 혹은 보모와 함께 지내는 시간은 보통 일주일에 총 몇 시간이나 됩니까? 귀하가 이 아이를 맡기는 모든 방법을 생각한 후 그 시간을 합해 주십시오.

CG2

_____ HOURS [SR: 10-168 HRS]

REFUSED .... -7   **[GO TO QC15_G13]**
DON'T KNOW .... -8   **[GO TO QC15_G13]**

PROGRAMMING NOTE QC15_G3:
IF QC15_G2 < 10 (HOURS IN CHILDCARE), GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G3

QC15_G3   During a typical week does (CHILD) receive childcare from...a grandparent or other family member?
보통 주중에 (CHILD) (이) (는) …할아버지, 할머니 또는 다른 가족 구성원이 돌봐줍니까?

CG3A

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

QC15_G4   [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

[보통 주중에 (CHILD) (이) (는)] 가족은 아닌데 아이를 봐주시는 분이 귀하의 집에 와서 돌봐 줍니까?

CG3E

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

QC15_G5   [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

[보통 주중에 (CHILD) (이) (는)] 가족은 아닌데 아이를 봐주시는 분이 그 분 집에서 돌봐 줍니까?

CG3F

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

QC15_G6   [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

[보통 주중에 (CHILD) (이) (는)] 일반 가정집이 아닌 데이케어나 보육 기관에서 돌봐줍니까?

CG3D

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

PROGRAMMING NOTE QC15_G7:
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC15_G13;
ELSE CONTINUE WITH QC15_G7

QC15_G7   [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

[보통 주중에 (CHILD) (이) (는)] 헤드 스타트 (Head Start) 프로그램이나 주립 프리스쿨에서 돌봐줍니까?

CG3B

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

QC15_G8   [Does (CHILD) receive childcare from]...some other preschool or nursery school?

[보통 주중에 (CHILD) (이) (를)] 다른 프리 스쿨이나 유아원(널서리 스쿨)에서 돌봐줍니까?

CG3C

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

PROGRAMMING NOTE QC15_G9:
IF QC15_G6 = 1 OR QC15_G7 = 1 OR QC15_G8 = 1, CONTINUE WITH QC15_G9;
ELSE GO TO PROGRAMMING NOTE QC15_G10

QC15_G9   Please tell me if you strongly agree, agree, disagree, strongly disagree, or you're not sure about the following statements.
제가 읽어드릴 문장에 대해, 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.

Your child's preschool is doing a good job at preparing children for their futures.
귀하의 자녀가 다니는 프리스쿨은 아이의 미래를 잘 준비해준다

CG47

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE...4
NOT SURE..5

PROGRAMMING NOTE QC15_G10:
IF [QC15_G3 OR QC15_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC15_G5 ≠ 1 AND QC15_G6 ≠ 1 AND QC15_G7 ≠ 1 AND QC15_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G10;
IF ONLY ONE OF QC15_G5, QC15_G6, QC15_G7, OR QC15_G8 = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC15_G10   {Is this/Are all of these} child care provider{s} licensed by the state of California?
{아이를 봐주시는 이 분/ 아이를 돌봐주는 이 기관}은 캘리포니아 주 정부로부터 라이센스를 받은 분들입니까?

CG3G

YES (ALL LICENSED) 1
NO (NONE LICENSED) 2
SOME LICENSED AND SOME NOT.......................3
REFUSED .... -7
DON'T KNOW .... -8

QC15_G11   In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?
지난 12 개월 동안, (CHILD) (이)를 맡겨야 하는데도, 적당한 사람이나 기관을 일주일 이상 찾지 못한 적이 있었습니까?

CG5

YES 1
NO...2   **[GO TO QC15_G13]**
REFUSED .... -7   **[GO TO QC15_G13]**
DON'T KNOW .... -8   **[GO TO QC15_G13]**

QC15_G12   What is the main reason you were unable to find childcare for (CHILD) at that time?
그 당시, (CHILD) (이)를 맡길 만한 적당한 사람이나 기관을 구할 수 없었던 주된 이유는
무엇이었습니까?

CG6

[IF NEEDED, SAY: "Main reason is the most important reason."]
[IF NEEDED, SAY: "제일 주된 이유란 가장 중요한 이유 하나만을 말하는 겁니다."]

COULDN'T AFFORD ANY CHILD CARE.................1
COULDN'T FIND A PROVIDER WITH A SPACE 2
THE HOURS AND LOCATION DIDN'T FIT MY
NEEDS...3
COULDN'T AFFORD THE QUALITY OF
CHILDCARE I WANTED..4
COULDN'T FIND THE QUALITY OF CHILDCARE
I WANTED...5
OTHER REASON 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_G13:
IF QC15_G13 THROUGH QC15_G17 NOT ANSWERED IN ADULT INTERVIEW (AM19, AM20, AM21, AM35, AK28), CONTINUE WITH QC15_G13;
ELSE SKIP TO QC15_H1

QC15_G13   These next questions are about your neighborhood. Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:
다음의 질문들은 귀하가 지금 사시는 동네에 관한 것입니다.제가 읽어드릴 문장에 대해,
전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오

People in my neighborhood are willing to help each other.
우리 동네 사람들은 서로 돕고 지내고 싶어한다

CG39

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서
하나를 선택해 주십시오.]
STRONGLY AGREE..1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

QC15_G14   People in this neighborhood generally do NOT get along with each other.

이 동네 사람들은 보통 서로 친하게 지내지 <u>않는다</u>.

CG40

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.]
[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE..1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QC15_G15   People in this neighborhood can be trusted.

이 동네 사람들은 믿을 수 있다.

CG41

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.]

STRONGLY AGREE..1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QC15_G16   You can count on adults in this neighborhood to watch out that children are safe and don't get into trouble.

나는 이 동네의 어른들이 아이들이 안전한지,문제를 당하지는않는지 지켜봐 준다고 믿는다.

CG34

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.]

STRONGLY AGREE..1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED ....-7
DON'T KNOW .... -8

QC15_G17   Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?
이웃에 대해 어느 정도 안전하다고 느끼십니까? 항상, 대부분, 가끔, 전혀 안전하다고 느끼지 않음 중에서 선택해 주십시오.

CG42

ALL OF THE TIME 1
MOST OF THE TIME 2
SOME OF THE TIME 3
NONE OF THE TIME 4
REFUSED .... -7
DON'T KNOW .... -8

SECTION H – DEMOGRAPHICS, PART II

So we can be sure we have included children of all races and ethnic groups in California, I need to ask a few questions about (CHILD)'s background.
저는 캘리포니아 주의 모든 인종 그룹에 속한 자녀들이 포함되었는지 확인하기 위해 마지막으로 (CHILD) (이)의 기본적인 인적 사항을 몇가지 여쭤보겠습니다.

QC15_H1   Is (CHILD) Latino or Hispanic?
(CHILD) 은(는) 라티노 또는 히스패닉입니까?

CH1

[IF NEEDED, SAY: "Such as Mexican or Central or South American?"]
[IF NEEDED, SAY: "멕시코계 또는 중남미 계통입니까?"]

```
         YES.........................................................................1
         NO...........................................................................2      [GO TO QC15_H3]
         REFUSED ............................................................. -7      [GO TO QC15_H3]
         DON'T KNOW ........................................................ -8      [GO TO QC15_H3]
```

QC15_H2   And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.
그러면 어떤 라티노나 히스패닉계에 속하십니까? 예를 들자면 멕시코계, 엘살바도르계, 쿠바계, 온두라스계 등이 있겠는데요. 하나 이상에 해당되는 경우에는 모두 말씀해 주십시오.

CH2

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

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

PROGRAMMING NOTE QC15_H3:
IF QC15_H1 = 1 (YES-CHILD IS LATINO), DISPLAY, "You said your child is Latino or Hispanic. Also,"
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC15_H3, CONTINUE WITH PROGRAMMING NOTE QC15_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC15_H3   {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
{자녀분이 라티노 또는 히스패닉계라고 말씀하셨는데요} 다음 중 (CHILD) (이)에게 해당되는 인종을 하나 혹은 <u>그 이상</u> 선택해 주십시오. 자녀분은 하와이 원주민, 기타 태평양 섬 원주민, 아메리컨 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중에서 어느 인종에 속합니까?

CH3

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

WHITE...1 **[GO TO QC15_H10]**
BLACK OR AFRICAN AMERICAN ....2 **[GO TO QC15_H10]**   **IF**
ASIAN ....3 **[GO TO QC15_H8]**   **ONLY**
AMERICAN INDIAN, ALASKA NATIVE...................4 **[GO TO QC15_H4]**   **ONE**
OTHER PACIFIC ISLANDER ....5 **[GO TO QC15_H9]**   **RACE**
NATIVE HAWAIIAN ....6 **[GO TO QC15_H10]**
OTHER (SPECIFY: _____)..................... 91 **[GO TO QC15_H10]**
REFUSED .... -7 **[GO TO QC15_H10]**
DON'T KNOW .... -8 **[GO TO QC15_H10]**

PROGRAMMING NOTE QC15_H4:
IF QC15_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC15_H4;
ELSE GO TO PROGRAMMING NOTE QC15_H8

QC15_H4   You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.
아메리칸 인디언이나 알래스카 원주민이라고 말씀하셨는데요, (CHILD) (이)는 어떤 부족에 속하십니까? 하나 이상의 부족에 속하신 경우, 모두 말씀해 주십시오.

CH4

[CODE ALL THAT APPLY]
APACHE 1
BLACKFEET 2
CHEROKEE 3
CHOCTAW 4
MEXICAN AMERICAN INDIAN 5
NAVAJO...6
POMO 7
PUEBLO 8
SIOUX 9
YAQUI 10
OTHER TRIBE [Ask for spelling]
(SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QC15_H5   Is (CHILD) an enrolled member in a federally or state recognized tribe?

(CHILD)은(는) 연방정부나 주정부가 인정한 부족으로 정식 등록되어 있습니까?

CH5

YES 1
NO..2   **[GO TO QC15_H8]**
REFUSED .... -7   **[GO TO QC15_H8]**
DON'T KNOW .... -8   **[GO TO QC15_H8]**

QC15_H6   In which Tribe is (CHILD) enrolled?

(CHILD) 은(는) 어느 부족에 등록되어 있습니까?

CH6

APACHE
    MESCALERO APACHE, NM 1
    APACHE (NOT SPECIFIED) 2
    OTHER APACHE (SPECIFY: _____) . 91
BLACKFEET
    BLACKFOOT / BLACKFEET.............................3
CHEROKEE
    WESTERN CHEROKEE 4
    CHEROKEE (NOT SPECIFIED) 5
    OTHER CHEROKEE (SPECIFY: _____) 92
CHOCTAW
    CHOCTAW OKLAHOMA 6
    CHOCTAW (NOT SPECIFIED 7
    OTHER CHOCTAW (SPECIFY: _____) . 93
NAVAJO
    NAVAJO (NOT SPECIFIED) 8
POMO
    HOPLAND BAND, HOPLAND RANCHERIA 9
    SHERWOOD VALLEY RANCHERIA............. 10
    POMO (NOT SPECIFIED) 11
    OTHER POMO (SPECIFY: _____). 94
PUEBLO
    HOPI... 12
    YSLETA DEL SUR PUEBLO OF TEXAS....... 13
    PUEBLO (NOT SPECIFIED)........................... 14
    OTHER PUEBLO (SPECIFY: _____) . 95
SIOUX
    OGLALA/PINE RIDGE SIOUX 15
    SIOUX (NOT SPECIFIED) 16
    OTHER SIOUX (SPECIFY: _____)... 96
YAQUI
    PASCUA YAQUI TRIBE OF ARIZONA........... 17
    YAQUI (NOT SPECIFIED) 18
    OTHER YAQUI (SPECIFY: _____)... 97
OTHER
    OTHER (SPECIFY: _____) 98
    REFUSED .... -7
    DON'T KNOW... -8

QC15_H7   Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?
(CHILD) 은(는) 인디언 건강 서비스, 특정 부족을 위한 건강 프로그램, 또는 도시 거주 인디언 클리닉을 통해 혜택을 받고 있습니까?

> **CH6A**

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

PROGRAMMING NOTE QC15_H8:
IF QC15_H3 = 3 (ASIAN) CONTINUE WITH QC15_H8;
ELSE GO TO PROGRAMMING NOTE QC15_H9

QC15_H8   You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.
아시아인이라고 말씀하셨는데요, (CHILD) (이)는 중국계라던지, 필리핀계, 또는 베트남계 등, 구체적으로 어느 민족입니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

> **CH7**

     [CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QC15_H9:
IF QC15_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC15_H9;
ELSE GO TO QC15_H10

QC15_H9   You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them. (CHILD) (이)가 태평양 섬 원주민이라고 말씀하셨는데요. (CHILD) (이)는 사모아족, 통가족, 또는 괌족 등, 구체적으로 어느 민족입니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

CH7A

        [CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QC15_H10:
IF SKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC15_H14;
ELSE CONTINUE WITH QC15_H10

QC15_H10   In what country was (CHILD) born?
(CHILD) 은(는) 어느 나라에서 출생했습니까?

> **CH8**

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

PROGRAMMING NOTE QC15_H11:
IF QC15_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H14;
ELSE CONTINUE WITH QC15_H11

QC15_H11   Is (CHILD) a citizen of the United States?
             (CHILD)은(는) 미국 시민권자입니까?

CH8A

                    YES 1   **[GO TO QC15_H13]**
                    NO...2
                    APPLICATION PENDING 3
                    REFUSED .... -7
                    DON'T KNOW .... -8

QC15_H12   Is (CHILD) a permanent resident with a green card?
             (CHILD)은(는) 영주권자입니까?

CH9

             [IF NEEDED, SAY: "People usually call this a green card but the color can also be pink, blue or white."]
             [IF NEEDED, SAY: "사람들은 이것을 보통 "그린카드"라고 합니다. 그런데 실제 색깔은 분홍색일수도 있고, 파랑색 아니면 하얀색일수도 있습니다."]

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

QC15_H13   About how many years has (CHILD) lived in the United States?
             (CHILD) 은(는) 대략 몇 년 동안 미국에 살았습니까?

CH10

             [FOR LESS THAN A YEAR, ENTER 1 YEAR]

                    _____ NUMBER OF YEARS {OR}

CH10YR

                    _____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

                    NUMBER OF YEARS 1
                    YEAR FIRST CAME TO LIVE IN US 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QC15_H14:
IF SKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)
THEN SKIP TO QC15_H18;
ELSE, CONTINUE WITH QC15_H14 AND DISPLAY "was his mother/was her mother"

QC15_H14   In what country {were you/was his mother/was her mother} born?
             {귀하는/ 이 아이의 어머니는} 어느 나라에서 출생하셨습니까?

CH11

             [SELECT FROM MOST LIKELY COUNTRIES]

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

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

PROGRAMMING NOTE QC15_H15 AND QC15_H16:
IF QC15_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC15_H18;
ELSE CONTINUE WITH QC15_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are
you";
ELSE DISPLAY "Is {his/her} mother"

QC15_H15   {Are you/Is {his/her} mother} a citizen of the United States?
                   {귀하는/ 이 아이의 어머니는} 미국 시민권자이십니까?

CH11A

                   [IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]

                   YES 1   **[GO TO QC15_H17]**
                   NO 2
                   APPLICATION PENDING 3
                   REFUSED .... -7
                   DON'T KNOW .... -8

QC15_H16   {Are you/Is {his/her} mother} a permanent resident with a green card?
                   {귀하는/ 이 아이의 어머니는} 그린 카드가 있는 영주권자이십니까?

CH12

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

PROGRAMMING NOTE QC15_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC15_H17 AND DISPLAY "have you";
ELSE CONTINUE WITH QC15_H17 AND DISPLAY "has {his/her} mother"

QC15_H17   About how many years {have you/has {his/her} mother} lived in the United States?
                   {귀하는/ 이 아이의 어머니는} 미국에 거주하신 지 몇 년이나 되셨습니까?

CH13

                   _____ NUMBER OF YEARS [HR: 0-AGE] {OR}

CH13YR

                   _____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

                   NUMBER OF YEARS 1
                   YEAR FIRST CAME TO LIVE IN US 2
                   MOTHER DECEASED...3
                   NEVER LIVED IN U.S...4
                   REFUSED .... -7
                   DON'T KNOW .... -8

PROGRAMMING NOTE QC15_H18:
IF SKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN
SKIP TO QC15_H22;
ELSE CONTINUE WITH QC15_H18 AND DISPLAY, "was {his/her} father"

QC15_H18   In what country {were you/was his father/was her father} born?
{귀하는/ 이 아이의 아버지는} 어느 나라에서 출생하셨습니까?

CH14

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

PROGRAMMING NOTE QC15_H19 AND QC15_H20:
IF QC15_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H22;
ELSE CONTINUE WITH QC15_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
ELSE SAY "Is {his/her} father"

QC15_H19   {Are you/Is {his/her} father} a citizen of the United States?
{귀하는/ 이 아이의 아버지는} 미국 시민권자이십니까?

CH14A

[IF R SAYS HE IS A NATURALIZED CITIZEN, CODE YES]

YES 1   **[GO TO PN QC15_H21]**
NO 2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

QC15_H20   {Are you/Is {his/her} father} a permanent resident with a green card?
{귀하는/ 이 아이의 아버지는} 그린 카드가 있는 영주권자이십니까?

CH15

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

PROGRAMMING NOTE QC15_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC15_H21 AND DISPLAY "have you";
ELSE, CONTINUE WITH QC15_H21 AND DISPLAY "has {his/her} father"

QC15_H21   About how many years {have you/has {his/her} father} lived in the United States?
{귀하는/ 이 아이의 아버지니는} 미국에 거주하신 지 몇 년이나 되셨습니까?

CH16

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

NUMBER OF YEARS 1
YEAR FIRST CAME TO LIVE IN U.S. 2
FATHER DECEASED 3
NEVER LIVED IN U.S. 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC15_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC15_H22

QC15_H22   In general, what languages are spoken in (CHILD)'s home?
(CHILD)의 가정에서는 대체로 어떤 언어들이 사용됩니까?

CH17

[PROBE: "Any others?"]
[IF NEEDED, SAY: "또 다른 언어가 있습니까?"]

```
             ENGLISH ................................................................1
             SPANISH ................................................................2
             CANTONESE.........................................................3
             VIETNAMESE ......................................................4
             TAGALOG..............................................................5
             MANDARIN ...........................................................6
             KOREAN ................................................................7
             ASIAN INDIAN LANGUAGES................................8
             RUSSIAN ...............................................................9
             OTHER1 (SPECIFY: _____) .................. 91
             OTHER2 (SPECIFY: _____) .................. 92
             REFUSED ............................................................ -7
             DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QC15_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC15_H22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC15_H23 AND DISPLAY "Compared to the language
spoken in (CHILD)'s home,";
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_H23 WAS
ASKED;
ELSE IF QC15_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC15_H24

QC15_H23   {Compared to other languages spoken in (CHILD)'s home,} would you say you speak
English....
{(CHILD) (이)의 집에서 사용하는 다른 언어들에 비해} 귀하는 본인이 영어를 얼마나 잘
한다고 생각하십니까?

CH18

```
             Very well,.................................................................1
             매우 잘 한다 ...........................................................1
             Fairly well, ..............................................................2
             잘 한다, ...................................................................2
             Not well, or .............................................................3
             잘 못한다, 또는....................................................3
             Not at all? ...............................................................4
             전혀 못한다 ............................................................4
             REFUSED .............................................................. -7
             DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE QC15_H24:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H24;
ELSE GO TO PROGRAMMING NOTE QC15_H26

QC15_H24   What is the highest grade of education you have completed and received credit for?
귀하는 교육을 어디까지 받으셨습니까?

CH22

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

Section K – CHILD FIRST

PROGRAMMING NOTE QC15_K1:
IF KIDS1ST = 'Y' AND SKAID = SCRESPX, CONTINUE WITH QC15_K1;
ELSE SKIP TO PN QC15_H25 (FOLLOW-UP)

QC15_K1   Which of the following were you doing last week?
다음 중 귀하가 지난 주에 하셨던 일은 무엇입니까?

KAG8

Working at a job or business,....................................1	**[GO TO QC15_K3]**
직장이나 사업체에서 일을 하셨습니까 1	
With a job or business but not at work,.....................2	**[GO TO QC15_K3]**
직업이나 사업체에 소속되어 있긴 했지만 일은 하지	
않으셨습니까..2	
Looking for work, or 3	
일자리를 구하고 계셨습니까, 아니면 3	
Not working at a job/business? 4	
직장이나 사업체에서 일하지 않으셨습니까? 4	
REFUSED ....-7	
DON'T KNOW ....-8	

QC15_K2   Do you usually work?
귀하는 평소에 일을 하십니까?

KAG11

YES 1	
NO...2	**[GO TO QC15_K5]**
LOOKING FOR WORK..3	**[GO TO QC15_K5]**
REFUSED .... -7	**[GO TO QC15_K5]**
DON'T KNOW .... -8	**[GO TO QC15_K5]**

QC15_K3   How many hours per week do you usually work at all jobs or businesses?
귀하는 자신의 모든 직장 또는 사업체에서 보통 주당 몇시간씩 일하십니까?

KAK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS   [HR: 0-95]

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

> **PROGRAMMING NOTE QC15_K4:**
> **IF QC15_K3 = 0 (ZERO HOURS WORKED), SKIP TO QC15_K5;**
> **ELSE CONTINUE WITH QC15_K4**

QC15_K4   On your <u>main</u> job, are you employed by a private company, the government, <u>or</u> are you self-employed, <u>or</u> are you working without pay in a family business or farm?
본인의 주된 직업에 대해서 말인데요, 귀하는 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 또는또는 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

KAG9

[IF NEEDED, SAY: "Where did you work MOST hours?"]
[IF NEEDED, SAY: ``가장 많이 일하신 곳이 어디입니까?´´]

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

QC15_K5   What is the highest grade of education your spouse has completed and received credit
for?
귀하의 배우자는 교육을 어디까지 받으셨습니까?

KAH47

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

QC15_K6   Which of the following was YOUR SPOUSE doing last week?
다음 중 귀하의 배우자가 지난주에 하셨던 일은 무엇입니까?

KAK1

Working at a job or business,....................................1   **[GO TO QC15_K8]**
직장이나 사업체에서 일을 하셨습니까 1
With a job or business but not at work,....................2   **[GO TO QC15_K8]**
직업이나 사업체에 소속되어 있긴 했지만 일은 하지
않으셨습니까.. 02
Looking for work, or 3
일자리를 구하고 계셨습니까, 아니면 3
Not working at a job or business?...........................4
직장이나 사업체에서 일하지 않으셨습니까? 4
REFUSED .... -7
DON'T KNOW .... -8

QC15_K7   Does your spouse usually work?
귀하의 배우자는 평소에 일을 하십니까?

KAG10

YES 1
NO...2   **[GO TO QC15_K10]**
LOOKING FOR WORK...3   **[GO TO QC15_K10]**
REFUSED .... -7   **[GO TO QC15_K10]**
DON'T KNOW .... -8   **[GO TO QC15_K10]**

QC15_K8   The next questions are about work your spouse does.
How many hours per week <u>does your spouse USUALLY work at ALL</u> jobs or businesses?
다음에 드릴 질문들은 귀하의 배우자께서 하시는 일에 대한 것입니다. 귀하의 배우자는 그
분의 모든 직장 또는 사업체에서 보통 주당 몇시간 씩 일하십니까?

KAK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS   [HR: 0-95]

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

PROGRAMMING NOTE QC15_K9:
IF QC15_K8 = 0 (ZERO HOURS WORKED), SKIP TO QC15_K10;
ELSE CONTINUE WITH QC15_K9

QC15_K9   On your spouse's MAIN job, is {he/she/he or she} employed by a private company, the government, <u>OR</u> is {he/she/he or she] self-employed, <u>OR</u> is {he/she/he or she} working without pay in a family business or farm?
귀하의 배우자의 주된 직업에 대해서 말인데요, 배우자분은 민간 회사에 고용되어 있습니까, 정부 공무원이십니까,아니면 자영업을 하십니까, 또는 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

KAK4

[IF NEEDED, SAY: "Where <u>does he/she work MOST</u> hours?"]
[IF NEEDED, SAY: "배우자께서 가장 많은 시간 동안 일하신 곳이 어디입니까?"]

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

QC15_K10   What is your spouse's age, please?
배우자 분의 나이(연세)가 어떻게 되십니까?

KAA2

                    _____YEARS OF AGE   [RANGE: 0-120]

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

PROGRAMMING NOTE QC15_K11:
IF QC15_K10 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QC15_K11;
ELSE GO TO QC15_K12

QC15_K11   Is your spouse between 18 and 29, between 30 and 39, between 40 and 44, between 45
             and 49, between 50 and 64, or 65 or older?
             배우자의 나이(연세)는 18 세에서 29 세, 30 세에서 39 세, 40 세에서
             44 세, 45 세에서 49 세, 50 세에서 64 세, 65 세 이상 중 어디에 속합니까?

KAA2A

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

QC15_K12   MediCARE is a health insurance program for people 65 years and older or persons with
             certain disabilities. At this time, is your spouse covered by MediCARE?
             MediCARE 는 65 세 이상의 노인이나 특정 장애를 갖고 있는 사람들을 위한 의료 보험
             프로그램입니다. 지금 현재, 귀하의 배우자는 MediCARE 혜택을 받고 있습니까?

KAI1

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

                        YES..1   **[GO TO QC15_K15]**
                        NO..2
                        REFUSED .... -7   **[GO TO QC15_K22]**
                        DON'T KNOW .... -8   **[GO TO QC15_K22]**

POST-NOTE QC15_K12:
IF QC15_K12 = 1, SET KARMCARE = 1 AND SET KARINSURE = 1

PROGRAMMING NOTE QC15_K13:
IF [KAAGE > 64 OR QC15_K11 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QC15_K12= 2 (NOT
COVERED BY MEDICARE), CONTINUE WITH QC15_K13;
ELSE GO TO PROGRAMMING NOTE QC15_K15

QC15_K13   Is it correct that your spouse is NOT covered by MediCARE even though you told me
             earlier that your spouse is 65 or older?
             배우자 분의 연세가 65 세 이상이시면서, 현재 MediCARE 혜택을 받지
             않고 있다고 하셨는데요, 맞습니까?

KAI2
                        CORRECT, NOT COVERED BY MEDICARE..........1   **[GO TO PN QC15_K22]**
                        NOT CORRECT, R IS COVERED BY MEDICARE..2   **[GO TO PN QC15_K15]**
                        AGE IS INCORRECT... 93
                        REFUSED .... -7   **[GO TO PN QC15_K22]**
                        DON'T KNOW .... -8   **[GO TO PN QC15_K22]**

POST-NOTE QC15_K13:
IF QC15_K13 =2, SET KARMCARE = 1 AND SET KARINSURE = 1

QC15_K14   What is your spouse's age, please?
                          배우자 분의 나이(연세)가 어떻게 되십니까?

| KAI3 |

                          _____ YEARS OF AGE [HR: 18-105]   **[GO TO PN QC15_K22]**

                          REFUSED .... -7   **[GO TO PN QC15_K22]**
                          DON'T KNOW .... -8   **[GO TO PN QC15_K22]**

POST NOTE QC15_K14: AIDATE
SET KAIDATE = CURRENT DATE (YYYYMMDD);
SET KAAGE = QC15_K14;
IF KAAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QC15_K15:
IF KARMCARE = 1, CONTINUE WITH QC15_K15;
ELSE GO TO PROGRAMMING NOTE QC15_K22

QC15_K15   Is this a MediCARE Advantage Plan?
                          이 보험은 메디케어 어드밴티지 (MediCARE Advantage) 플랜입니까?

| KAH123 |

                          [IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans,
                          are offered by private companies approved by MediCARE. MediCARE Advantage
                          plans provide Medicare Part A and Part B coverage."]
                          [IF NEEDED, SAY: 메디케어 어드밴티지 플랜(MediCARE
                          Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요,
                          메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험
                          플랜입니다. 메디케어 어드밴티지 플랜은 메디케어 파트 A 와
                          메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다.]

                          YES 1
                          NO 2   **[GO TO QC15_K18]**
                          REFUSED .... -7   **[GO TO QC15_K18]**
                          DON'T KNOW .... -8   **[GO TO QC15_K18]**

POST-NOTE QC15_K15;
IF QC15_K15 = 1, SET KARMADV= 1

QC15_K16   Is your spouse's MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?
귀하의 배우자의 메디케어 어드밴티지 (MediCARE Advantage) 플랜은 HMO 입니까, PPO 입니까, 아니면 사설 진료별 수가 플랜(PFFS, Private-fee-for service plan) 입니까?

KAH124

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]
IF NEEDED, SAY:HMO 는 Health Maintenance Organization(건강 관리 기구)의 약자입니다. HMO 플랜에서는 이 플랜의 네트워크에 속한 의사와 병원만을 이용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 플랜에서 의료비를 지불하지 않습니다.

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
IF NEEDED, SAY: PPO는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.

[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]
IF NEEDED, SAY: 사설 진료별 수가 플랜 (PFFS, Private Fee-for-Service)은 메디케어가 매달 일정 금액을 사설 보험 회사에 지불하는 방식입니다. 귀하가 사설 진료별 수가 플랜에 가입하셨다면, 귀하가 받은 진료에 대해, 메디케어가 아닌, 가입하신 보험 회사가 귀하의 보험 지불액을 결정합니다.

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

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

    HMO (HEALTH MAINTENANCE ORGANIZATION) 1
    PPO (PREFERRED PROVIDER ORGANIZATION) 2
    PFFS (PRIVATE FEE FOR SERVICE) 3
    SNP (SPECIAL NEEDS PLAN) 4
    OTHER (SPECIFY: _____) 91
    REFUSED .... -7
    DON'T KNOW .... -8

QC15_K17   What is the name of your spouse's MediCARE plan?
                      귀하의 <spouse_part> 의 메디케어 플랜의 이름은 무엇입니까?

KAH125

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Does your spouse have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: 혹시 배우자 분의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?]

                      ACCESS SENIOR HEALTHCARE 1
                      AETNA 2
                      AETNA GOLDEN MEDICARE 3
                      AIDS HEALTHCARE FOUNDATION, LA 4
                      ALAMEDA ALLIANCE FOR HEALTH 5
                      ALTAMED HEALTH SERVICES........................... 83
                      ANTHEM BLUE CROSSOF CALIFORNIA..............7
                      ASPIRE HEALTH PLAN 8
                      BLUE CROSS CALIFORNIACARE 9
                      BLUE CROSS SENIOR SECURE 79
                      BLUE SHIELD 65 PLUS 11
                      BLUE SHIELD OF CALIFORNIA 12
                      BRAND NEW DAY (UNIVERSAL CARE) 13
                      CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
                      CALIFORNIAKIDS (CALKIDS) 15
                      CAL OPTIMA (CALOPTIMA ONE CARE) 16
                      CALVIVA HEALTH.. 17
                      CARE 1ST HEALTH PLAN 18
                      CAREMORE HEALTH PLAN................................ 19
                      CENTER FOR ELDERS' INDEPENDENCE.......... 21
                      CEN CAL HEALTH 80
                      CENTRAL CALIFORNIA ALLIANCE FOR
                      HEALTH... 22
                      CENTRAL HEALTH PLAN.................................... 23
                      CHINESE COMMUNITY HEALTH PLAN 24
                      CHOICE PHYSICIANS NETWORK....................... 25
                      CIGNA HEALTHCARE 26
                      CITIZENS CHOICE HEALTHPLAN 27
                      COMMUNITY CARE HEALTH PLAN 28
                      COMMUNITY HEALTH GROUP 29
                      CONTRA COSTA HEALTH PLAN......................... 81
                      DAVITA HEALTHCARE PARTNERS PLAN 31
                      EASY CHOICE HEALTH PLAN............................ 32
                      EPIC HEALTH PLAN 33
                      GEM CARE HEALTH PLAN 34
                      GOLD COAST HEALTH PLAN............................. 35
                      GOLDEN STATE MEDICARE HEALTH
                      PLAN... 36
                      HEALTH NET.. 38
                      HEALTH NET SENIORITY PLUS.......................... 39
                      HEALTH PLAN OF SAN JOAQUIN 40
                      HEALTH PLAN SAN JP AUTHORITY 41
                      HERITAGE PROVIDER NETWORK 42
                      HUMANA GOLD PLUS.. 43
                      HUMANA HEALTH PLAN 44
                      IEHP (INLAND EMPIRE HEALTH PLAN) 45
                      INTER VALLEY HEALTH PLAN 46

HEALTH ADVANTAGE 82
KAISER PERMANENTE.. 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE............................ 49
L.A. CARE HEALTH PLAN 50
MD CARE... 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN.................................. 55
ON LOK SENIOR HEALTH SERVICES 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS........................ 58
PREMIER HEALTH PLAN SERVICES.................. 59
PRIMECARE MEDICAL NETWORK 60
PROVIDENCE HEALTH NETWORK..................... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN..................................... 69
SAN FRANCISCO HEALTH PLAN....................... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA... 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
SUTTER HEALTH PLAN 71
SUTTER SENIOR CARE....................................... 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON....... 74
UNIVERSITY HEALTHCARE ADVANTAGE......... 75
VALLEY HEALTH PLAN.. 76
VENTURA COUNTY HEALTH CARE PLAN......... 77
WESTERN HEALTH ADVANTAGE....................... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES............................. 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED ....-7
DON'T KNOW ....-8

POST-NOTE FOR QC15_K17:
ALL ANSWERS GO TO PROGRAMMING NOTE QC15_K19;
IF QC15_K17 = 93, 87, OR 89 THEN KARMILIT = 1

QC15_K18   Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Does your spouse have this type of health insurance?
메디케어로 혜택을 받을 수 있는 분들 중에는 메디갭(Medigap) 또는 메디케어 서플리먼트(Medicare Supplement)라는 민간 의료 보험을 추가로 갖고 있는 분들도 있는데요. 배우자분은 이런 종류의 건강 보험이 있으십니까?

KAI4

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

YES...1		
NO...2	**[GO TO PN QC15_K23]**	
REFUSED .... -7	**[GO TO PN QC15_K23]**	
DON'T KNOW .... -8	**[GO TO PN QC15_K23]**	

POST-NOTE FOR QC15_K18:
IF QC15_K18 = 1, SET KARSUPP = 1

PROGRAMMING NOTE QC15_K19:
IF KARMADV = 1 (MEDICARE ADVANTAGE) CONTINUE WITH QC15_K19 AND DISPLAY
"MediCARE Advantage plan";
IF KARSUPP = 1 (HAS SUPPLEMENT) CONTINUE WITH QC15_K19 AND DISPLAY "MediCARE
Supplement plan";
ELSE GO TO PROGRAMMING NOTE QC15_K23

QC15_K19   For the {MediCARE Advantage plan/MediCARE Supplement plan}, did your spouse sign up directly, or did your spouse get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?메디케어 어드밴티지 블랜(MediCARE Advantage plan)메디케어 보조 프로그램의 경우, 귀하의 배우자께서는 이 보험에 직접 가입하셨습니까? 또는 그 분의 이전 혹은 현 직장, 노동 조합, 가족 운영 사업, AARP, 또는 다른 방법을 통해 가입하게 되셨습니까?

KAH126

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

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

QC15_K20   Does your spouse pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles your spouse or your family may have had to pay.
귀하의 배우자는 이 의료 보험 비용의 전부 또는 일부를 지불하고 계십니까? 귀하의 배우자나 가족이 부담했던 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

KAH53

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "공동 부담액이란 건강플랜이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]
[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "공제액이란 건강플랜이 의료비를 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]
[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "보험료란 건강보험플랜 비용으로 매월 지불하는 요금을 말합니다."]

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

QC15_K21   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
고용주, 노동조합, 또는 전문인 단체와 같은 다른 사람이 이 의료보험료나 비용의 전부 또는 일부를 지불합니까?

KAH54

                 YES 1
                 NO 2   **[GO TO PN QC15_K23]**
                 REFUSED .... -7   **[GO TO PN QC15_K23]**
                 DON'T KNOW .... -8   **[GO TO PN QC15_K23]**

QC15_K22　　Who is that?
　　　　　　　　그 다른 사람이 누구 입니까?

KAH55

[IF NEEDED, SAY: "Who besides your spouse pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]
[IF NEEDED, SAY: "고용주, 노동조합, 전문인 단체 등 귀하의 배우자 이외에 이 의료보험료의 일부를 지불하고 있는 사람은 누구입니까?"]

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "다른 사람이 또 있습니까?"

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

POST-NOTE FOR QC15_K22:
IF QC15_K22 = 7, SET KARMCAL = 1;

PROGRAMMING NOTE QC15_K23:
IF KARMCAL = 1, DISPLAY "Is it correct that your spouse is";
ELSE DISPLAY "Is your spouse"

QC15_K23　　{Is it correct that your spouse is/Is your spouse} covered by Medi-CAL?
　　　　　　　　귀하는 Medi-CAL 혜택을 받고 계십니까? 귀하께서 Medi-CAL 혜택을 받고 있는 것이 맞습니까?

KAI6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "이것은 특정한 저소득층 자녀 및 가족, 임산부, 장애인 또는 노인들을 위한 플랜입니다."]

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

POST-NOTE FOR QC15_K23:
IF QC15_K23 = 1, SET KARMCAL = 1 AND SET KARINSUR = 1;
IF KARMCAL = 1 AND QC15_K23 = 2, SET KARMCAL = 0

PROGRAMMING NOTE QC15_K24:IF KARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about, is" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about, is" AND "any other";
ELSE DISPLAY "Is" AND "a"

QC15_K24   {Besides the Medicare supplement plan you told me about, is/Besides the Medicare Advantage plan you told me about}, is your spouse covered by {any other/a} health insurance plan or HMO through a current or former employer or union?
말씀해 주신 노인의료보험 추가 계획외에, 현재 또는 이전의 직장 또는 노동조합(Union)을 통해 의료보험 또는 HMO 혜택을 받고 계십니까?

KAI8

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

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

POST-NOTE FOR QC15_K24:
IF QC15_K24 = 1, SET KAREMPOT = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K25:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QC15_K25;
ELSE GO TO PROGRAMMING NOTE QC15_K27

QC15_K25   Is your spouse covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO, or through Covered California?
귀하의 배우자는 그 분이 보험회사나 HMO 로부터 직접, 또는 커버드 캘리포니아 (Covered Califormia)를 통해서 구입한 의료 보험의 혜택을 받습니까?

KAI11

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

YES...1
NO...2   **[GO TO PN QC15_K27]**
REFUSED .... -7   **[GO TO PN QC15_K27]**
DON'T KNOW .... -8   **[GO TO PN QC15_K27]**

POST-NOTE FOR QC15_K25:
IF QC15_K25 = 1, SET KARDIREC = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K26:
IF KARDIREC = 1, THEN CONTINUE WITH QC15_K26;
ELSE GO TO PROGRAMMING NOTE QC15_K27

QC15_K26   How did your spouse purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
귀하의 배우자는 이 건강보험을 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입하셨습니까?

KAH104

INSURANCE COMPANY OR HMO	1
COVERED CALIFORNIA	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QC15_K26:
IF QC15_K26= 2, THEN SET KARHBEX = 1

PROGRAMMING NOTE FOR QC15_K27:
IF QC15_K24 = 1 (EMPLOYER-BASED COVERAGE) OR QC15_K25 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QC15_K27;
ELSE GO TO PROGRAMMING NOTE QC15_K35

QC15_K27   Was this plan obtained in your spouse's own name or in the name of someone else?
이 플랜에는 {배우자/파트너} 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

KAI9

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

IN SPOUSE'S OWN NAME	1	**[GO TO PN QC15_K29]**
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	**[GO TO PN QC15_K29]**
DON'T KNOW	-8	**[GO TO PN QC15_K29]**

POST-NOTE FOR QC15_K27:
IF QC15_K24 = 1 AND QC15_K29 = 1 SET KAREMPOW = 1 AND SET KARINSUR = 1 AND SET KAREMPOT = 0;
IF QC15_K24 = 1 AND QC15_K29 = 2, -7, OR -8 SET KAREMPOT = 1 AND SET KARINSUR = 1;
IF QC15_K25 = 1 AND QC15_K29 = 1 SET KARDIROW = 1 AND KARINSUR = 1;
IF QC15_K25 = 1 AND QC15_K29 = 2, -7, OR -8 SET KARDIROT = 1 AND KARINSUR = 1

PROGRAMMING NOTE QC15_K28:
IF KAAGE < 26, DISPLAY "spouse's parent's name";

QC15_K28   Is the plan in your own name {or} {your spouse's parent's name?
이 건강보험 플랜에 귀하, 귀하의 부모 또는 다른 사람의 이름으로 가입했습니까?

┌─────────┐
│ **KAI9A** │
└─────────┘

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

POST-NOTE FOR QC15_K28:
**IF QC15_K24 = 1 AND QC15_K28 = 1 SET KAREMPSP = 1 AND KAREMPOT = 0 AND
KARSAMES=1;**
**IF QC15_K26 = 1 AND QC15_K28 = 1 SET KAREMPSP = 1 AND KAREMPOT = 0 AND
KARSAMES=1 AND KSPHBEX = 1;**
IF QC15_K24 = 1 AND QC15_K28 = 2 SET KAREMPPA =1 AND KAREMPOT = 0;
IF QC15_K25 = 1 AND QC15_K28 = 1 SET KARDIRSP = 1 AND KARDIROT = 0 AND KARSAMES=1;
IF QC15_K25 = 1 AND QC15_K28 = 2 SET KARDIRPA = 1 AND KARDIROT = 0

PROGRAMMING NOTE QC15_K29:
IF QC15_K24 = 1 (EMPLOYER-BASED COVERAGE), CONTINUE WITH QC15_K29;
IF KAREMPOW = 1 THEN DISPLAY {you};
IF KAREMPSP = 1 OR KAREMPPA =1 OR KAREMPOT = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QC15_K30;

QC15_K29   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?
{귀하/자녀} 는 이 건강보험에 고용주, 노동조합 또는 Covered California 의 SHOP
프로그램을 통해서 가입하셨습니까?

┌──────────┐
│ **KAH105** │
└──────────┘

**[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program
administered by Covered California."]**
**[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program (소기업 건강
혜택 옵션 프로그램)의 약자입니다"]**

EMPLOYER 1
UNION..2
SHOP / COVERED CALIFORNIA 3
OTHER (SPECIFY: _____)........................92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QC15_K29:
IF QC15_K29 = 3, THEN SET KARHBEX = 1

PROGRAMMING NOTE QC15_K30
IF KARHBEX = 1, THEN CONTINUE WITH QC15_K30;
ELSE GO TO PROGRAMMING NOTE QC15_K32;

QC15_K30   Was this a bronze, silver, gold or platinum plan?
이 건강보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

KAH106

> BRONZE 1
> SILVER 2
> GOLD 3
> PLATINUM 4
> MEDI-CAL / MEDICAID 5
> MINIMUM COVERAGE/CATASTROPHIC 6
> OTHER (SPECIFY: _____)....................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K31:
IF QC15_K30 = 3, THEN GO TO QC15_K32;
ELSE CONTINUE WITH QC15_K31;

QC15_K31   Was there a subsidy or discount on the premium for this plan?
이 플랜의 보험료에는 보조금 또는 할인이 제공되었습니까?

KAH107

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

PROGRAMMING NOTE QC15_K32:
IF QC15_K24 = 1 (EMPLOYER-BASED COVERAGE) OR QC15_K25 = 1 (PURCHASED OWN
COVERAGE), CONTINUE WITH QC15_K32;
ELSE GO TO PROGRAMMING NOTE QC15_K35

QC15_K32   Does your spouse pay any or all of the premium or cost for this health plan? Do not
include the cost of any co-pays or deductibles your spouse or your family may have had
to pay.
귀하의 배우자는 이 의료 보험료나 관련 비용 전부 또는 일부를 지불하고 있습니까?
귀하의 배우자나 가족이 부담했던 공동부담액(co-pays) 및 본인 부담금(deductibles)은
포함하지 마십시오.

KAH57

**[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: "공동 부담액 (co-pays)이란 다른 사람이 귀하의 의료보험료를
지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 서비스를 사용할 때마다 지불해야
하는 의료비의 일부를 말합니다."]

**[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before
your health plan starts paying."]**
[IF NEEDED, SAY: "공제액(deductibles)이란 의료보험이 지불하기 전에 귀하가 지불해야
하는 의료비용을 말합니다."]

**[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health
insurance plan."]**
[IF NEEDED, SAY: "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]

YES 1
NO..2   **[GO TO PN QC15_K34]**
REFUSED .... -7
DON'T KNOW .... -8

QC15_K33   Does anyone else, such as an employer, a union, or professional organization pay all or
some portion of the premium or cost for this health plan?
고용주, 노동조합, 또는 전문인 단체와 같은 다른 사람이 이 의료보험에 대한 보험료나
비용의 전부 또는 일부를 지불합니까?

KAH58

YES 1
NO..2   **[GO TO PN QC15_K35]**
REFUSED .... -7   **[GO TO PN QC15_K35]**
DON'T KNOW .... -8   **[GO TO PN QC15_K35]**

PROGRAMMING NOTE QC15_K34:
IF QC15_K32 = 2 THEN DISPLAY "Who besides your spouse pays any portion of the cost for this plan, such as your spouse's employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

QC15_K34   {Who besides your spouse pays any portion of the cost for this plan, such as your spouse's employer, a union, or professional organization/Who is that}?
위의 사람을 제외한 누가 이 의료보험에 대한 비용의 전부 또는 일부를 지불합니까?

KAH56

[IF NEEDED, SAY: "Who besides your spouse pays any portion of that cost for that plan, such as your spouse's employer, a union, or professional organization?]
[IF NEEDED, SAY: "귀하의 배우자 이외에, 직장이나 노동조합, 전문직 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까?"]
[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

ADULT RESPONDENT'S CURRENT EMPLOYER .1
ADULT RESPONDENT'S FORMER EMPLOYER ...2
ADULT RESPONDENT'S UNION 3
SKA'S CURRENT EMPLOYER 4
SKA'S FORMER EMPLOYER 5
PROFESSIONAL/FRATERNAL ORGANIZATION ...6
MEDICAID/MEDI-CAL ASSISTANCE 7
MEDICARE 9
COVERED CALIFORNIA....................................... 11
OTHER.. 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K34:
IF (QC15_K34_1 OR QC15_K34_2 OR QC15_K34_3) = 1, SET KAREMPOW = 1;
IF (QC15_K34_4 OR QC15_K34_5) = 1, SET KAREMPSP = 1;
IF QC15_K34_7 = 1, SET KARMCAL = 1 AND SET KARDIREC = 0;
IF QC15_K34_9 = 1, SET KARMCARE = 1 AND SET KARDIREC = 0;
IF QC15_K34_12 = 1, SET KARHBEX = 1

PROGRAMMING NOTE QC15_K35:
IF [QC15_K6 = 1 OR 2 (R WORKED LAST WEEK) OR QC15_K7 = 1 (R USUALLY WORKS)] AND
QC15_K9 ≠ 3 (NOT SELF-EMPLOYED) AND KAREMPOW ≠ 1 (NO EMPLOYER-BASED
COVERAGE), CONTINUE WITH QC15_K35;
ELSE GO TO PROGRAMMING NOTE QC15_K39

QC15_K35   Does your spouse's employer offer health insurance to any of its employees?
           귀하의 배우자의 직장에서는 직원들에게 의료 보험을 제공합니까?

KAI13

               YES 1
               NO..2   **[GO TO PN QC15_K39]**
               REFUSED .... -7   **[GO TO PN QC15_K39]**
               DON'T KNOW .... -8   **[GO TO PN QC15_K39]**

QC15_K36   Is {he/she/he or she} eligible to be in this plan?
           배우자분은 이 보험에 가입할 자격이 되십니까?

KAI14

               YES 1
               NO..2   **[GO TO QC15_K38]**
               REFUSED .... -7   **[GO TO PN QC15_K39]**
               DON'T KNOW .... -8

QC15_K37   What is the ONE main reason why {he/she/he or she) isn't in this plan?
           그 분께서 이 보험에 들지 않은 가장 주된 한 가지 이유는 무엇입니까?

KAI15

               COVERED BY ANOTHER PLAN 1   **[GO TO PN QC15_K39]**
               TOO EXPENSIVE..2   **[GO TO PN QC15_K39]**
               DIDN'T LIKE PLAN OFFERED 3   **[GO TO PN QC15_K39]**
               DON'T NEED OR BELIEVE IN
               HEALTH INSURANCE...4   **[GO TO PN QC15_K39]**
               OTHER (SPECIFY: _____)........................... 91   **[GO TO PN QC15_K39]**
               REFUSED .... -7   **[GO TO PN QC15_K39]**
               DON'T KNOW .... -8   **[GO TO PN QC15_K39]**

QC15_K38   What is the ONE main reason why {he/she/he or she} is not eligible for this plan?
           그 분께서 이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는
           무엇입니까?

KAI15A

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

PROGRAMMING NOTE QC15_K39:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES,
EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QC15_K39;
ELSE GO TO PN QC15_K40

QC15_K39   Is your spouse covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military
             health care?
             귀하의 배우자는 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른
             군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

KAI16

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

POST-NOTE QC15_K39:
IF QC15_K39 = 1, SET KARMILIT = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15 _K40:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES,
EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QC15_K40;
ELSE GO TO PROGRAMMING NOTE QC15_K41

QC15_K40   Is your spouse covered by some other government health program, such as AIM, "Mister
             MIP," the Family PACT program, Healthy Kids, or something else?
             귀하의 배우자는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT),
             헬시키즈 (Health Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

KAI17

             [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 Healthy Kids is program for children in your
             county."]
             [IF NEEDED, SAY: "에임(AIM)은 보험이 없는 신생아와 산모를 위한
             프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP 는 주요 위험
             의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는
             보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련
             서비스를 제공하는 주 정부 프로그램입니다"]

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

POST-NOTE QC15_K40:
IF QC15_K40 = 1, SET KAROTHGO = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K41:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN,
MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QC15_K41;
ELSE GO TO PROGRAMMING NOTE QC15_K45

QC15_K41   Does your spouse have any health insurance coverage through a plan that I missed?
귀하의 배우자가 현재 가입한 다른 의료보험이 있는데 제가 빠뜨린
것이 있습니까?

KAI18

YES 1		
NO 2	**[GO TO PN QC15_K45]**	
REFUSED .... -7	**[GO TO PN QC15_K45]**	
DON'T KNOW .... -8	**[GO TO PN QC15_K45]**	

QC15_K42   What type of health insurance does your spouse have?
                 귀하의 배우자는 어떤 종류의 의료보험에 가입되어 있습니까?

KAI19

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

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

                 THROUGH CURRENT OR FORMER
                 EMPLOYER/UNION 1
                 THROUGH SCHOOL, PROFESSIONAL
                 ASSOCIATION, TRADE GROUP,
                 OR OTHER ORGANIZATION..................................2
                 PURCHASED DIRECTLY FROM HEALTH PLAN
                 (BY R OR ANYONE ELSE) 3
                 MEDICARE 4
                 MEDI-CAL 5
                 CHAMPUS/CHAMP-VA, TRICARE, VA
                 OR SOME OTHER MILITARY HEALTH CARE 7
                 INDIAN HEALTH SERVICE, TRIBAL HEALTH
                 PROGRAM OR URBAN INDIAN CLINIC 8
                 COVERED CALIFORNIA...................................... 10
                 SHOP THROUGH COVERED CALIFORNIA 11
                 OTHER GOVERNMENT HEALTH PLAN 91
                 OTHER NON-GOVERNMENT HEALTH PLAN..... 92
                 REFUSED .... -7
                 DON'T KNOW .... -8

POST-NOTE QC15_K42:
IF QC15_K42_1 = 1, SET KAREMPOT =1 AND SET KARINSUR = 1;
IF QC15_K42_2 = 1, SET KAREMPOT = 1 AND SET KARINSUR = 1;
IF QC15_K42_3 = 1, SET KARDIREC = 1 AND SET KARINSUR = 1;
IF QC15_K42_4 = 1, SET KARMCARE = 1 AND SET KARINSUR = 1;
IF QC15_K42_5 = 1, SET KARMCAL = 1 AND SET KARINSUR = 1;
IF QC15_K42_7 = 1, SET KARMILIT = 1 AND SET KARINSUR = 1;
IF QC15_K42_8 = 1, SET KARIHS = 1;
IF QC15_K42_10 = 1, SET KAROTHER = 1 AND SET KARINSUR = 1;
IF QC15_K42_12 = 1, SET KARHBEX = 1 AND KARINSUR = 1;
IF QC15_K42_13 = 1, SET KARHBEX = 1 AND KARINSUR = 1;
IF QC15_K42_1 = -7 OR -8, SET KAROTHER = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K43:
IF QC15_K42 = 1, 2, OR 3 CONTINUE WITH QC15_K43;
ELSE GO TO PROGRAMMING NOTE QC15_K45

QC15_K43   Was this plan obtained in your spouse's name or in the name of someone else?
이 보험에는 배우자의 이름으로 가입하셨습니까 아니면 다른 사람의 이름으로
가입하셨습니까?

KAH59

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

IN SPOUSE'S OWN NAME 1   **[GO TO PN QC15_K45]**
IN SOMEONE ELSE'S NAME 2
REFUSED .... -7   **[GO TO PN QC15_K45]**
DON'T KNOW .... -8   **[GO TO PN QC15_K45]**

POST-NOTE QC15_K43:
IF (QC15_K42_1 = 1 OR QC15_K42 _2 = 1) AND QC15_K43 = 1, SET KAREMPOW = 1, KAREMPOT
= 0, AND KARINSUR = 1;
IF QC15_K42_3 = 1 AND QC15_K43 = 1, SET KARDIROW = 1, KARDIROT = 0, AND KARINSUR = 1;
IF (QC15_K42_1 = 1 OR QC15_K42_2 = 1) AND (QC15_K43 = 2, -7, -8), SET KAREMPOT = 1,
KAREMPOW = 0, AND KARINSUR = 1;
IF QC15_K42_3 = 1 AND (QC15_K43 = 2, -7, -8), SET KARDIROT = 1, KARDIROW = 0, AND
KARINSOW = 1

PROGRAMMING NOTE QC15_K44:
IF KAAGE < 25, THEN DISPLAY "spouse's parent's name";

QC15_K44   Is the plan in your own name {or} {your spouse's parent's name,}?
이 의료보험에는 누구의 이름으로 가입되었습니까?

KAH60

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

POST-NOTE QC15_K44:
IF QC15_K44 = 1, SET KAREMPSP = 1 AND SET KAREMPOT = 0;
IF QC15_K44 = 2, SET KAREMPPA = 1 AND SET KAREMPOT = 0

QC15_K45   These next questions are about the type of health insurance you may have.
다음은 귀하의 의료보험 종류에 대한 질문입니다.

KAI37intro

PROGRAMMING NOTE QC15_K46:
IF ARMCARE = 1, CONTINUE WITH QC15_K49 AND DISPLAY "You said that your spouse is
covered by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QC15_K49

QC15_K46   {You said that your spouse is covered by Medicare.} Are you {also} covered by
Medicare?
배우자 분이 메디케어 혜택을 받으신다고 하셨는데요, 귀하 본인
역시 메디케어 혜택을 받으십니까?귀하 본인은 메디케어 혜택을
받으십니까?

KAI37

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

POST-NOTE QC15_K46:
IF QC15_K46 = 1, SET KSPMCARE = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K47:
IF KSPMCARE = 1 AND KARMADV ≠ 1, CONTINUE WITH QC15_K47 WITHOUT DISPLAY;
ELSE IF KSPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QC15_K47 AND DISPLAY "You said
that yourspouse has a Medicare Advantage plan." AND "also";
ELSE GO TO PROGRAMMING NOTE QC15_K48

QC15_K47   {You said that your spouse has a Medicare Advantage plan.} Do you {also} have a
Medicare Advantage plan?
귀하의 배우자께서는 메디케어 어드벤티지 플랜에 가입되어 있다고 하셨는데요. 귀하
본인께서도 역시 메디케어 어드밴티지 플랜에 들어 있으십니까?귀하는 메디케어
어드밴티지 플랜에 들어 있으십니까?

KAH127

                 **[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans,
                 are offered by private companies approved by MediCARE. MediCARE Advantage
                 plans provide Medicare Part A and Part B coverage."]**
                 **[IF NEEDED, SAY: 메디케어 어드밴티지 플랜(MediCARE
                 Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요,
                 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험
                 플랜입니다. 메디케어 어드밴티지 플랜은 메디케어 파트 A 와
                 메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다.]**
                          YES 1
                          NO...2
                          REFUSED .... -7
                          DON'T KNOW .... -8

POST-NOTE QC15_K47:
IF QC15_K47 = 1, THEN SET KSPMHMO = 1 AND SET SKPINSUR = 1

PROGRAMMING NOTE QC15_K48:
IF KSPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QC15_K49;
ELSE IF KSPMCARE = 1, CONTINUE WITH QC15_K48 WITHOUT DISPLAY;
IF KARSUPP = 1, CONTINUE WITH QC15_K48 AND DISPLAY "You said that your spouse has a Medicare Supplement plan." AND "also";
ELSE GO TO PROGRAMMING NOTE QC15_K49

QC15_K48   {You said that your spouse has a Medicare Supplement plan.} Do you have a Medicare supplement plan?
귀하의 배우자께서 메디케어 보조 프로그램에 가입되어 있다고
하셨는데요. 귀하 본인께서도 역시 메디케어 보조 프로그램에 들어
있으십니까?귀하는 메디케어 보조 프로그램에 들어 있으십니까?

KAI37A

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

POST-NOTE QC15_K48:
IF QC15_K48 = 1, THEN SET KSPSUPP = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K49:
IF KARMCAL = 1, CONTINUE WITH QC15_K49 WITHOUT DISPLAY;
IF KARMCARE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K50

QC15_K49   You said your spouse {also} has Medi-Cal. Are you also covered by Medi-Cal?
배우자분은 Medi-Cal에 가입되어 있다고 하셨는데요,귀하 본인 역시
Medi-Cal 혜택을 받고 계십니까?

KAI38

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

POST-NOTE QC15_K49:
IF QC15_K49 = 1, SET KSPMCAL = 1 AND SET KSPINSURE = 1

PROGRAMMING NOTE QC15_K50:
IF KAREMPOW = 1 AND KARHBEX ≠ 1, CONTINUE WITH QC15_K50;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K52

QC15_K50   You said your spouse {also}has insurance from <u>YOUR SPOUSE'S</u> current or former employer or union. Are you also covered by the insurance from YOUR SPOUSE'S employer or union?
귀하의 배우자는 그 분 자신의 현 직장이나 예전 직장 또는 노동조합을 통해 제공되는 보험에가입되어 있다고 말씀하셨습니다. 귀하께서도 귀하 배우자의 직장에서 제공되는 보험에 가입되어 있습니까?

KAI40

YES 1   **[GO TO PN QC15 _K53]**
NO..2
OTHER...3
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K50:
IF QC15_K50 = 1, SET KSPEMPSP = 1 AND SET KSPINSUR = 1 AND KARSAMES=1;
PROGRAMMING NOTE QC15_K51:
IF KARHBEX = 1 AND (KAREMPOW = 1 OR KAREMPOT = 1 OR KAREMPSP = 1), THEN CONTINUE WITH QC15_K51;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K52

QC15_K51   You said you have health insurance through Covered California's SHOP program. Is your (SPOUSE/PARTNER) {also} covered by this health insurance?
귀하는 커버드 캘리포니아(Covered California)의 SHOP 프로그램을 통해서 구입한 의료 보험이 있다고 말씀하셨습니다. 귀하의 <spouse_part>께서(는)이 의료 보험의 혜택을 받습니까?

KAH108

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California."]
[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다."]

YES 1   **[GO TO PN QC15 _K53]**
NO..2
OTHER...3
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K51:
IF QC15_K51 = 1, SET KSPEMPSP = 1 AND SET KSPINSUR = 1 AND KARSAMES=1 AND KSPHBEX = 1;

PROGRAMMING NOTE QC15_K52:
IF QC15_K1 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QC15_K2 = 1 (USUALLY WORKS),
CONTINUE WITH QC15_K52;
IF AREMPSP = 1 DISPLAY "You said your spouse has insurance from your employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K53

QC15_K52　　{You said your spouse has insurance from your employer or union. Do you {also} have coverage through you OWN employer?
배우자분은 귀하의 직장이나 노동조합을 통해서 제공되는 보험에
가입되어 있다고 말씀하셨습니다.귀하(는/도)본인의 직장을 통해
제공되는 보험에 가입되어 있습니까?

> **KAI40A**

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

POST-NOTE QC15_K52:
IF QC15_K52 = 1, SET KSPEMPOW = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K53:
IF KARDIREC = 1 AND KARHBEX ≠ 1, CONTINUE WITH QC15_K53;
IF KARMCARE = 1 OR KARMCAL = 1 OR KAREMPOW = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K54

QC15_K53　　You said your spouse {also} has a plan your spouse purchased directly from the insurer. Are you also covered by this plan?
귀하의 배우자께서 보험회사를 통해 직접 구입한 의료
보험이추가로있다고 말씀하셨습니다. 귀하께서도 이 보험에
가입되어 있습니까?

> **KAI41**

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

POST-NOTE QC15_K53:
IF QC15_K53 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1 AND KARSAMES=1;

PROGRAMMING NOTE QC15_K54:
IF KARDIREC =1 AND KARHBEX = 1, CONTINUE WITH QC15_K54;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARHFAM = 1 OR KAREMPOW = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K55

QC15_K54   You said you have a plan you purchased directly from Covered California. Is your (SPOUSE/PARTNER) {also} covered by this plan?
귀하는 커버드 캘리포니아(Covered California)에서 직접 구입한 의료
보험이 있다고 말씀하셨습니다. 귀하의 배우자/동거인께서는역시이
의료 보험의 혜택을 받습니까?

KAH109

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

POST-NOTE QC15_K54:
IF QC15_K54 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1 AND KARSAMES=1 AND KSPHBEX = 1;

PROGRAMMING NOTE QC15_K55:
IF KARMILIT = 1, CONTINUE WITH QC15_K55;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARDIRECT = 1 OR KAREMPOW = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K56

QC15_K55   You said your spouse {also} has health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Are you also covered by this plan?
귀하의 배우자는 CHAMPUS/CHAMPUS-VA, TRICARE, VA 또는
다른 군인이나 군인 가족을 위한 의료보험에가입되어 있다고
말씀하셨습니다. 귀하도 이 보험에 가입되어 있습니까?

KAI42

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

POST-NOTE QC15_K54:
IF QC15_K54 = 1, SET KSPMILIT = 1 AND SET KSPINSURE = 1 AND KARSAMES=1;

PROGRAMMING NOTE QC15_K56:
IF KAROTHGO = 1, CONTINUE WITH QC15_K56;
IF QC15_K40 = 1, THEN DISPLAY "AIM";
IF QC15_K40 = 2, THEN DISPLAY "MRMIP";
IF QC15_K40 = 3, THEN DISPLAY "Family PACT";
IF QC15_K40 = 91, THEN DISPLAY "some government health plan":
IF KARMCARE = 1 OR KARMCAL = 1 OR KARDIREC = 1 OR KAREMPOW = 1 OR KARMILIT = 1,
DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QC15_K57

QC15_K56   You said your spouse {also} has health insurance through {AIM/MRMIP/Family
              PACT/PCIP/some government health plan}. Are you also covered by this plan?
              귀하의 배우자는에임(AIM)/미스터 MIP (MRMIP)/ 패밀리 팩트
              (Family PACT)/ PCIP/ 기타 정부의 의료보험 플랜을 통해서의료
              보험에 들어있다고 말씀하셨는데요. 귀하도 이 보험의 혜택을
              받으십니까?

   KAI42A

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

POST-NOTE QC15_K56:
IF QC15_K56 = 1, SET KSPOTHGO = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K57:
IF KSPINSUR ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

QC15_K57   Do you have {any} health insurance coverage {through any other source}?
              귀하께서는기타다른 곳에서 제공해 주는의료보험이 있습니까?

   KAI46

                         YES 1
                         NO 2   [GO TO PN QC15_K59]
                         REFUSED .... -7   [GO TO QC15_K59]
                         DON'T KNOW .... -8   [GO TO QC15_K59]

QC15_K58   What type of health insurance do you have?
귀하는 어떤 종류의 의료보험에 가입되어 있습니까?

KAI47

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "그 밖에 또 있습니까?"]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]
IF NEEDED, SAY: "예를 들어 현재 또는 예전 직장을 통해 제공받거나 직접 구입한 의료보험 등."
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "귀하는 이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문직 협회나 동업자 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?"]

```
THROUGH CURRENT OR FORMER
EMPLOYER/UNION .................................................1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR
OTHER ORGANIZATION ........................................2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE) .....................................3
MEDICARE .............................................................4
MEDI-CAL ...............................................................5
CHAMPUS/CHAMP-VA, TRICARE, VA OR
SOME OTHER MILITARY HEALTH CARE ..............7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC ................8
COVERED CALIFORNIA...................................... 10
SHOP THROUGH COVERED CALIFORNIA ........ 11
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

POST-NOTE QC15_K58:
IF QC15_K58_1 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
IF QC15_K58_2 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
IF QC15_K58_3 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1;
IF QC15_K58_4 = 1, SET KSPMCARE = 1 AND SET KSPINSUR = 1;
IF QC15_K58_5 = 1, SET KSPMCAL = 1 AND SET KSPINSUR = 1;
IF QC15_K58_7 = 1, SET KSPMILIT = 1 AND SET KSPINSUR = 1;
IF QC15_K58_8 = 1, SET KSPIHS = 1;
IF QC15_K58_10 = 1, SET KSPOTHER = 1 AND SET KSPINSUR = 1;
IF QC15_K58_12 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
IF QC15_K58_13 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
IF QC15_K58_1 = -7 OR -8, SET KSPOTHER = 1 AND SET KSPINSUR = 1

> **PROGRAMMING NOTE QC15_K59:**
> **IF KSPINSUR ≠ 1, CONTINUE WITH QC15_K59;**
> **ELSE IF KSPINSUR = 1 AND (KSPEMPOT = 1 OR KSPDIREC = 1), THEN SKIP TO PROGRAMMING**
> **NOTE QC15_K61;**
> **ELSE GO TO PROGRAMMING NOTE QC15_K67**

QC15 _K59   You said you have NO health insurance from any source. Is this correct?
귀하는 어떤 의료보험도 없다고 말씀하셨습니다. 이 내용이
맞습니까?

KAI48

                   YES 1   **[GO TO PN QC15_K63]**
                   NO..2
                   REFUSED .... -7   **[GO TO PN QC15_K63]**
                   DON'T KNOW .... -8   **[GO TO PN QC15_K63]**

QC15_K60   What type of health insurance do you have?
귀하는 어떤 종류의 의료보험에 가입되어 있습니까?

KAI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]
**[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did 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?"]**

                   THROUGH CURRENT OR FORMER
                   EMPLOYER/UNION 1
                   THROUGH SCHOOL, PROFESSIONAL
                   ASSOCIATION, TRADE GROUP OR OTHER
                   ORGANIZATION 2
                   PURCHASED DIRECTLY FROM HEALTH
                   PLAN (BY R OR ANYONE ELSE) 3
                   MEDICARE..4
                   MEDI-CAL 5
                   CHAMPUS/CHAMP-VA, TRICARE, VA OR
                   SOME OTHER MILITARY HEALTH CARE 7
                   INDIAN HEALTH SERVICE, TRIBAL HEALTH
                   PROGRAM OR URBAN INDIAN CLINIC.....................8
                   COVERED CALIFORNIA 10
                   SHOP THROUGH COVERED CALIFORNIA 11
                   OTHER GOVERNMENT HEALTH PLAN 91
                   OTHER NON-GOVERNMENT HEALTH PLAN 92
                   REFUSED .... -7
                   DON'T KNOW.. -8

POST-NOTE QC15_K60:
IF QC15_K60_1 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
IF QC15_K60_2 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
IF QC15_K60_3 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1;
IF QC15_K60_4 = 1, SET KSPMCARE = 1 AND SET KSPINSUR = 1;
IF QC15_K60_5 = 1, SET KSPMCAL = 1 AND SET KSPINSUR = 1;
IF QC15_K60_7 = 1, SET KSPMILIT = 1 AND SET KSPINSUR = 1;
IF QC15_K60_8 = 1, SET KSPIHS = 1;
IF QC15_K60_10 = 1, SET KSPOTHER = 1 AND SET KSPINSUR = 1;
IF QC15_K60_12 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
IF QC15_K60_13 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
IF QC15_K60_1 = -7 OR -8, SET KSPOTHER = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K61:
IF QC15_K58 = (1, 2, 3, 10, 11) OR QC15_K63 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QC15_K61;
ELSE SKIP TO PROGRAMMING NOTE QC15_K63

QC15_K61   Was this plan obtained in your name or in the name of someone else?
이 보험에는 본인의 이름으로 가입되었습니까, 아니면 다른 분의 이름으로
가입되었습니까?

KAH62

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

IN SKA'S NAME 1	**[GO TO PN QC15_K63]**
IN SOMEONE ELSE'S NAME 2	
REFUSED .... -7	**[GO TO PN QC15_K63]**
DON'T KNOW .... -8	**[GO TO PN QC15_K63]**

POST-NOTE QC15_K61:
IF QC15_K61 = 1 (SKA'S NAME) AND [QC15_K58_1 = 1 OR QC15_K58_2 = 1 OR QC15_K58_3 = 1
OR QC15_K60 _1 = 1 OR QC15_K60_2 = 1 OR QC15_K60_3 = 1], SET KSPEMPOW = 1 AND
KSPEMPOT = 0;
ELSE IF QC15_K61 = 1 AND [QC15_K58_12 = 1 OR QC15_K58_13 = 1 OR QC15_K60_12 = 1 OR
QC15_K60_13 = 1], SET KSPHBEX = 1

QC15_K62   Is the plan in your spouse's or your spouse's parent's, or someone else's name?
이 의료보험에는 누구의 이름으로 가입되었습니까? 귀하 배우자
이름입니까, 배우자의 부모님 이름입니까 혹은 다른 사람
이름입니까?

KAH63

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

POST-NOTE QC15_K62:
IF QC15_K62 = 1 (ADULT RESPONDENT'S NAME) AND [QC15_K58_1 = 1 OR QC15_K58_2 = 1 OR QC15_K58_3 = 1 OR QC15_K60_1 = 1 OR QC15_K60_2 = 1 OR QC15_K60_3 = 1], SET KSPEMPAR = 1 AND KSPEMPOT = 0 AND KARSAMES = 1;
IF QC15_K62 = 1 AND [QC15_K58_12 = 1 OR QC15_K58_13 = 1 OR QC15_K60_12 = 1 OR QC15_K60_13 = 1], SET KSPHBEX = 1 AND
KARSAMES = 1;
IF QC15_K62 = 2 (ADULT RESPONDENT'S PARENT'S NAME), SET KSPARPAR = 1 AND SET KSPEMPOT = 0

PROGRAMMING NOTE QC15_K63:
IF KSPEMPOW = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QC15_K67;
ELSE IF [QC15_K1 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QC15_K2 = 1 (USUALLY WORKS)] AND QC15_K4 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QC15_K63;
ELSE GO TO PROGRAMMING NOTE QC15_K67

QC15_K63   Does your employer offer health insurance to any of its employees?
귀하의 직장에서는 직원들에게 의료 보험을 제공합니까?

KAI43

> YES 1
> NO..2   **[GO TO PN QC15_K67]**
> REFUSED .... -7   **[GO TO PN QC15_K67]**
> DON'T KNOW .... -8   **[GO TO PN QC15_K67]**

QC15_K64   Are you eligible to be in this plan?
귀하는 이 보험에 가입할 자격이 되십니까?

KAI44

> YES 1
> NO..2   **[GO TO QC15_K66]**
> REFUSED .... -7   **[GO TO PN QC15_K67]**
> DON'T KNOW .... -8   **[GO TO PN QC15_K67]**

QC15_K65   What is the ONE main reason why you aren't on this plan?
귀하가 이 보험에 들어있지 않은 가장 주된 한 가지 이유는
무엇입니까?

KAI45

> COVERED BY ANOTHER PLAN 1   **[GO TO PN QC15_K67]**
> TOO EXPENSIVE 2   **[GO TO PN QC15_K67]**
> DOESN'T LIKE PLAN OFFERED...........................3   **[GO TO PN QC15_K67]**
> DOESN'T NEED OR BELIEVE IN
> HEALTH INSURANCE..4   **[GO TO PN QC15_K67]**
> OTHER (SPECIFY: _____)......................... 91   **[GO TO PN QC15_K67]**
> REFUSED .... -7   **[GO TO PN QC15_K67]**
> DON'T KNOW .... -8   **[GO TO PN QC15_K67]**

QC15_K66   What is the ONE main reason why you are not eligible for this plan?
귀하가 이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는
무엇입니까?

KAI45A

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

PROGRAMMING NOTE QC15_K67:

IF KARMCARE = 1 (R HAS MEDICARE) AND (KAREMPOW ≠ 1 OR KAREMPOTH ≠ 1 OR KARDIRECT ≠ 1 OR KARMCAL ≠ 1 OR KARMILIT ≠ 1 OR KARIHS ≠ 1 OR KARHBEX ≠ 1 OR KAROTHGO ≠ 1 OR KAROTHER ≠ 1), THEN SKIP TO PN QC15_K70;

IF KARMCARE = 1 (R HAS MEDICARE) AND (KAREMPOW = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCARE = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR
AROTHER = 1), CONTINUE WITH QC15_K67 AND DISPLAY "Besides your spouse's MediCARE plan you told me about earlier, I have some questions about your spouse's other health coverage." AND "other";

IF (KAREMPOW = 1 OR KAREMPOTH = 1 OR KARDIRECT = 1 OR KARMCARE = 1 OR KARMCAL = 1 OR KARMILIT = 1 OR KARIHS = 1 OR KARHBEX = 1 OR KAROTHGO = 1 OR KAROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), CONTINUE WITH QC15_K67 AND DISPLAY "Next, I have some questions about your spouse's main health plan.";

IF KARMCAL = 1 DISPLAY "Medi-Cal";
ELSE GO TO QC15_K77

QC15_K67   {Besides your spouse's MediCARE plan you told me about earlier, I have some questions about your spouse's **other** health coverage./Next, I have some questions about **your spouse's** main health plan.}
Is your spouse's {Medi-Cal/other} health plan an HMO?
앞서 말씀해 주신 메디케어 플랜 이외에, 배우자 분의 다른 의료보험에 대해서도 몇가지 여쭤보겠습니다.다음에는 배우자 분의 주된 의료 보험에 대해 몇 가지 여쭤보겠습니다.
귀하의 배우자의 _의료 보험은 HMO 입니까?

KAI22C

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

[IF 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 spouse's MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 귀하 배우자의 주된 의료 보험]

             YES 1   **[GO TO QC15_K69]**
             NO..2
             REFUSED .... -7
             DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K68:
IF KARMCAL = 1 (R HAS MEDI-CAL), GO TO QC15_K69;
ELSE CONTINUE WITH QC15_K68;

QC15_K68   Is your spouse's health plan a PPO or EPO?
배우자분의 의료 보험은 PPO 입니까, EPO 입니까?

KAH122

[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: "EPO는 Exclusive Provider Organization(독점적 의료제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]
IF NEEDED, SAY: "PPO는 Preferred Provider Organization(선호 의료제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your spouse's MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "배우자 분의 주된 의료보험 플랜."]

PPO..1
EPO..2
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K69:
IF KARINSUR = 1 AND KARMCARE ≠ 1, THEN CONTINUE WITH QC15_K69 AND DISPLAY "your spouse's main";
IF KARINSUR = 1 AND KARMCARE = 1, THEN CONTINUE WITH QC15_K69 AND DISPLAY "this"

QC15_K69   What is the name of {your spouse's main/this} health plan?
배우자분이 가입한의료 보험 이름은 무엇입니까?

KAI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Does your spouse have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: 혹시 배우자 분의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?]

[NOTE: IF SPOUSE HAS MORE THAN ONE HEALTH PLAN, SAY: "Your spouse's MAIN health plan".]
[NOTE: IF SPOUSE HAS MORE THAN ONE HEALTH PLAN, SAY: 배우자 분의 주된 의료 보험]

ACCESS SENIOR HEALTHCARE 1
AETNA 2
AETNA GOLDEN MEDICARE 3
AIDS HEALTHCARE FOUNDATION, LA 4
ALAMEDA ALLIANCE FOR HEALTH 5
ALTAMED HEALTH SERVICES............................ 83
ANTHEM BLUE CROSSOF CALIFORNIA..............7
ASPIRE HEALTH PLAN 8
BLUE CROSS CALIFORNIACARE 9
BLUE CROSS SENIOR SECURE 79
BLUE SHIELD 65 PLUS 11
BLUE SHIELD OF CALIFORNIA 12
BRAND NEW DAY (UNIVERSAL CARE) 13
CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
CALIFORNIAKIDS (CALKIDS) 15
CAL OPTIMA (CALOPTIMA ONE CARE) 16
CALVIVA HEALTH.. 17
CARE 1ST HEALTH PLAN 18
CAREMORE HEALTH PLAN................................ 19
CENTER FOR ELDERS' INDEPENDENCE.......... 21
CEN CAL HEALTH 80
CENTRAL CALIFORNIA ALLIANCE FOR
HEALTH... 22
CENTRAL HEALTH PLAN.................................... 23
CHINESE COMMUNITY HEALTH PLAN 24
CHOICE PHYSICIANS NETWORK....................... 25
CIGNA HEALTHCARE 26
CITIZENS CHOICE HEALTHPLAN 27
COMMUNITY CARE HEALTH PLAN 28
COMMUNITY HEALTH GROUP 29
CONTRA COSTA HEALTH PLAN......................... 81
DAVITA HEALTHCARE PARTNERS PLAN 31
EASY CHOICE HEALTH PLAN............................ 32
EPIC HEALTH PLAN 33
GEM CARE HEALTH PLAN 34
GOLD COAST HEALTH PLAN............................. 35
GOLDEN STATE MEDICARE HEALTH

PLAN.. 36
HEALTH NET... 38
HEALTH NET SENIORITY PLUS......................... 39
HEALTH PLAN OF SAN JOAQUIN....................... 40
HEALTH PLAN SAN JP AUTHORITY 41
HERITAGE PROVIDER NETWORK 42
HUMANA GOLD PLUS...................................... 43
HUMANA HEALTH PLAN.................................... 44
IEHP (INLAND EMPIRE HEALTH PLAN) 45
INTER VALLEY HEALTH PLAN 46
HEALTH ADVANTAGE 82
KAISER PERMANENTE...................................... 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE 49
L.A. CARE HEALTH PLAN 50
MD CARE... 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN................................. 55
ON LOK SENIOR HEALTH SERVICES 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS........................ 58
PREMIER HEALTH PLAN SERVICES................. 59
PRIMECARE MEDICAL NETWORK 60
PROVIDENCE HEALTH NETWORK.................... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN.................................... 69
SAN FRANCISCO HEALTH PLAN....................... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA.. 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
SUTTER HEALTH PLAN 71
SUTTER SENIOR CARE..................................... 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON....... 74
UNIVERSITY HEALTHCARE ADVANTAGE......... 75
VALLEY HEALTH PLAN...................................... 76
VENTURA COUNTY HEALTH CARE PLAN......... 77
WESTERN HEALTH ADVANTAGE...................... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES............................ 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED ....-7
DON'T KNOW ....-8

POST NOTE QC15_K69:
IF QC15_K69 = 93, 87, OR 89 THEN SET KARMILIT=1

PROGRAMMING NOTE QC15_K70:
IF KARMCARE = 1 (R HAS MEDI-CARE) AND (KAREMPOTH ≠ 1 OR KARDIRECT ≠ 1 OR KARMCAL
≠ 1 OR KARMILIT ≠ 1 OR KARIHS ≠ 1 OR KARHBEX ≠ 1 OR KAROTHGO ≠ 1 OR
KAROTHER ≠ 1) AND, DISPLAY "Next I have some questions about your spouse's main health
plan."

QC15_K70   {Next, I have some questions about **your spouse's** main health plan.} Is your spouse
                 covered for {his/her/his or her} prescription drugs? That is, does some plan pay any part
                 of the cost?
                 다음으로는   배우자   분의   주된   의료보험에   대해   질문
                 드리겠습니다배우자 분의 보험은 처방약도 보장해 줍니까? 즉,
                 배우자분의 의료 보험은 처방약을 일부라도 지불합니까?

   KAI25

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

PROGRAMMING NOTE QC15_K71:
IF KAREMPOW = 1 OR KAREMPSP = 1 OR KAREMPPA = 1 OR KARDIREC = 1 OR KAREMPOT = 1
THEN CONTINUE WITH QC15_K71;
ELSE GO TO QC15_K76

QC15_K71   Does your spouse's health plan have a deductible that is more than $1,000?
                 배우자 분의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000 이 넘습니까?

   KAH71

                 [IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
                 begins to pay for your medical care."]
                 [IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에
                 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을
                 말합니다."]
                               YES 1
                               NO 2   **[GO TO QC15_K73]**
                               YES, ONLY WHEN HE OR SHE GOES OUT
                               OF NETWORK 3   **[GO TO QC15_K73]**
                               REFUSED .... -7
                               DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K72:
IF KAREMPOW = 1 OR KAREMPSP = 1 OR KAREMPPA = 1 OR KAREMPOT = 1, THEN CONTINUE
WITH QC15_K72;
ELSE GO TO QC15_K73

QC15_K72   Does your spouse's health plan have a deductible that is more than $2,000?
배우자 분의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

> **KAH96**

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에
대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을
말합니다."]

YES 1   **[GO TO PN QC15_K74]**
NO..2
YES, ONLY WHEN HE OR SHE GOES OUT OF
NETWORK..3
REFUSED .... -7
DON'T KNOW .... -8

QC15_K73   Does your spouse's health plan have a deductible for all covered persons that is more
than $2,000?
배우자 분의 의료 보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까
디덕터블이 $2,000 이 넘습니까?

> **KAH72**

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에
대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을
말합니다."]

YES 1
NO..2   **[GO TO PN QC15_K75]**
YES, ONLY WHEN HE OR SHE GOES OUT OF
NETWORK..3   **[GO TO PN QC15_K75]**
REFUSED .... -7   **[GO TO PN QC15_K75]**
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K74:
IF KAREMPOW = 1 OR KAREMPSP = 1 OR KAREMPPA = 1 OR KAREMPOT = 1, THEN CONTINUE
WITH QC15_K74;
ELSE GO TO PROGRAMMING NOTE QC15_K75

QC15_K74   Does your spouse's health plan have a deductible for all covered persons that is more
             than $4,000?
             배우자 분의 의료 보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까
             디덕터블이 $4,000 이 넘습니까?

KAH97

             **[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
             begins to pay for your medical care."]**
             **[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에
             대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을
             말합니다."]**

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

PROGRAMMING NOTE QC15_K75:
IF KARINSUR ≠ 1 (CURRENTLY UNINSURED) OR KARMCAL = 1 (CURRENTLY HAS MEDICAL) OR
KARMCARE =1 (CURRENTLY HAS MEDICARE) OR KAROTHGO = 1 (CURRENTLY HAS OTHER
GOVT COVERAGE LIKE AIM, MRMIP, PCIP), SKIP TO QC15_K76;
ELSE CONTINUE WITH QC15_K75

QC15_K75   Do your spouse have a special account or fund {he/she} can use to pay for medical
             expenses?
             귀하의 배우자는 의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이
             있습니까?

KAH73

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

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

QC15_K76   Thinking about your spouse's current health insurance, did your spouse have this same insurance for <u>all</u> 12 of the past 12 months?
귀하의 배우자는 지난 12 개월 동안 계속해서 현재와 같은 보험에
들어 있었습니까?

KAI31

                    YES 1   **[GO TO PN QC15_K89]**
                    NO..2
                    REFUSED .... -7   **[GO TO QC15_K79]**
                    DON'T KNOW .... -8

QC15_K77   During the past 12 months, when your spouse was not covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?
귀하의 배우자는 지난 12 개월 동안 지금의 그 의료 보험이 없었던
때에는, 어떤 다른 의료 보험이 있으셨습니까?

KAI32

                    YES 1
                    NO..2   **[GO TO QC15_K80]**
                    REFUSED .... -7   **[GO TO QC15_K79]**
                    DON'T KNOW .... -8   **[GO TO QC15_K79]**

QC15_K78   Was your spouse's other health insurance Medi-CAL, a plan {he/she/he or she} obtained through an employer, a plan you purchased directly from an insurance company, a plan {he/she/he or she} purchased through Covered California, or some other plan?
귀하의 배우자가 들어있던 다른 의료보험은 어떤 것이었습니까? 메디-칼, 직장을 통해
가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한
보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

**MODIFIED
KAI33**

                    [CODE ALL THAT APPLY]
                    [PROBE: "Any others?"]
                    [PROBE: "그 외에도 더 있습니까?"]

                    MEDI-CAL 1
                    THROUGH CURRENT OR FORMER
                    EMPLOYER/UNION 3
                    PURCHASED DIRECTLY...5
                    COVERED CALIFORNIA...6
                    OTHER HEALTH PLAN... 91
                    REFUSED .... -7
                    DON'T KNOW .... -8

QC15_K79   During the past 12 months, was there any time when your spouse had no health insurance at all?
귀하의 배우자가 지난 12 개월 동안, 의료보험이 전혀 없던 때가
있었습니까?

KAI34

                    YES 1
                    NO..2   **[GO TO PN QC15_K89]**
                    REFUSED .... -7   **[GO TO PN QC15_K89]**
                    DON'T KNOW .... -8   **[GO TO PN QC15_K89]**

QC15_K80   For how many months of the past 12 months did your spouse had no health insurance at all?
귀하의 배우자가 지난 12 개월 동안 의료보험이 전혀 없었던 기간은 몇 개월이었습니까?

KAI35

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

_____ NUMBER OF MONTHS [HR: 0-11]   **[IF 0 GO TO PN QC15_K89]**

REFUSED .... -7   **[GO TO PN QC15_K89]**
DON'T KNOW .... -8   **[GO TO PN QC15_K89]**

QC15 _K81   What is the ONE MAIN reason why your spouse did not have any health insurance during those months?
배우자 분이 그 기간 동안 의료 보험이 없으셨던 가장 주된 한가지
이유는 무엇이었습니까?

KAI36

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

QC15 _K82   During the time that your spouse was uninsured, did {he or she} try to find health insurance on {his or her} own?
의료 보험이 없으셨던 기간 동안, 배우자 분은 혼자 힘으로라도
보험에 가입하려고 노력하셨습니까?

KAH74

YES 1   **[GO TO PN QC15_K89]**
NO..2   **[GO TO PN QC15_K89]**
REFUSED .... -7   **[GO TO PN QC15_K89]**
DON'T KNOW .... -8   **[GO TO PN QC15_K89]**

QC15_K83   What is the ONE MAIN reason why your spouse does not have any health insurance?
배우자 분이 아무런 의료 보험에도 들지 않으신 가장 주된 한 가지 이유는 무엇입니까?

KAI24

[IF R SAYS NO NEED, PROBE WHY]

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

QC15_K84   During the time that your spouse has been uninsured, has {he or she} tried to find health insurance on {his or her} own?
의료 보험이 없으셨던 기간 동안, 배우자 분은 혼자 힘으로라도
보험에 가입하려고 노력하셨습니까?

KAH75

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

QC15_K85   Was your spouse covered by health insurance at any time during the past 12 months?
귀하의 배우자는 지난 12 개월 동안 의료보험 혜택을 받으신 적이
있으십니까?

KAI27

YES..1   **[GO TO QC15_K91]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QC15_K86   How long has it been since your spouse last had health insurance?
배우자 분이 의료 보험 없이 지내신 기간은얼마나 되었습니까?

KAI28

MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO 1   **[GO TO PN QC15_K89]**
MORE THAN 3 YEARS AGO 2   **[GO TO PN QC15_K89]**
NEVER HAD HEALTH INSURANCE........................3   **[GO TO PN QC15_K89]**
REFUSED .... -7   **[GO TO PN QC15_K89]**
DON'T KNOW .... -8   **[GO TO PN QC15_K89]**

QC15_K87   For how many months out of the last 12 months did your spouse have health insurance?
배우자 분은 지난 12개월 중 몇 개월 동안 의료 보험에 가입되어 있으셨습니까?

KAI29

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

_____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN QC15_K89]**

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

QC15_K88   During that time when your spouse had health insurance, was {his/her/his or her} insurance Medi-CAL, a plan {he/she/he or she} obtained from an employer, a plan {he/she/he or she} purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
배우자분이 의료 보험이 있으시던 기간 동안, 그분께서 들어있던 보험은 어떤 것이었습니까? 메디-칼, 배우자분이 직장을 통해 가입하거나 직접 보험회사로부터 구입한 보험, 귀하가 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

KAI30

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

MEDI-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER OR UNION 3
PURCHASED DIRECTLY.......................................5
COVERED CALIFORNIA.......................................6
OTHER HEALTH PLAN....................................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K89:
IF KARINSUR ≠ 1 OR QC15_K77 = 2 OR KARDIREC = 1 OR QC15_K78 = (5, 6) OR QC15_K88 = (5, 6) OR KARHBEX =1 OR KSPHBEX = 1; THEN CONTINUE WITH QC15_K89;
ELSE GO TO PROGRAMMING NOTE QC15_K106

QC15_K89   In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
지난 12개월 동안 귀하는 보험회사나 HMO에서 직접 또는 커버드 캘리포니아(Covered California)를 통해 의료 보험을 구입하려고 시도한 적이 있습니까?

KAH103h

YES 1
NO...2   **[GO TO PN QC15_K106]**
REFUSED .... -7   **[GO TO PN QC15_K106]**
DON'T KNOW .... -8   **[GO TO PN QC15_K106]**

QC15_K90   Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
그것은 어떻게 구입하셨습니까? 보험회사나 HMO 로부터 직접, 커버드 캘리포니아를 통해, 보험 회사와 커버드 캘리포니아 양쪽 모두를 통해 구입 중에서 골라 주십시오.

KAH110h

DIRECTLY FROM AN INSURANCE COMPANY
OR HMO, OR 1
THROUGH COVERED CALIFORNIA, OR...............2
BOTH, FROM AN INSURANCE COMPANY AND
THROUGH COVERED CALIFORNIA 3
REFUSED .... -7   **[GO TO PN QC15_K93]**
DON'T KNOW .... -8   **[GO TO PN QC15_K93]**

PROGRAMMING NOTE QC15_K91:
IF QC15_K90 = 1; THEN CONTINUE WITH QC15_K91;
IF QC15_K90 = 3; THEN CONTINUE WITH QC15_K91 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QC15_K95;

QC15_K91   {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed? Was it…
귀하에게 필요한 혜택을 제공하는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

KAH98h

Very difficult,...1
매우 어려웠음...1
Somewhat difficult, ...2
약간 어려웠음...2
Not too difficult, or 3
별로 어렵지 않았음 3
Not at all difficult? 4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QC15_K92   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

KAH99h

Very difficult,...1
매우 어려웠음...1
Somewhat difficult, ...2
약간 어려웠음...2
Not too difficult, or 3
별로 어렵지 않았음 3
Not at all difficult? 4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QC15_K93   Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

KAH100h

YES 1
NO...2   **[GO TO PN QC15_K95]**
REFUSED .... -7   **[GO TO PN QC15_K95]**
DON'T KNOW .... -8   **[GO TO PN QC15_K95]**

QC15_K94   Who helped you?
누가 도움을 주었습니까?

KAH101h

BROKER 1
FAMILY MEMBER/FRIEND 2
INTERNET 3
OTHER (SPECIFY: _____)........................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K95:
IF QC15_K90 = 2; THEN CONTINUE WITH QC15_K95;
IF QC15_K90 = 3; THEN CONTINUE WITH QC15_K95 AND DISPLAY "Now, think about your
experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QC15_K99;

QC15_K95   {Now, think about your experience with Covered California.}
지금부터는 Covered California 에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered
California? Was it…
Covered California 를 통해서 귀하에게 필요한 혜택을 제공하는
플랜을 찾기가 얼마나 어려웠습니까?

KAH111h

Very difficult,...1
매우 어려웠음...1
Somewhat difficult, ...2
약간 어려웠음..2
Not too difficult, or 3
별로 어렵지 않았음 3
Not at all difficult? 4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QC15_K96   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나
어려웠습니까?

KAH112h

Very difficult,...1
매우 어려웠음...1
Somewhat difficult, ...2
약간 어려웠음..2
Not too difficult, or 3
별로 어렵지 않았음 3
Not at all difficult? 4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QC15_K97   Did anyone help you find a health plan?
귀하가 의료보험을 찾는 데 도움을 준 사람이 있습니까?

KAH113h

YES 1
NO...2   **[GO TO QC15_K99]**
REFUSED .... -7   **[GO TO QC15_K99]**
DON'T KNOW .... -8   **[GO TO QC15_K99]**

QC15_K98   Who helped you?
                      누가 도움을 주었습니까?

KAH114h

                                  BROKER 1
                                  FAMILY MEMBER / FRIEND...................................2
                                  INTERNET 3
                                  CERTIFIED ENROLLMENT COUNSELOR 4
                                  OTHER (SPECIFY: _____).......................... 91
                                  REFUSED .... -7
                                  DON'T KNOW .... -8

QC15_K99   Did you have all the information you felt you needed to make a good decision on a health
                      plan?
                      귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고
                      생각하는 모든 정보를 가지고 있었습니까?

KAH115h

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

PROGRAMMING NOTE QC15_K100:
IF QC15_H23 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
QC15_K100;
ELSE GO TO QC15_K101;

QC15_K100   Were you able to get information about your health plan options in your language?
                      귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로
                      제공받을 수 있었습니까?

KAH116h

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

QC15_K101   Was the cost of the plan you selected very important, somewhat important, or not
                      important in choosing your plan?
                      의료 보험을 선택하는 데 있어서, 의료 보험료는 얼마나
                      중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음
                      중에서 선택해 주십시오?

KAH117h

                                  VERY IMPORTANT 1
                                  SOMEWHAT IMPORTANT.....................................2
                                  NOT IMPORTANT 3
                                  REFUSED .... -7
                                  DON'T KNOW .... -8

QC15_K102   Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 플랜을 선택할
때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는
중요하지 않았음 중에서 선택해 주십시오?

KAH118h

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT.....................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K103   Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 병원에서 진료를 받은 것은 귀하가 플랜을 선택할 때
얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지
않았음 중에서 선택해 주십시오?

KAH119h

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT.....................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K104   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
플랜의 네트워크 내에서 의사를 선정하는 것은 귀하가 플랜을 선택할
때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는
중요하지 않았음 중에서 선택해 주십시오?

KAH120h

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT.....................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K105:
IF QC15_K31 = 1 THEN DISPLAY "Bronze"
ELSE IF QC15_K30 = 2 THEN DISPLAY "Silver"
ELSE IF QC15_K30 = 3 THEN DISPLAY "Gold"
ELSE IF QC15_K30 = 4 THEN DISPLAY "Platinum"
ELSE IF QC15_K30 = 6 THEN DISPLAY "Minimum Coverage"
ELSE DISPLAY " ";

QC15_K105   Finally, what was the <u>most</u> important reason you chose your
{Bronze/Silver/Gold/Platinum/Minimum Coverage} plan? Was it the cost, that you could
get care from a specific doctor, that you could go to a certain hospital, the choice of
providers in your plan's network, or was it something else?
마지막으로   귀하가브론즈실버골드플래티넘최소   보장플랜을
선택하신 가장 중요한 이유는 무엇입니까? 비용, 원하는 의사, 원하는
병원, 네트워크내에 속한 의사들 때문입니까, 아니면 다른 이유가
있습니까?

KAH121h

> COST 1
> SPECIFIC DOCTOR...2
> SPECIFIC HOSPITAL...3
> CHOICE OF DOCTORS IN NETWORK..................4
> OTHER (SPECIFY: _____)........................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K106   During the past 12 months, was your spouse a patient in a hospital overnight or longer?
지난 12 개월 동안, 귀하의 배우자가 환자로서 병원에 하룻밤 이상
입원한 적이 있습니까?

KAH14

> YES...1
> NO...2   **[GO TO PN QC15_K108]**
> REFUSED .... -7   **[GO TO PN QC15_K108]**
> DON'T KNOW .... -8   **[GO TO PN QC15_K108]**

PROGRAMMING NOTE QC15_K107:
IF KARINSUR ≠ 1 OR QC15_K80 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF
PAST 12 MONTHS), THEN CONTINUE WITH QC15_K107;
ELSE GO TO PROGRAMMING NOTE QC15_K108

QC15_K107   Was any of that hospital care paid for by Medi-Cal?
그 병원비 중 메디-칼로 보장된 비용이 조금이라도 있었습니까?

KAH76

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

PROGRAMMING NOTE FOR QC15_K108:
IF [KARINSUR ≠ 1 OR QC15_K80 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND SELECTED ADULT = FEMALE OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QC15_K108; ELSE SKIP TO PROGRAMMING NOTE QC15_K111

QC15_K108   During the last 12 months, did your spouse get prenatal care that she didn't have to pay for?
지난 12 개월 동안, 귀하의 배우자가 출산 전 진료를 받았는데 비용을
지불하지 않아도 된 적이 있었습니까?

KAH77

YES 1
NO..2   **[GO TO PN QC15_K111]**
REFUSED .... -7   **[GO TO PN QC15_K111]**
DON'T KNOW .... -8   **[GO TO PN QC15_K111]**

QC15_K109   Was it paid for by Medi-Cal?
그 비용은 메디-칼로 지불되었습니까?

KAH78

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

PROGRAMMING NOTE QC15_K110:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QC15_K148 TO ASK ABOUT SELECTED ADOLESCENT;
ELSE CONTINUE WITH QC15_K110

QC15_K110   These next questions are about health insurance (CHILD) may have.
Does (CHILD) have the same insurance as your spouse?
다음은 <CHILD> (이)의 의료 보험에 대한 질문입니다. <CHILD>
(이)가 배우자 분과 같은 의료 보험을 갖고 있습니까?

KCF10A

YES 1   **[GO TO QC15_K130]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K110:
IF QC15_K110 = 1 AND KARIHS = 1, SET KCHIHS = 1;
IF QC15_K110 = 1 AND KARMCARE = 1, SET KCHMCARE = 1 AND KCHINSUR = 1 AND KARSAMEC = 1;
ELSE IF QC15_K110 = 1, SET KCHINSUR = 1 AND KARSAMEC = 1 AND
IF KARMCAL = 1, SET KCHMCAL = 1;
IF KAREMPOW = 1, SET KCHEMP = 1;
IF KAREMPSP = 1, SET KCHEMP = 1;
IF KAREMPPA = 1, SET KCHEMP = 1;
IF KAREMPOT = 1, SET KCHEMP = 1;
IF KARDIREC = 1, SET KCHDIREC = 1;
IF KARMILIT = 1, SET KCHMILIT = 1;
IF KAROTHGO = 1, SET KCHOTHGO = 1;
IF KAROTHER = 1, SET KCHOTHER = 1;
IF KARHBEX = 1, SET KCHHBEX = 1

PROGRAMMING NOTE QC15_K111:
IF KSPINSUR ≠ 1, THEN SKIP TO QC15_K112;
ELSE IF QC15_K110 = 2 AND KARSAMES = 1, THEN SKIP TO QC15_K112;
ELSE CONTINUE WITH QC15_K111

QC15 _K111   Does (CHILD) have the same insurance as you?
                   <CHILD> (이)도 귀하와 같은 보험에 가입되어 있습니까 ?

> **KMA1**

YES 1	**[GO TO QC15_K130]**
NO 2	
REFUSED .... -7	
DON'T KNOW .... -8	

POST-NOTE QC15_K111:
IF QC15_K111 = 1 AND KSPIHS = 1, SET KCHIHS = 1;
IF QC15_K111 = 1 AND KSPMCARE = 1, SET KCHMCARE = 1 AND KCHINSUR = 1 AND
KSPSAMEC = 1;
ELSE IF QC15_K111 = 1, SET KCHINSUR = 1 AND KSPSAMEC = 1 AND
IF KSPMCAL = 1, SET KCHMCAL = 1;
IF KSPEMPOW = 1, SET KCHEMP = 1;
IF KSPEMPSP = 1, SET KCHEMP = 1;
IF KSPEMPPA = 1, SET KCHEMP = 1;
IF KSPEMPOT = 1, SET KCHEMP = 1;
IF KSPDIREC = 1, SET KCHDIREC = 1;
IF KSPMILIT = 1, SET KCHMILIT = 1;
IF KSPOTHGO = 1, SET KCHOTHGO = 1;
IF KSPOTHER = 1, SET KCHOTHER = 1;
IF KSPHBEX = 1, SET KCHHBEX = 1

QC15_K112   Is {he/she} currently covered by Medi-CAL?
이 자녀는 현재 메디칼 (Medi-CAL) 에 들어 있습니까?

KCF1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "메디-칼은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

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

POST-NOTE QC15_K112:
IF QC15_K112 = 1, SET KCHMCAL = 1 AND SET KCHINSUR = 1

QC15_K113   Is (CHILD) covered by a health insurance plan or HMO through your spouse's own or someone else's employment or union?
<CHILD> (이)는 배우자 분이나 다른 사람의 직장이나 노동조합을 통해서 제공되는 의료보험이나 HMO에 가입되어있습니까?

KCF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

```
YES.....................................................................1
NO.......................................................................2    [GO TO PN QC15_K115]
REFUSED ............................................................. -7    [GO TO PN QC15_K115]
DON'T KNOW ....................................................... -8    [GO TO PN QC15_K115]
```

POST-NOTE QC15_K113:
IF QC15_K113 = 1, SET KCHEMP = 1 AND KCHINSUR = 1

QC15_K114   Is this plan through an employer, through a union, or through Covered California's SHOP program?
이 보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서입니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

KAI90

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California."]
[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다"]

```
EMPLOYER ..........................................................1
UNION..................................................................2
SHOP / COVERED CALIFORNIA ..........................3
OTHER (SPECIFY: _____)........................... 91
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

POST-NOTE FOR QC15_K114:
IF QC15_K114 = 3, THEN SET KCHHBEX = 1

PROGRAMING NOTE QC15_K115:
IF KCHINSUR = 1 THEN GO TO QC15_K115;
ELSE CONTINUE WITH QC15_K115

QC15_K115   Is (CHILD) covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO, or through Covered California?
<CHILD> (이)는 귀하의 배우자가 보험회사나 HMO로부터 직접, 또는 Covered California를 통해서 구입한 의료 보험의 혜택을 받습니까?

KCF4

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

YES 1
NO 2   **[GO TO PN QC15_K122]**
REFUSED .... -7   **[GO TO PN QC15_K122]**
DON'T KNOW .... -8   **[GO TO PN QC15_K122]**

POST-NOTE QC15_K115:
IF QC15_K115 = 1, SET KCHDIREC = 1 AND KCHINSUR = 1

PROGRAMMING NOTE QC15_K116:
IF KCHDIRECT = 1, THEN CONTINUE WITH QC15_K116;
ELSE GO TO PROGRAMMING NOTE QC15_K117

QC15_K116   How did your spouse purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
귀하의 배우자는 이 의료 보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

KAI91

INSURANCE COMPANY OR HMO..........................1
COVERED CALIFORNIA...2
OTHER (SPECIFY: _____)............................ 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QC15_K116:
IF QC15_K116 = 2, THEN SET KCHHBEX = 1

PROGRAMMING NOTE QC15_K117
IF KCHHBEX = 1, THEN CONTINUE WITH QC15_K117;
ELSE GO TO PROGRAMMING NOTE QC15_K119;

QC15_K117   Was this a bronze, silver, gold or platinum plan?
이 의료보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

KAI92

BRONZE 1
SILVER 2
GOLD 3
PLATINUM 4
MEDI-CAL / MEDICAID 5
CATASTROPHIC 6
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K118
IF KCHHBEX = 1 AND KCHDIREC = 1, THEN CONTINUE WITH QC15_K118;
ELSE GO TO PROGRAMMING NOTE QC15_K119;

QC15_K118   Was there a subsidy or discount on the premium for this plan?
이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니까?

KAI93

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

PROGRAMMING NOTE QC15_K119:
IF KCHEMP = 1 (EMPLOYER-BASED COVERAGE) OR KCHDIREC = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QC15_K119;
ELSE GO TO PROGRAMMING NOTE QC15_K122

QC15_K119   Does your spouse 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 your spouse or your family may have had to pay.
귀하의 배우자는 <CHILD> (이)의 의료 보험 비용의 일부 또는 전부를 지불하고 계십니까? 귀하의 배우자나 가족이 부담했던 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

KAI54

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "공동 부담액이란 건강플랜이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]
[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "공제액이란 건강플랜이 의료비를 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]
[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "보험료란 건강보험플랜 비용으로 매월 지불하는 요금을 말합니다."]

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

QC15_K120   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?
직장, 노동조합, 전문인 단체 등 다른 사람이 아이의 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

KAI50

YES 1
NO 2   **[GO TO PN QC15_K122]**
REFUSED .... -7   **[GO TO PN QC15_K122]**
DON'T KNOW .... -8   **[GO TO PN QC15_K122]**

QC15_K121 Who else pays all or some portion of the cost for (CHILD)'s health plan?
그 외에 또 누가 <CHILD> (이)의 의료보험 비용의 전부 또는 일부를
지불합니까?

KAI51

[CODE ALL THAT APPLY.]

ADULT RESPONDENT'S CURRENT EMPLOYER .1
ADULT RESPONDENT'S FORMER EMPLOYER ...2
ADULT RESPONDENT'S UNION 3
SKA'S CURRENT EMPLOYER 4
SKA'S FORMER EMPLOYER 5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE 7
COVERED CALIFORNIA....................................... 10
OTHER.. 91
REFUSED .... -7
DON'T KNOW .... -8

**POST-NOTE QC15_K121:IF (QC15_K121_1 OR QC15_K121_2 OR QC15_K121_3 OR QC15_K121_4
OR QC15_K121_5 OR QC15_K121_6) = 1, SET KCHEMP = 1 AND (IF KCHDIREC = 1, SET
KCHDIREC = 0);
IF QC15_K121_7 = 1, SET KCHMCAL = 1;
IF QC15_K121_10 = 1, SET KCHHBEX = 1**

**PROGRAMMING NOTE QC15_K122:
IF KCHINSUR = 1, GO TO PN QC15_K128;
ELSE CONTINUE WITH QC15_K122**

QC15_K122 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military
health care?
자녀분은 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른
군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

KCF6

YES 1   **[GO TO PN QC15_K128]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

**POST-NOTE QC15_K122:
IF QC15_K122 = 1, SET KCHMILIT = 1 AND KCHINSUR = 1**

QC15_K123   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Families, or something else?
자녀분은 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Health Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

KCF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and Healthy Families is a program for children in your county."]
[IF NEEDED, SAY: 에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램이고, 미스터 MIP (Mister MIP)는 주요 위험 의료보험 프로그램의 줄임말입니다; 헬시 패밀리(Healthy Families)는 귀하의 카운티에 사는 아이들을 위한 프로그램입니다.]

AIM...1	**[GO TO PN QC15_K128]**
"MISTER MIP"/MRMIP..2	**[GO TO PN QC15_K128]**
HEALTHY KIDS 3	**[GO TO PN QC15_K128]**
NO OTHER PLAN...4	
SOMETHING ELSE (SPECIFY: _____) 91	**[GO TO PN QC15_K128]**
REFUSED .... -7	
DON'T KNOW .... -8	

POST-NOTE QC15_K123:
IF QC15_K123 = 1 OR 2 OR 3 OR 91, SET KCHOTHGO = 1 AND KCHINSUR = 1

QC15_K124   Does {he/she} have any health insurance coverage through a plan that I missed?
자녀분이 현재 가입한 다른 의료보험이 있는데 제가 빠뜨린 것이 있습니까?

KCF8

YES...1	
NO...2	**[GO TO PN QC15_K127]**
REFUSED .... -7	**[GO TO PN QC15_K127]**
DON'T KNOW .... -8	**[GO TO PN QC15_K127]**

QC15_K125   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?
자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

KCF9

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: 이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서였습니까, 학교를 통해서였습니까, 전문직 협회나 동일 업종 단체, 또는 기타 다른 단체를 통해서였습니까, 아니면 의료 보험회사로부터 직접 구입하셨습니까?**]**

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: 그 외에도 더 있습니까? **]**

THROUGH CURRENT OR FORMER
EMPLOYER/UNION 1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION..2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE) 3
MEDICARE 4
MEDI-CAL 5
CHAMPUS/CHAMP-VA, TRICARE, VA, OR
SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC.......................8
COVERED CALIFORNIA...................................... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K124:
IF QC15_K125_1 = 1, SET KCHEMP = 1 AND SET KCHINSUR = 1;
IF QC15_K125_2 = 1, SET KCHEMP = 1 AND SET KCHINSUR = 1;
IF QC15_K125_3 = 1, SET KCHDIREC = 1 AND SET KCHINSUR = 1;
IF QC15_K125_4 = 1, SET KCHMCARE = 1 AND SET KCHINSUR = 1;
IF QC15_K125_5 = 1, SET KCHMCAL = 1 AND SET KCHINSUR = 1;
IF QC15_K125_7 = 1, SET KCHMILIT = 1 AND SET KCHINSUR = 1;
IF QC15_K125_8 = 1, SET KCHIHS = 1;
IF QC15_K125_10 = 1, SET KCHHBEX = 1 AND SET KCHINSUR = 1;
IF QC15_K125_11 = 1, SET KCHHBEX = 1 AND SET KCHINSUR = 1;
IF QC15_K125_91 = 1, SET KCHOTHGOV = 1 AND SET KCHINSUR = 1;
IF QC15_K125_1 = 92, -7 OR -8, SET KCHOTHER = 1 AND KCHINSUR = 1

PROGRAMMING NOTE QC15_K126:
IF QC15_K125 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QC15_K126;
ELSE SKIP TO PROGRAMMING NOTE QC15_K127

QC15_K126   Just to verify, you said that (CHILD) gets health insurance through Medicare?
재확인하는 차원에서 다시 여쭈어 봅니다. 자녀가 메디케어 혜택을
받는다고 하셨습니까?

KCF9VER

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

PROGRAMMING NOTE QC15_K127:
IF KCHINSUR ≠ 1 CONTINUE WITH QC15_K127;
ELSE GO TO QC15_K128;

QC15_K127   What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
<CHILD> 이(가) 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는
무엇입니까?

KCF1A

                        PAPERWORK TOO DIFFICULT 1
                        DIDN'T KNOW IF ELIGIBLE...................................2
                        INCOME TOO HIGH, NOT ELIGIBLE 3
                        NOT ELIGIBLE DUE TO CITIZENSHIP/
                        IMMIGRATION STATUS 4
                        OTHER NOT ELIGIBLE..5
                        DON'T BELIEVE IN HEALTH INSURANCE 6
                        DON'T NEED IT BECAUSE HEALTHY 7
                        ALREADY HAVE INSURANCE 8
                        DIDN'T KNOW IT EXISTED....................................9
                        DON'T LIKE / WANT WELFARE 10
                        OTHER (SPECIFY)... 91
                        REFUSED .... -7
                        DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K128:
IF QC15_K110 = 1 AND KARMCARE = 1 AND QC15_K16 = 1, THEN QC15_K128 = QC15_K16 AND QC15_K130 = QC15_K17 AND SKIP TO QC15_K131;
ELSE IF QC15_K110 = 1, THEN QC15_K128 = QC15_K67 AND QC15_K130 = QC15_K69 AND QC15_K131 = QC15_K70 AND GO TO PN QC15_K131;
ELSE IF KCHINSUR = 1, THEN CONTINUE WITH QC15_K128;
ELSE GO TO PN QC15_K132

QC15_K128   Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
<CHILD> (이)의 주된 의료보험이 HMO, 즉 건강 관리 기구입니까?

KMA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY: HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지 않습니다."]

[NOTE: IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her/his or her} MAIN health plan."]
[NOTE: IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험]
[NOTE: IF R SAYS "POS" OR POINT OF SERVICE, CODE AS "YES.". IF R SAYS "PPO" OR "EPO," CODE AS "NO."]

YES 1   **[GO TO QC15_K130]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K129:
IF KCHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QC15_K130;
ELSE CONTINUE WITH QC15_K129;

QC15_K129   Is (CHILD)'s health plan a PPO or EPO?
<CHILD> (이)의 의료 보험은 PPO 입니까, EPO 입니까?

KAI115

[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: "EPO는 Exclusive Provider Organization(독점적 의료제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다. "]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "PPO는 Preferred Provider Organization(선호 의료제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

PPO..1
EPO..2
OTHER (SPECIFY: _____)........................... 91
REFUSED .... -7
DON'T KNOW .... -8

QC15_K130　　　What is the name of (CHILD)'s main health plan?
<CHILD> (이)가 가입한 주된 의료보험의 이름은 무엇입니까?

KMA2

[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, THEN PROBE: "
혹시 **<CHILD> (**이**)**의 의료 보험 이름이 적혀 있는 보험 카드나 서류
같은 것이 있으십니까**? "]**

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES	83
ANTHEM BLUE CROSSOF CALIFORNIA	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH	17
CARE 1ST HEALTH PLAN	18
CAREMORE HEALTH PLAN	19
CENTER FOR ELDERS' INDEPENDENCE	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN	35
GOLDEN STATE MEDICARE HEALTH PLAN	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45

INTER VALLEY HEALTH PLAN 46
HEALTH ADVANTAGE 82
KAISER PERMANENTE...................................... 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE............................ 49
L.A. CARE HEALTH PLAN 50
MD CARE.. 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN................................. 55
ON LOK SENIOR HEALTH SERVICES 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS........................ 58
PREMIER HEALTH PLAN SERVICES.................. 59
PRIMECARE MEDICAL NETWORK 60
PROVIDENCE HEALTH NETWORK...................... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN................................... 69
SAN FRANCISCO HEALTH PLAN....................... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
SUTTER HEALTH PLAN 71
SUTTER SENIOR CARE 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON....... 74
UNIVERSITY HEALTHCARE ADVANTAGE........ 75
VALLEY HEALTH PLAN...................................... 76
VENTURA COUNTY HEALTH CARE PLAN......... 77
WESTERN HEALTH ADVANTAGE...................... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES........................... 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED...-7
DON'T KNOW...-8

QC15_K131   Is (CHILD) covered for prescription drugs?
                <CHILD> (이)의 보험은 처방약도 보장해 줍니까?

KCF14

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

PROGRAMMING NOTE FOR QC15_K132:
IF (KARINSUR ≠ 1 OR QC15_K110 ≠ 1) AND (KCHEMP = 1 OR KCHDIREC = 1 OR KCHOTHER = 1),
THEN CONTINUE WITH QC15_K132;
ELSE SKIP TO PROGRAMMING NOTE QC15_K137

QC15_K132   Does (CHILD)'s health plan have a deductible that is more than $1,000?
<CHILD> (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000이 넘습니까?

KAI79

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
begins to pay for your medical care."]
[IF NEEDED, SAY: : "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이
지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.""]

YES 1
NO 2   **[GO TO QC15_K134]**
YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO QC15_K134]**
REFUSED .... -7   **[GO TO QC15_K134]**
DON'T KNOW .... -8

PROGRAMMING NOTE FOR QC15_K133:
IF KCHEMP = 1, THEN CONTINUE WITH QC15_K133;
ELSE GO TO QC15_K134

QC15_K133   Does (CHILD)'s health plan have a deductible that is more than $2,000?
<CHILD> (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $2,000이 넘습니까?

KAI85

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에
대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을
말합니다."]

YES 1   **[GO TO PN QC15_K135]**
NO 2
YES, ONLY WHEN GO OUT OF NETWORK 3
REFUSED .... -7
DON'T KNOW .... -8

QC15_K134   Does (CHILD)'s health plan have a deductible for all covered persons that is more than
$2,000?
<CHILD> (이)가 가입한 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금,
그러니까 디덕터블이 $2,000가 넘습니까?

KAI80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan
begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에
대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을
말합니다."]

YES 1
NO 2   **[GO TO PN QC15_K136**]
YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO PN QC15_K136]**
REFUSED .... -7   **[GO TO PN QC15_K136]**
DON'T KNOW .... -8   **[GO TO PN QC15_K136]**

PROGRAMMING NOTE FOR QC15_K135:
IF KCHEMP = 1, THEN CONTINUE WITH QC15_K135;
ELSE GO TO PROGRAMMING NOTE QC15_K136

QC15_K135   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000?
<CHILD> (이)가 가입한 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $4,000이 넘습니까?

KAI86

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

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

PROGRAMMING NOTE QC15_K136:
IF (QC15_K132 = 1 OR 3) OR (QC15_K133 = 1 OR 3) OR (QC15_K134 = 1 OR 3), CONTINUE WITH QC15_K136;
ELSE SKIP TO PROGRAMMING NOTE QC15_K137

QC15_K136   Does your spouse have a special account or fund {he/she} can use to pay for (CHILD)'s medical expenses?
귀하의 배우자는 <CHILD> (이)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

KAI81

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

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

```
PROGRAMMING NOTE QC15_K137:
IF KCHINSUR = 1, GO TO QC15_K142;
ELSE CONTINUE WITH QC15_K137
```

QC15_K137   What is the <u>one main</u> reason (CHILD) does not have any health insurance?
자녀분이 아무런 의료 보험에도 들지 않은 가장 주된 한가지 이유는
무엇입니까?

KCF18

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

QC15_K138   Was (CHILD) covered by health insurance at any time during the past 12 months?
<CHILD> (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이
있습니까?

KCF20

```
            YES.......................................................1     [GO TO QC15_K140]
            NO.........................................................2
            REFUSED ............................................. -7
            DON'T KNOW ........................................ -8
```

QC15_K139   How long has it been since (CHILD) last had health insurance?
<CHILD> (이)가 의료 보험 없이 지낸 기간은 얼마나 되었습니까?

KCF21

```
            MORE THAN 12 MONTHS, BUT NOT
            MORE THAN 3 YEARS AGO ..................................1     [GO TO PN QC15_K148]
            MORE THAN 3 YEARS AGO ..................................2     [GO TO PN QC15_K148]
            NEVER HAD HEALTH INSURANCE COVERAGE ..3     [GO TO PN QC15_K148]
            REFUSED ............................................. -7     [GO TO PN QC15_K148]
            DON'T KNOW ......................................... -8     [GO TO PN QC15_K148]
```

QC15_K140   For how many of the last 12 months did {he/she} have health insurance?
지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

KCF22

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

     _____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN QC15_K156]**

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

QC15_K141   During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan your spouse obtained through an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?
<CHILD> (이)가 의료 보험이 있던 기간 동안 들어있던 보험은 어떤 것이었습니까? 메디-칼, 배우자가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 혹은 커버드 캘리포니아 (Covered California)를 통해 구입한 보험이었습니까, 아니면 제가 말씀 드린 것 이외의 다른 보험이었습니까?

KCF23

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

     MEDI-CAL 1   **[GO TO PN QC15_K148]**
     THROUGH CURRENT OR FORMER EMPLOYER
     UNION...3   **[GO TO PN QC15_K148]**
     PURCHASED DIRECTLY...5   **[GO TO PN QC15_K148]**
     COVERED CALIFORNIA..6   **[GO TO PN QC15_K148]**
     OTHER HEALTH PLAN.. 91   **[GO TO PN QC15_K148]**
     REFUSED .... -7   **[GO TO PN QC15_K148]**
     DON'T KNOW .... -8   **[GO TO PN QC15_K148]**

QC15_K142   Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?
<CHILD> (은)는 지난 12 개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

KCF24

     YES..1   **[GO TO PN QC15_K148]**
     NO...2
     HAD SAME INSURANCE SINCE BIRTH
     (FOR CHILDREN LESS THAN ONE YEAR OLD) ...3   **[GO TO PN QC15_K148]**
     REFUSED .... -7
     DON'T KNOW .... -8

QC15_K143   When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?
자녀분에게 현재 들어있는 보험이 없었을 때는 어떤 다른 보험이 있었습니까?

KCF25

     YES..1
     NO...2   **[GO TO QC15_K145]**
     REFUSED .... -7   **[GO TO QC15_K145]**
     DON'T KNOW .... -8   **[GO TO QC15_K145]**

QC15_K144   Was this other health insurance Medi-CAL, a plan your spouse obtained from an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?
이 다른 의료 보험은 어떤 것이었습니까? 메디-칼, 배우자가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 혹은 커버드 캘리포니아 (Covered California)를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

KCF26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

> MEDI-CAL 1
> THROUGH CURRENT OR FORMER
> EMPLOYER/UNION 4
> PURCHASED DIRECTLY.......................................5
> COVERED CALIFORNIA...6
> OTHER HEALTH PLAN....................................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K145   During the past 12 months, was there any time when {he/she} had no health insurance at all?
지난 12 개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

KCF27

> YES...1
> NO...2   **[GO TO PN QC15_K148]**
> REFUSED .... -7   **[GO TO PN QC15_K148]**
> DON'T KNOW .... -8   **[GO TO PN QC15_K148]**

QC15_K146   For how many of the past 12 months did {he/she} have no health insurance?
지난 12 개월 동안(CHILD)이(가) 의료보험이 없었던 기간은 몇 개월입니까?

KCF28

[IF < 1 MONTH, ENTER "1"]

> _____ MONTHS [RANGE: 1-12]

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

QC15_K147   What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
(CHILD) (이)가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 주된 □ □□
이유는 무엇이었습니까?

KCF29

[IF R SAYS, "No need," PROBE WHY]
CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED 5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...8
OTHER (SPECIFY).. 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K148:
IF NO TEEN SELECTED, GO TO PN QC15_K187;
IF KARINSUR = 1, CONTINUE WITH QC15_K148;
IF KARINSUR = 0, GO TO PN QC15_K149;
ELSE CONTINUE WITH QC15_K148

QC15_K148   These next questions are about health insurance (TEEN) may have.
다음은 <TEEN> (이)의 의료 보험에 대한 질문입니다.

Does (TEEN) have the same insurance as your spouse?
<TEEN> (이)가 배우자 분과 같은 의료 보험을 갖고 있습니까?

KIA10A

YES 1   **[GO TO QC15_K167]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K148:
IF QC15_K148 = 1 AND KARIHS = 1, SET KTEIHS = 1;
IF QC15_K148 = 1 AND KARMCARE = 1, SET KTEMCARE = 1 AND KTEINSUR = 1;
ELSE IF QC15_K148 = 1, SET KTEINSURE = 1 AND
IF KARMCAL = 1, SET KTEMCAL = 1;
IF KAREMPOW = 1, SET KTEEMP = 1;
IF KAREMPSP = 1, SET KTEEMP = 1;
IF KAREMPPA = 1, SET KTEEMP = 1;
IF KAREMPOT = 1, SET KTEEMP = 1;
IF KARDIREC = 1, SET KTEDIRECT = 1;
IF KARMILIT = 1, SET KTEMILIT = 1;
IF KAROTHGO = 1, SET KTEOTHGOV = 1;
IF KAROTHER = 1, SET KTEOTHER = 1;
IF KARHBEX = 1, SET KTEHBEX = 1

PROGRAMMING NOTE QC15_K149:
IF KSPINSUR ≠ 1 THEN SKIP TO QC15_K150;
ELSE IF QC15_K148 = 2 AND KARSAMES = 1 THEN SKIP TO PROGRAMMING NOTE QC15_K150;
ELSE CONTINUE WITH QC15_K149

QC15_K149   Does (TEEN) have the same insurance as you?
                 (TEEN) (이)가 귀하의 배우자와 같은 보험을 갖고 있습니까?

KMA5

> YES 1   **[GO TO QC15_K167]**
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

POST-NOTE QC15_K149:
IF QC15_K149 = 1 AND KSPIHS = 1, SET KTEIHS = 1;
IF QC15_K149 = 1 AND KSPMCARE = 1, SET KTEMCARE = 1 AND KTEINSUR = 1 AND QC15_K167
= QC15_K47;
ELSE IF QC15_K149 = 1, SET KTEINSUR = 1 AND
IF KSPMCAL = 1, SET KTEMCAL = 1;
IF KSPEMPOW = 1, SET KTEEMP = 1;
IF KSPEMPSP = 1, SET KTEEMP = 1;
IF KSPEMPPA = 1, SET KTEEMP = 1;
IF KSPEMPOT = 1, SET KTEEMP = 1;
IF KSPDIREC = 1, SET KTEDIREC = 1;
IF KSPMILIT = 1, SET KTEMILIT = 1;
IF KSPOTHGO = 1, SET KTEOTHGO = 1;
IF KSPOTHER = 1, SET KTEOTHER = 1;
IF KSPHBEX = 1, SET KTEHBEX = 1

PROGRAMMING NOTE QC15_K150:
IF KCHINSUR ≠ 1, THEN SKIP TO QC15_K151;
ELSE IF (QC15_K148 = 2 AND KARSAMEC = 1) OR (QC15_K149 = 2 AND KSPSAMEC = 1), THEN
SKIP TO QC15_K151;
ELSE CONTINUE WITH QC15_K150;

QC15_K150   Does (TEEN) have the same insurance as (CHILD)?
                 (TEEN) (은) 는 (CHIL) (와)과 같은 보험을 갖고 있습니까?

KMA6

> YES 1   **[GO TO PN QC15_K181]**
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

POST-NOTE QC15_K150:
IF QC15_K149 = 1 AND KCHIHS = 1, SET KTEIHS = 1;
ELSE IF QC15_K150 = 1, SET KTEINSURE = 1 AND QC15_K167 = QC15_K128 AND QC15_K169 =
QC15_K130 AND
IF KCHMCARE = 1, SET KTEMCARE = 1;
IF KCHMCAL = 1, SET KTEMCAL = 1;
IF KCHEMP = 1, SET KTEEMP = 1;
IF KCHDIREC = 1, SET KTEDIREC = 1;
IF KCHMILIT = 1, SET KTEMILIT = 1;
IF KCHOTHGO = 1, SET KTEOTHGO = 1;
IF KCHOTHER = 1, SET KTEOTHER = 1;
IF KCHHBEX = 1, SET KTEHBEX = 1

QC15_K151   Is {he/she} currently covered by Medi-CAL?
이 자녀는 현재 메디칼(Medi-CAL)에 들어 있습니까?

> **KIA1**

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "메디-칼(Medi-CAL)은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

YES...1   **[GO TO QC15_K161]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K151:
IF QC15_K151 = 1, SET KTEMCAL = 1 AND SET KTEINSUR = 1

QC15_K152   Is (TEEN) covered by a health insurance plan or HMO through your spouse's own or someone else's employment or union?
(TEEN)(은)는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해서 가입한 의료 보험이나 HMO 에 들어 있습니까?

> **KIA3**

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES...1
NO..2   **[GO TO QC15_K154]**
REFUSED .... -7   **[GO TO QC15_K154]**
DON'T KNOW .... -8   **[GO TO QC15_K154]**

POST-NOTE QC15_K152:
IF QC15_K152 = 1, SET KTEEMP = 1 AND SET KTEINSUR = 1

QC15_K153   Is this plan through an employer, through a union, or through Covered California's SHOP program?
이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 있습니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

> **KAI94**

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California."]
[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다"]

EMPLOYER 1
UNION...2
SHOP / COVERED CALIFORNIA 3
OTHER (SPECIFY: _____)........................... 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QC15_K153:
IF QC15_K153 = 3, THEN SET KTEHBEX = 1

PROGRAMING NOTE QC15_K154:
IF KTEINSUR = 1 THEN GO TO QC15_K155;
ELSE CONTINUE WITH QC15_K154

QC15_K154   Is (TEEN) covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO?
(TEEN) (이)는 □□□ 보험회사나 HMO 로부터 직접 구입했거나, Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

> **KIA4**

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

YES 1		
NO 2	**[GO TO PN QC15_K161]**	
REFUSED .... -7	**[GO TO PN QC15_K161]**	
DON'T KNOW .... -8	**[GO TO PN QC15_K161]**	

POST-NOTE QC15_K154:
IF QC15_K154 = 1, SET KTEDIREC = 1 AND SET KTEINSUR = 1

PROGRAMMING NOTE QC15_K155:
IF KTEDIREC = 1, THEN CONTINUE WITH QC15_K155;
ELSE GO TO PROGRAMMING NOTE QC15_K156

QC15_K155   How did your spouse purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
□□□ 이 □□□□□□ 의료□ □□□□□□□□? □□□□□□ HMO □□ □□ 구입□□□□□, □□□ □□□ □□□□□□□ □□□□ □□□□□?

> **KAI95**

INSURANCE COMPANY OR HMO 1	
COVERED CALIFORNIA 2	
OTHER (SPECIFY: _____) 91	
REFUSED .... -7	
DON'T KNOW .... -8	

POST-NOTE FOR QC15_K155:
IF QC15_K155 = 2, THEN SET KTEHBEX = 1

PROGRAMMING NOTE QC15_K156
IF KTEHBEX = 1, THEN CONTINUE WITH QC15_K156;
ELSE GO TO PROGRAMMING NOTE QC15_K156;

QC15_K156   Was this a bronze, silver, gold or platinum plan?
이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

KAI96

BRONZE 1
SILVER 2
GOLD 3
PLATINUM 4
MEDI-CAL / MEDICAID 5
CATASTROPHIC 6
OTHER (SPECIFY: _____)....................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K157
IF QC15_K153 = 3, THEN GO TO PN QC15_K158;
ELSE CONTINUE WITH QC15_K157;

QC15_K157   Was there a subsidy or discount on the premium for this plan?
이 의료 보험의 보험료에는 보조금이나 할인이 제공되었습니까?

KAI97

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

PROGRAMMING NOTE QC15_K158:
IF KTEEMP = 1 (EMPLOYER-BASED COVERAGE) OR KTEDIREC = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QC15_K158;
ELSE GO TO PROGRAMMING NOTE QC15_K159

QC15_K158   Do your spouse 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 your spouse or your family may have had to pay.
귀하는 (TEEN) 의 의료 보험료나 관련 비용의 전부 혹은 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(Co-pays)이나 본인 부담금(deductibles)에 대한 비용은 포함시키지 마십시오.

KAI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "공동 부담액이란 건강플랜이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]
[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "공제액이란 건강플랜이 의료비를 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]
[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "보험료란 건강보험플랜 비용으로 매월 지불하는 요금을 말합니다."]

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

QC15_K159   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?
직장, 노동조합, 또는 전문인 단체와 같은 다른 사람이 (TEEN) (이)의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

KAI52

```
            YES........................................................................1
            NO.........................................................................2      [GO TO PN QC15_K161]
            REFUSED ............................................................. -7      [GO TO PN QC15_K161]
            DON'T KNOW ....................................................... -8      [GO TO PN QC15_K161]
```

QC15_K160   Who else pays all or some portion of the cost for (TEEN)'s health plan?
그 외에 또 누가 (TEEN) (이)의 의료 보험 비용의 전부 또는 일부를 지불합니까?

KAI53

[CODE ALL THAT APPLY.]

ADULT RESPONDENT'S CURRENT EMPLOYER .1
ADULT RESPONDENT'S FORMER EMPLOYER ...2
ADULT RESPONDENT'S UNION 3
SKA'S CURRENT EMPLOYER 4
SKA'S FORMER EMPLOYER 5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE 7
COVERED CALIFORNIA...................................... 11
OTHER... 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K160:
IF QC15_K160_1 OR QC15_K160_2 OR QC15_K160_3 OR QC15_K160_4 OR QC15_K160_5 OR
QC15_K160_6 = 1, SET KTEEMP = 1 AND KTEINSUR = 1
AND (IF KTEDIREC = 1, SET KTEDIREC = 0);
IF QC15_K160_7 = 1, SET KTEMCAL = 1 AND KTEINSUR = 1;
IF QC15_K160_11 = 1, SET KTEHBEX = 1 AND KTEINSUR = 1

PROGRAMMING NOTE QC15_K161:
IF KTEINSUR = 1, GO TO PROGRAMMING NOTE QC15_K167;
ELSE CONTINUE WITH QC15_K161

QC15_K161   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military
health care?
□□□□ CHAMPUS/CHAMP-VA, TRICARE, VA □□ □□ □□□□□ □□ □□□□
□□ □□□□□□ □□□□□ □□□□□?

KIA6

YES 1   **[GO TO PN QC15_K167]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QC15_K161:
IF QC15_K161 = 1, SET KTEMILIT = 1 AND SET KTEINSUR = 1

QC15_K162   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, or something else?
자녀분은 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Health Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

KIA7

[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 Healthy Kids is a program for children in your county."]
[IF NEEDED, SAY: "에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련 서비스를 제공하는 주 정부 프로그램입니다."]

```
AIM ....................................................................1     [GO TO PN QC15_K167]
"MISTER MIP"/MRMIP ...........................................2     [GO TO PN QC15_K167]
Family PACT ......................................................3     [GO TO PN QC15_K167]
HEALTHY KIDS ..................................................4     [GO TO PN QC15_K167]
NO OTHER PLAN...............................................5
SOMETHING ELSE (SPECIFY: _____) ......... 91     [GO TO PN QC15_K167]
REFUSED .............................................................. -7
DON'T KNOW ...................................................... -8
```

POST-NOTE QC15_K162:
IF QC15_K162 = 1 OR 2 OR 3 OR 4 OR 91, SET KTEOTHGO = 1 AND SET KTEINSUR = 1

QC15_K163   Does {he/she} have any health insurance coverage through a plan that I missed?
자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

KIA8

```
YES .....................................................................1
NO.......................................................................2     [GO TO PN QC15_K166]
REFUSED .............................................................. -7     [GO TO PN QC15_K166]
DON'T KNOW ...................................................... -8     [GO TO PN QC15_K166]
```

QC15_K164   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?
자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

KIA9

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서였습니까, 학교를 통해서였습니까, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서였습니까, 아니면 의료 보험회사로부터 직접 구입하셨습니까?"**]**

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

        THROUGH CURRENT OR FORMER
        EMPLOYER/UNION 1
        THROUGH SCHOOL, PROFESSIONAL
        ASSOCIATION, TRADE GROUP OR OTHER
        ORGANIZATION...2
        PURCHASED DIRECTLY FROM A HEALTH
        PLAN (BY R OR ANYONE ELSE) 3
        MEDICARE 4   (VERIFY)
        MEDI-CAL 5
        CHAMPUS/CHAMP-VA, TRICARE, VA,
        OR SOME OTHER MILITARY HEALTH CARE 7
        INDIAN HEALTH SERVICE, TRIBAL HEALTH
        PROGRAM, URBAN INDIAN CLINIC......................8
        COVERED CALIFORNIA...................................... 10
        SHOP THROUGH COVERED CALIFORNIA 11
        OTHER GOVERNMENT HEALTH PLAN.............. 91
        OTHER NON-GOVERNMENT HEALTH PLAN..... 92
        REFUSED .... -7
        DON'T KNOW .... -8

POST-NOTE QC15_K164:
IF QC15_K164_1 = 1, SET KTEEMP = 1 AND SET KTEINSUR = 1;
IF QC15_K164_2 = 1, SET KTEEMP = 1 AND SET KTEINSUR = 1;
IF QC15_K164_3 = 1, SET KTEDIREC = 1 AND SET KTEINSUR = 1;
IF QC15_K164_4 = 1, SET KTEMCARE = 1 AND SET KTEINSUR = 1;
IF QC15_K164_5 = 1, SET KTEMCAL = 1 AND SET KTEINSUR = 1;
IF QC15_K164_7 = 1, SET KTEMILIT = 1 AND SET KTEINSUR = 1;
IF QC15_K164_8 = 1, SET KTEIHS = 1;
IF QC15_K164_10 = 1, SET KTEHBEX = 1 AND SET KTEINSUR = 1;
IF QC15_K164_11 = 1, SET KTEHBEX = 1 AND SET KTEINSUR = 1;
IF QC15_K164_91 = 1, SET KTEOTHGOV = 1 AND SET KTEINSUR = 1;
IF QC15_K164 = 92, -7 OR -8, SET KTEOTHER = 1 AND SET KTEINSUR = 1

PROGRAMMING NOTE QC15_K165:
IF QC15_K164_4 = 1 (MEDICARE), CONTINUE WITH QC15_K165;
ELSE SKIP TO PN QC15_K166

QC15_K165   Just to verify, you said that {TEEN} gets health insurance through Medicare?
재확인 하는 차원에서 다시 여쭈어 봅니다. (TEEN)이(가) 메디케어 혜택을 받는다고 하셨습니까?

KIA9VER

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

PROGRAMMING NOTE QC15_K166:
IF KTEINSUR ≠ 1 CONTINUE WITH QC15_K166;
ELSE GO TO QC15_K167;

QC15_K166   What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
(TEEN) (이)가 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는 무엇입니까?

KIA1A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE 2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE 5
DON'T BELIEVE IN HEALTH INSURANCE 6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....................................9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K167:
IF QC15_K148 = 1 AND KARMCARE = 1 AND QC15_K16 = 1, THEN QC15_K167 = QC15_K16 AND QC15_K169 = QC15_K17 AND SKIP TO QC15_K170;
ELSE IF QC15_K148 = 1, THEN QC15_K167 = QC15_K67 AND QC15_K169 = QC15_K69 AND QC15_K170 = QC15_K70 AND GO TO PN QC15_K171;
ELSE IF QC15_K150 = 1, THEN QC15_K167 = QC15_K128 AND QC15_K169 = QC15_K129 AND QC15_K170 = QC15_K131 AND GO TO PN QC15_K171;
ELSE IF KTEINSUR = 1, THEN CONTINUE WITH QC15_K167;
ELSE GO TO PROGRAMMING NOTE QC15_K171

QC15_K167   Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?
(TEEN) (이)의 주된 의료 보험은 HMO, 즉 건강 관리 기구(Health Maintenance Organization)입니까?

KMA8

[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 란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지 않습니다."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]
[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험."]
[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

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

```
PROGRAMMING NOTE QC15_K168:
IF KTEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QC15_K169;
ELSE CONTINUE WITH QC15_K168;
```

QC15_K168   Is (TEEN)'s health plan a PPO or EPO?
(TEEN)의 의료 보험은 PPO 입니까, EPO 입니까?

KAI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "EPO 는 Exclusive Provider Organization(독점적 외료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "PPO 는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험."]

```
            PPO......................................................................1
            EPO......................................................................2
            OTHER (SPECIFY: _____) ................ 91
            REFUSED ............................................................. -7
            DON'T KNOW ....................................................... -8
```

QC15_K169   What is the name of (TEEN)'s main health plan?
(TEEN) (이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

KMA7

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "혹시 (TEEN) (이)의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?"]

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES	83
ANTHEM BLUE CROSSOF CALIFORNIA	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH	17
CARE 1ST HEALTH PLAN	18
CAREMORE HEALTH PLAN	19
CENTER FOR ELDERS' INDEPENDENCE	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN	35
GOLDEN STATE MEDICARE HEALTH PLAN	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46

HEALTH ADVANTAGE 82
KAISER PERMANENTE...................................... 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE 49
L.A. CARE HEALTH PLAN 50
MD CARE.. 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN................................. 55
ON LOK SENIOR HEALTH SERVICES 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS........................ 58
PREMIER HEALTH PLAN SERVICES.................. 59
PRIMECARE MEDICAL NETWORK 60
PROVIDENCE HEALTH NETWORK..................... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN.................................... 69
SAN FRANCISCO HEALTH PLAN....................... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA... 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
SUTTER HEALTH PLAN 71
SUTTER SENIOR CARE...................................... 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON....... 74
UNIVERSITY HEALTHCARE ADVANTAGE......... 75
VALLEY HEALTH PLAN....................................... 76
VENTURA COUNTY HEALTH CARE PLAN......... 77
WESTERN HEALTH ADVANTAGE....................... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES............................ 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED... -7
DON'T KNOW... -8

POST-NOTE QC15_K169:
IF QC15_K169 = 18, 72, OR 75, SET KTEMILIT = 1

QC15_K170   Is (TEEN) covered for prescription drugs?
                  (TEEN)(이)의 보험은 처방약도 보장해 줍니까?

KIA14

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

PROGRAMMING NOTE FOR QC15_K171:
IF [(KARINSUR ≠ 1 OR QC15_K156 ≠ 1) AND (KTEEMP = 1 OR KTEDIREC = 1 OR KTEOTHER = 1),
THEN CONTINUE WITH QC15_K171;
ELSE SKIP TO PN QC15_K176

QC15_K171   Does (TEEN)'s health plan have a deductible that is more than $1,000?
(TEEN) (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000 이 넘습니까?

KAI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 □□ □□□□ □□ 의료 보험이 지불하기 전에 귀하가 지불해야 하는 □액을 말합니다."]

YES..1
NO..2   **[GO TO QC15_K173]**
YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO QC15_K173]**
REFUSED .... -7   **[GO TO QC15_K173]**
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K172:
IF KTEEMP = 1, THEN CONTINUE WITH QC15_K172;
ELSE GO TO QC15_K173

QC15_K172   Does (TEEN)'s health plan have a deductible that is more than $2,000?
(TEEN)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

KAI87

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 □□ □□□□ □□ 의료 보험이 지불하기 전에 귀하가 지불해야 하는 □액을 말합니다."]

YES..1   **[GO TO PN QC15_K174]**
NO..2
YES, ONLY WHEN GO OUT OF NETWORK 3
REFUSED .... -7
DON'T KNOW .... -8

QC15_K173   Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?
 (TEEN) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

KAI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 □□ □□□□ □□ 의료 보험이 지불하기 전에 귀하가 지불해야 하는 □액을 말합니다."]

YES..1
NO..2   **[GO TO PN QC15_K186]**
YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO PN QC15_K186]**
REFUSED .... -7   **[GO TO PN QC15_K186]**
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K174:
IF KTEEMP = 1, THEN CONTINUE WITH QC15_K174;
ELSE GO TO PROGRAMMING NOTE QC15_K175

QC15_K174   Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?
(TEEN) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $4,000 이 넘습니까?

KAI88

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 □□ □□□□ □□ 의료 보험이 지불하기 전에 귀하가 지불해야 하는 □액을 말합니다."]

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

PROGRAMMING NOTE QC15_K175:
IF (QC15_K171 = 1 OR 3) OR (QC15_K172 = 1 OR 3) OR (QC15_K173 = 1 OR 3), CONTINUE WITH QC15_175;
ELSE SKIP TO PROGRAMMING NOTE QC15_K176

QC15_K175   Do your spouse have a special account or fund {he or she} can use to pay for (TEEN)'s medical expenses?
(TEEN)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

KAI84

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

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

PROGRAMMING NOTE QC15_K176:
IF KTEINSURE = 1, GO TO QC15_K181;
ELSE CONTINUE WITH QC15_K176

QC15_K176   What is the <u>one main</u> reason (TEEN) does not have any health insurance?
(TEEN) (이)가 의료보험이 없는 가장 주된 □ □□ 이유는 무엇입니까?

KIA18

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

QC15_K177   Was (TEEN) covered by health insurance at any time during the past 12 months?
(TEEN) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

KIA20

> YES...1   **[GO TO QC15_K179]**
> NO...2
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K178   How long has it been since (TEEN) last had health insurance?
(TEEN) (이)가 의료 보험 없이 지낸 기간은얼마나 되었습니까?

KIA21

> MORE THAN 12 MONTHS, BUT NOT
> MORE THAN 3 YEARS AGO 1   **[GO TO QC15_K187]**
> MORE THAN 3 YEARS AGO 2   **[GO TO QC15_K187]**
> NEVER HAD HEALTH INSURANCE COVERAGE ..3   **[GO TO QC15_K187]**
> REFUSED .... -7   **[GO TO QC15_K187]**
> DON'T KNOW/NOT SURE .... -8   **[GO TO QC15_K187]**

QC15_K179   For how many of the last 12 months did {he/she} have health insurance?
지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

KIA22

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

> _____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN QC15_K198]**
>
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K180   During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, ,
a plan you obtained through an employer, a plan you purchased directly from an
insurance company, a plan you purchased through Covered California, or some other
plan?
(TEEN)(이)가 의료 보험이 있던 기간 동안, 들어있던 보험은 어떤 것이었습니까? 메디-
칼, 귀하가 직장을 통해 가입한 보험,직접 보험회사로부터 구입한 보험, 커버드
캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른
보험이었습니까?

KIA23

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

MEDI-CAL 1	**[GO TO QC15_K187]**
THROUGH CURRENT OR FORMER	
EMPLOYER/UNION 3	**[GO TO QC15_K187]**
PURCHASED DIRECTLY..5	**[GO TO QC15_K187]**
COVERED CALIFORNIA..6	**[GO TO QC15_K187]**
OTHER HEALTH PLAN.. 91	**[GO TO QC15_K187]**
REFUSED .... -7	**[GO TO QC15_K187]**
DON'T KNOW .... -8	**[GO TO QC15_K187]**

QC15_K181   Thinking about {his/her} current health insurance, did (TEEN) have this same insurance
for ALL of the past 12 months?
(TEEN) (은)는 지난 12 개월 <u>내내</u> 현재와 같은 의료 보험에 들어 있었습니까?

KIA24

YES...1	**[GO TO QC15_K187]**
NO...2	
REFUSED .... -7	
DON'T KNOW .... -8	

QC15_K182   When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have
any other health insurance?
자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

KIA25

YES...1	
NO...2	**[GO TO QC15_K184]**
REFUSED .... -7	**[GO TO QC15_K184]**
DON'T KNOW .... -8	**[GO TO QC15_K184]**

QC15_K183   Was {his/her/his or her} other health insurance Medi-Cal, a plan your spouse obtained from an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?
이 다른 의료 보험은 어떤 것이었습니까? 메디-칼, 귀하의 직장을 통해 가입한 보험, 귀하가 직접 보험회사로 부터 구입한 보험, 혹은 귀하가 커버드 캘리포니아(Covered California)를 통해 구입한 보험이었습니까, 아니면 제가 말씀 드린 것 이외의 다른 보험이었습니까?

KIA26

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

MEDI-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 3
PURCHASED DIRECTLY.......................................5
COVERED CALIFORNIA.......................................6
OTHER HEALTH PLAN....................................... 91
REFUSED .... -7
DON'T KNOW .... -8

QC15_K184   During the past 12 months, was there any time when {he/she} had no health insurance at all?
지난 12 개월동안, {CHILD NAME/AGE/SEX}에게 의료 보험이 전혀 없던 때가 있었습니까?

KIA27

YES 1
NO...2   **[GO TO QC15_K187]**
REFUSED .... -7   **[GO TO QC15_K187]**
DON'T KNOW .... -8   **[GO TO QC15_K187]**

QC15_K185   For how many of the past 12 months did {he/she} have no health insurance?
지난 12 개월 동안 자녀분에게 의료보험이 없었던 기간은 몇 개월입니까?

KIA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QC15_K186 What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?
(TEEN) (이)가 보험에 들어 있지 않았던 동안, 보험이 없었던 가장 주된 □ □□ 이유는 무엇이었습니까?

KIA29

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

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

```
PROGRAMMING NOTE QC15_K187:
IF NOT ANSWERED IN EARLIER IN THE CHILD-FIRST (QC15_K89 = -1), THEN CONTINUE;
[IF CHILD SELECTED]
IF KCHINSUR ≠ 1 OR QC15_K138 = 2 OR QC15_K143 = 2 OR QC15_K145 = 1 OR QC15_K141 = (5,
6) OR QC15_K144 = (5, 6) OR KCHHBEX = 1 OR KCHDIREC = 1; THEN CONTINUE WITH
QC15_K187;
[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QC15_K177 = 2 OR QC15 _K182 = 2 OR QC15_K184 = 1 OR QC15_K180 = (5,
6) OR QC15_K183 = (5, 6) OR KTEHBEX = 1 OR KTEDIREC = 1; THEN CONTINUE WITH
QC15_K187;
ELSE GO TO PROGRAMMING NOTE QC15_K204
```

QC15_K187 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
지난 12 개월 이내에, 귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 의료 보험을 구입하려고 시도한 적이 있습니까?

KAH103i

```
YES...................................................................1
NO.....................................................................2    [GO TO PN QC15_K204]
REFUSED ............................................... -7    [GO TO PN QC15_K204]
DON'T KNOW ........................................... -8    [GO TO PN QC15_K204]
```

QC15_K188   Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
그것은 어떻게 구입하셨습니까? 보험회사나 HMO 로부터 직접,
커버드 캘리포니아를 통해, 보험 회사와 커버드 캘리포니아 양쪽
모두를 통해 구입 중에서 골라 주십시오?

KAH110i

DIRECTLY FROM AN INSURANCE
COMPANY OR HMO, OR...1
THROUGH COVERED CALIFORNIA, OR 2
BOTH, FROM AN INSURANCE COMPANY
AND THROUGH COVERED CALIFORNIA.............3
REFUSED .... -7   **[GO TO PN QC15_K191]**
DON'T KNOW .... -8   **[GO TO PN QC15_K191]**

PROGRAMMING NOTE QC15_K189:
IF QC15_K188 = 1; THEN CONTINUE WITH QC15_K189;
IF QC15_K188 = 3; THEN CONTINUE WITH QC15_K189 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QC15_K204;

QC15_K189   {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의
경험을 말씀해 주십시오

How difficult was it to find a plan with the coverage you needed? Was it…
귀하에게 필요한 혜택을 제공하는 의료 보험을 찾기가 얼마나 어려웠습니까?

KAH98i

Very difficult..1
매우 어려웠음..1
Somewhat difficult..2
약간 어려웠음..2
Not too difficult 3
별로 어렵지 않았음 3
Not at all difficult?...4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QC15_K190   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

KAH99i

Very difficult...1
매우 어려웠음..1
Somewhat difficult 2
약간 어려웠음...2
Not too difficult 3
별로 어렵지 않았음 3
Not at all difficult?...4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QC15_K191   Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

KAH100i

YES 1
NO..2   **[GO TO PN QC15_K204]**
REFUSED .... -7   **[GO TO PN QC15_K204]**
DON'T KNOW .... -8   **[GO TO PN QC15_K204]**

QC15_K192   Who helped you?
누가 도움을 주었습니까?

KAH101i

BROKER 1
FAMILY MEMBER/FRIEND 2
INTERNET 3
OTHER (SPECIFY: _____)........................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K193:
IF QC15_K188 = 2; THEN CONTINUE WITH QC15_K193;
IF QC15_K188 = 3; THEN CONTINUE WITH QC15_K193 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QC15_K197;

QC15_K193   {Now, think about your experience with Covered California.}
지금부터는 Covered California 에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was it…
Covered California 를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나 어려웠습니까?

KAH111i

```
                    Very difficult................................................................1
                    매우 어려웠음................................................................1
                    Somewhat difficult........................................................2
                    약간 어려웠음................................................................2
                    Not too difficult ...........................................................3
                    별로 어렵지 않았음 .......................................................3
                    Not at all difficult?.......................................................4
                    전혀 어렵지 않았음 .......................................................4
                    REFUSED ............................................................... -7
                    DON'T KNOW ......................................................... -8
```

QC15_K194   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

KAH112i

```
                    Very difficult................................................................1
                    매우 어려웠음................................................................1
                    Somewhat difficult........................................................2
                    약간 어려웠음................................................................2
                    Not too difficult ...........................................................3
                    별로 어렵지 않았음 .......................................................3
                    Not at all difficult?.......................................................4
                    전혀 어렵지 않았음 .......................................................4
                    REFUSED ............................................................... -7
                    DON'T KNOW ......................................................... -8
```

QC15_K195   Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

KAH113i

```
                    YES.........................................................................1
                    NO...........................................................................2      [GO TO QC15_K197]
                    REFUSED ............................................................... -7      [GO TO QC15_K197]
                    DON'T KNOW ......................................................... -8      [GO TO QC15_K197]
```

QC15_K196   Who helped you?
누가 도움을 주었습니까?

KAH114i

> BROKER 1
> FAMILY MEMBER / FRIEND...................................2
> INTERNET 3
> CERTIFIED INSURANCE AGENTS......................4
> OTHER (SPECIFY: _____)........................ 91
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K197   Did you have all the information you felt you needed to make a good decision on a health plan?
귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고 생각하는 모든 정보를 가지고 있었습니까?

KAH115i

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

PROGRAMMING NOTE QC15_K198:
IF QC15_H23 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QC15_K198;
ELSE GO TO QC15_K199;

QC15_K198   Were you able to get information about your health plan options in your language?
귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로 제공받을 수 있었습니까?

KAH116i

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

QC15_K199   Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
본인의 의료 보험을 선택하는 데 있어서, 보험비용은 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

KAH117i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT.....................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K200   Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

KAH118i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT....................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K201   Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 병원에서 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

KAH119i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT....................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QC15_K202   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
보험의 네트워크 내에서 의사를 선정하는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

KAH120i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT....................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

```
PROGRAMMING NOTE QC15_K203:
IF QC15_K117 = 1 OR QC15_K165 = 1, THEN DISPLAY "Bronze"
ELSE IF QC15_K117 = 2 OR QC15_K156 = 2, THEN DISPLAY "Silver"
ELSE IF QC15_K117 = 3 OR QC15_K156 = 3, THEN DISPLAY "Gold"
ELSE IF QC15_K117 = 4 OR QC15_K156 = 4, THEN DISPLAY "Platinum"
ELSE IF QC15_K117 = 4 OR QC15_K156 = 6, THEN DISPLAY "Minimum Coverage"
ELSE DISPLAY " ";
```

QC15_K203   Finally, what was the <u>most</u> important reason you chose your
{Bronze/Silver/Gold/Platinum/Minimum Coverage} plan? Was it the cost, that you could
get care from a specific doctor, that you could go to a certain hospital, the choice of
providers in your plan's network, or was it something else?
마지막으로 귀하가 {브론즈/실버/골드/플래티넘/최소 보장} 플랜을 선택하신 가장
중요한 이유는 무엇입니까? 비용, 원하는 의사, 원하는 병원, 네트워크 내에 속한
의사들 때문입니까, 아니면 다른 이유가 있습니까?

KAH121i

        COST 1
        SPECIFIC DOCTOR..2
        SPECIFIC HOSPITAL...3
        CHOICE OF DOCTORS IN NETWORK...................4
        OTHER (SPECIFY: _____)........................... 91
        REFUSED .... -7
        DON'T KNOW .... -8

QC15_K204   What is your best estimate of your <u>household's total annual</u> income from all sources
<u>before taxes</u> in 2014?
<u>세금을 공제하기 전</u> 2014 년 <u>귀하 가구의 연간 총 수입은</u> 얼마나 됩니까? 아시는 대로
말씀해 주십시오.

KAK22

    **[IF NEEDED, SAY: "Include money from jobs, social security, retirement income,
unemployment payments, public assistance and so forth. Also include income
from interest, dividends, net income from business, farm, or rent and any other
money income."]**
    **[IF NEEDED, SAY: "직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 지원 등을
포함해 주십시오. 아울러, 이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의
수입도 포함해 주십시오."]**

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

        $_____ AMOUNT [HR: 0-999995]

        REFUSED .... -7   **[GO TO PN QC15_K206]**
        DON'T KNOW .... -8   **[GO TO PN QC15_K206]**

QC15_K205   PLEASE VERIFY AMOUNT ENTERED:

    I have entered that your annual household income is (AMOUNT). Is that correct?
귀하의 총 가구수입을 (AMOUNT) 라고 기록했는데, 맞습니까?

KAK22A

        YES...1   **[GO TO PN QC15_K212]**
        NO..2   **[GO BACK TO QC15_K204]**
        REFUSED .... -7   **[GO TO PN QC15_K212]**
        DON'T KNOW .... -8   **[GO TO PN QC15_K212]**

PROGAMMING NOTE QC15_K206:
IF QC15_K204 = -7 OR -8 CONTINUE WITH QC15_K206;
ELSE GO TO PROGRAMMING NOTE QC15_K212

QC15_K206   We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is more than $20,000 per year or is it less?
저희가 정확하게 알 필요는 없습니다. 그렇지만, 귀댁의 <u>세금 공제전</u> <u>연간 가구당</u> 총수입이 $20,000 이상입니까, 이하입니까?

KAK11

MORE 1	**[GO TO QC15_K208]**
EQUAL TO $20K OR LESS...................................2	
REFUSED .... -7	**[GO TO PN QC15_K212]**
DON'T KNOW .... -8	**[GO TO PN QC15_K212]**

QC15_K207   Is it …
수입이…

KAK12

$5,000 or less,..1	**[GO TO PN QC15_K212]**
$5,000 이하입니까, ...1	
$5,001 to $10,000, ...2	**[GO TO PN QC15_K212]**
$5,001 에서 $10,000 사이입니까, ...2	
$10,001 to $15,000, or................................3	**[GO TO PN QC15_K212]**
$10,001 에서 $15,000 사이입니까, 아니면 3	
$15,001 to 20,000? 4	**[GO TO PN QC15_K212]**
$15,001 에서$20,000 사이입니까?.........................4	
REFUSED .... -7	**[GO TO PN QC15_K212]**
DON'T KNOW .... -8	**[GO TO PN QC15_K212]**

QC15 _K208   Is it more or less than $70,000 per year?
수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?

KAK13

MORE 1	**[GO TO QC15_K210]**
EQUAL TO $70K OR LESS...................................2	
REFUSED .... -7	**[GO TO PN QC15_K212]**
DON'T KNOW .... -8	**[GO TO PN QC15_K212]**

QC15_K209   Is it …
귀가구의 연간 수입이…

KAK14

$20,001 to $30,000, ...1	**[GO TO PN QC15_K212]**
$30,001 to $40,000, ...2	**[GO TO PN QC15_K212]**
$40,001 to $50,000, ...3	**[GO TO PN QC15_K212]**
$50,001 to $60,000, or...............................4	**[GO TO PN QC15_K212]**
$60,001 to $70,000? 5	**[GO TO PN QC15_K212]**
REFUSED .... -7	**[GO TO PN QC15_K212]**
DON'T KNOW .... -8	**[GO TO PN QC15_K212]**

QC15_K210   Is it more or less than $135,000 per year?
                  수입이 연 $135,000 이상입니까, 이하입니까?

  KAK15

                            MORE 1   **[GO TO PN QC15_K212]**
                            EQUAL TO $135K OR LESS..................................2
                            REFUSED .... -7   **[GO TO PN QC15_K212]**
                            DON'T KNOW .... -8   **[GO TO PN QC15_K212]**

QC15_K211   Is it …
                  수입이…

  KAK16

                            $70,001 to $80,000, ...1
                            $70,001 에서 $80,000 사이입니까, ...1
                            $80,001 to $90,000, ...2
                            $80,001 에서 $90,000 사이입니까, ...2
                            $90,001 to $100,000, or..3
                            $90,001 에서 $100,000 사이입니까, 아니면 3
                            $100,001 to $135,000? 4
                            $100,001 에서 $135,000 사이입니까?.....................4
                            REFUSED .... -7
                            DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K212:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QC15_K216;
ELSE CONTINUE WITH QC15_K212

QC15_K212   Including yourself, how many people living in your household are supported by your total
                  household income?
                  가구 구성원 중 이 총 가구 수입으로 부양받는 사람들이 본인을 포함하며 몇 명입니까?

  KAK17

                  _____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QC15_K213:
QC15_K213 <u>MUST BE LESS</u> THAN QC15_K212;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS)
OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD
ENUMERATION) = QC15_K216 GO TO PROGRAMMING NOTE QC15_K6;
ELSE CONTINUE WITH QC15_K213

QC15_K213   How many of these {INSERT NUMBER FROM QC15_K211} people are children under
                  the age of 18?
                  {INSERT NUMBER FROM QA15_K211} 중 몇 명이 18 세 미만의 자녀분이십니까?

  KAK18

                  _____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

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

QC15_K214   Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?
□□ □□ □□ □□□□ □□□□ □□□□ □□ □□, □ □ □□ □□□□ □□□□□ □□ □□□□□ □□□□□?

KAK32

YES 1
NO..2   **[GO TO PN QC15_K216]**
REFUSED .... -7   **[GO TO PN QC15_K216]**
DON'T KNOW .... -8   **[GO TO PN QC15_K216]**

QC15_K215   How many?
그러한 사람들이 몇 명이나 됩니까?

KAK33

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QC15_K216:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QC15_K210 AND QC15_K211 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2010 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2010" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)
IF EITHER QC15_K212 OR QC15_K213 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT SC13A OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS (VALUES FOR BASE.KPOVERTY)...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QC15_K204 > -7 OR -8 (INCOME GIVEN) OR [QC15_K204 = -7 OR -8 (REF/DK) AND (QC15_K206 = -7 OR QC15_K208 = -7 OR QC15_K210 = - 7 (INCOME RANGE REFUSED))], SKIP TO QC15_K222; ELSE IF QC15_K204 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207, QC15_K209, OR QC15_K211, ASK QC15_K215 USING KPVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT); ELSE SKIP TO PN QC15_K217

QC15_K216   I need to ask just one more question about income.
수입에 관해 한두 가지 질문을 드리겠습니다.

Was your total annual household income before taxes less than or more than
${POVRT50}?
{귀하의 가구의 연간 세금 전 총수입이} ${POVRT50} 이하입니까? 이상입니까?

KAK29

EQUAL TO OR LESS 1   **[GO TO PN QC15_K222]**
MORE 2   **[GO TO PN QC15_K222]**
REFUSED .... -7   **[GO TO PN QC15_K222]**
DON'T KNOW .... -8   **[GO TO PN QC15_K222]**

```
POST NOTE QC15_K216:
IF QC15_K216 = 1, THEN KPOVERTY = 1;
ELSE IF QC15_K216 = 2, THEN KPOVERTY = 2
```

```
PROGRAMMING NOTE QC15_K217:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207,
QC15_K209, OR QC15_K211, THEN CONTINUE WITH QC15_K217 USING POVRT100 (100%
POVERTY CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 WAS NOT ASKED, DISPLAY "I need to
ask one or two more questions about income. Was your total annual household income before
taxes";
ELSE DISPLAY, "Was it";
ELSE GO TO PROGRAMMING NOTE QC15_K218
```

QC15_K217   {I need to ask just one or two more questions about income.
수입에 관해 한두 가지 질문을 드리겠습니다.

Was your total annual household income before taxes/Was it} less than or more than
${POVRT100}?
{귀하의 가구의 연간 세금 전 총수입이} ${POVRT100} 이하입니까? 이상입니까?

KAK18A

EQUAL TO OR LESS 1   **[GO TO PN QC15_K222]**
MORE 2
REFUSED .... -7   **[GO TO PN QC15_K222]**
DON'T KNOW .... -8   **[GO TO PN QC15_K222]**

```
POST NOTE QC15_K217:
IF QC15_K217 = 1 THEN KPOVERTY = 2;
ELSE IF QC15_K217 = 2, SKIP TO PN QC15_K218
```

PROGRAMMING NOTE QC15_K218:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207,
QC15_K209, OR QC15_K211, THEN CONTINUE WITH QC15 _K218 USING POVRT133 (133%
POVERTY CUTOFF DISPLAY AMOUNT);
IF QC15_K216 AND QC15_K217 WERE NOT ASKED, DISPLAY "I need to ask just one more
question about income. Was your total income before taxes";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QC15_K219

QC15_K218   {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than ${POVRT133}?
{귀하의 가구의 연간 세금 전 총수입이} ${POVRT133} 이하입니까? 이상입니까?

KAK30

> EQUAL TO OR LESS 1   **[GO TO PN QC15_K222]**
> MORE 2   **[GO TO PN QC15_K222]**
> REFUSED .... -7   **[GO TO PN QC15_K222]**
> DON'T KNOW .... -8   **[GO TO PN QC15_K222]**

POST NOTE QC15_K218:
IF QC15_K218 = 1, THEN KPOVERTY = 3;
ELSE IF QC15_K218 = 2, THEN KPOVERTY = 4

PROGRAMMING NOTE QC15_K219:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207,
QC15_K209, OR QC15_K211, CONTINUE WITH QC15_K219 USING POVRT200 (200% POVERTY
CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 AND QC15_K217, AND QC15_K218 WERE NOT
ASKED, DISPLAY "I need to ask just one more question about income. Was your total income
before taxes";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QC15_K220

QC15_K219   {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than ${POVRT200}?
{귀하의 가구의 연간 세금 전 총수입이} ${POVRT200} 이하입니까? 이상입니까?

KAK18B

> EQUAL TO OR LESS 1   **[GO TO PN QC15_K222]**
> MORE 2   **[GO TO PN QC15_K222]**
> REFUSED .... -7   **[GO TO PN QC15_K222]**
> DON'T KNOW .... -8   **[GO TO PN QC15_K222]**

POST NOTE QC15_K219:
IF QC15_K219 = 1, THEN KPOVERTY = 4;
ELSE IF QC15_K219 = 2, THEN KPOVERTY = 5

PROGRAMMING NOTE QC15_K219:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207,
QC15_K209, OR QC15_K211, CONTINUE WITH QC15_K220 USING POVRT300 (300% POVERTY
CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 AND QC15_K217, AND QC15_K218 AND
QC15_K219 WERE NOT ASKED, DISPLAY "I need to ask just one more question about income.
Was your total income before taxes";
ELSE GO TO PROGRAMMING NOTE QC15_K222

QC15_K220   {I need to ask just one more question about income. Was your total annual household
              income before taxes/Was it} less than or more than ${POVRT300}?
              {귀하의 가구의 연간 세금 전 총수입이} ${POVRT300}이하입니까? 이상입니까?

  KAK18C

                          EQUAL TO OR LESS 1   [GO TO PN QC15_K222]
                          MORE 2   [GO TO PN QC15_K222]
                          REFUSED .... -7   [GO TO PN QC15_K222]
                          DON'T KNOW .... -8   [GO TO PN QC15_K222]

POST NOTE QC15_K220:
IF QC15_K220 = 1, THEN KPOVERTY = 5;
ELSE IF QC15_K220 = 2, THEN KPOVERTY = 6

PROGRAMMING NOTE QC15_K221:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207,
QC15_K209, OR QC15_K211, THEN CONTINUE WITH QC15_K221 USING POVRT400 (400%
POVERTY CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 AND QC15_K217, AND QC15_K218
AND QC15_K219 AND QC15_220 WERE NOT ASKED, DISPLAY "I need to ask just one more
question about income. Was your total income before taxes";
ELSE GO TO PROGRAMMING NOTE QC15_K222

QC15_K221   {I need to ask just one more question about income. Was your total annual household
              income before taxes/Was it} less than or more than ${POVRT400}?
              {귀하의 가구의 연간 세금 전 총수입이} ${POVRT400}이하입니까? 이상입니까?

  KAK31

                          EQUAL TO OR LESS 1
                          MORE 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

POST NOTE QC15_K221:
IF QC15_K221 = 1, THEN KPOVERTY = 6;
ELSE IF QC15_K221 = 2, THEN KPOVERTY = 7

POST NOTE KPOVERTY:
IF KPOVERTY = 8 AND [(QC15_K207 = 1, 2, 3, OR 4) OR (QC15_K209 = 1, 2, 3, 4, OR 5) OR
(QC15_K211 = 1, 2, 3, OR 4)] (RANGE QUESTIONS ANSWERED AND NO POVERTY LEVEL FALLS
WITHIN THE GIVEN RANGE), SET THIGH = HIGH END OF RANGE OF FINAL RANGE ITEM ASKED
(For instance, if QC15_K209 = 3, then THIGH=50000);
THEN SET KPOVERTY:
IF THIGH <= KPVRT50 THEN KPOVERTY = 1;
ELSE IF THIGH <= KPVRT100 THEN KPOVERTY = 2;
ELSE IF THIGH <= KPVRT133 THEN KPOVERTY = 3;
ELSE IF THIGH <= KPVRT200 THEN KPOVERTY = 4;
ELSE IF THIGH <= KPVRT300 THEN KPOVERTY = 5;
ELSE IF THIGH <= KPVRT400 THEN KPOVERTY = 6;
ELSE KPOVERTY = 7

QC15_K222 Do you own or rent your home?
      현재 사시는 집은 본인 소유입니까, 아니면 렌트입니까?

   KAK25

        OWN 1
        RENT 2
        OTHER ARRANGEMENT 3
        REFUSED .... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K223:
IF SR ≠ KA (SCREENER RESPONDENT IS NOT THE KNOWLEDGEABLE ADULT), CONTINUE WITH
QC15_K223;
IF SR = KA (SCREENER RESPONDENT IS KNOWEDGEABLE ADULT), SKIP TO QC15_K224

QC15_K223 Just a few final questions and then we are done.
      이 제 몇 가지 질문만 더 드리면 됩니다.

      To be sure we are covering the entire state, what
      county do you live in?
      주 전체에서 빠진 지역이 없도록 하기 위한 확인 작업입니다. 어느 카운티에
      거주하십니까?

   KAH42

        ALAMEDA 1
        ALPINE 2
        AMADOR 3
        BUTTE 4
        CALAVERAS..5
        COLUSA 6
        CONTRA COSTA...7
        DEL NORTE..8
        EL DORADO 9
        FRESNO 10
        GLENN... 11
        HUMBOLDT 12
        IMPERIAL 13
        INYO 14
        KERN 15
        KINGS 16
        LAKE 17
        LASSEN 18

LOS ANGELES 19
MADERA 20
MARIN 21
MARIPOSA 22
MENDOCINO 23
MERCED 24
MODOC 25
MONO 26
MONTEREY 27
NAPA 28
NEVADA 29
ORANGE 30
PLACER 31
PLUMAS 32
RIVERSIDE 33
SACRAMENTO.. 34
SAN BENITO 35
SAN BERNARDINO 36
SAN DIEGO 37
SAN FRANCISCO... 38
SAN JOAQUIN... 39
SAN LUIS OBISPO 40
SAN MATEO 41
SANTA BARBARA 42
SANTA CLARA 43
SANTA CRUZ 44
SHASTA.. 45
SIERRA 46
SISKIYOU 47
SOLANO 48
SONOMA 49
STANISLAUS... 50
SUTTER.. 51
TEHAMA 52
TRINITY 53
TULARE 54
TUOLUMNE 55
VENTURA 56
YOLO 57
YUBA 58
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K224:
IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QC15_K224;
IF SR = AR (SCREENER RESPONDENT IS THE KNOWLEDGEABLE ADULT) DISPLAY "Just a few final questions and then we are done.";
ELSE GO TO QC15_K225

QC15_K224   {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.
몇 가지 질문만 더 드리면 끝납니다귀하의 전화번호는 이 연구를 위해 컴퓨터에 의해 무작위로 선정되었습니다. 저희는 이 조사의 목적을 설명하는 편지를 댁에 보내드리기 위해 귀하의 전화번호와 일치하는 주소를 찾았습니다. 주거 환경과 건강과의 영향을 더 잘 이해하기 위해 귀하의 주소를 확인하고 싶습니다. 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다

Do you now live at {R's ADDRESS AND STREET}?
지금 사시는 곳의 주소가 {R's ADDRESS AND STREET} 맞습니까?

KAO1

[VERIFY SPELLING]

YES 1   **[GO TO QC15_K228]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K225:
IF R'S ADDRESS IS A P.O. BOX AND SR =KA (SCREENER RESPONDENT IS THE KNOWLEDGEABLE), DISPLAY "Just a few final questions and then we are done";

QC15_K225   {Just a few final questions and then we are done.}
What is your zip code?
{이제 몇 가지 질문만 더 드리면 됩니다.}
귀하 거주지의 우편번호가 무엇입니까?

KAM7

_____ ZIP CODE

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

QC15_K226   To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.
귀하의 주거 환경과 그러한 환경이 건강에 미치는 영향을 저희가 더 잘 이해할 수 있도록 귀하의 집 주소를 말씀해 주시겠습니까? 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

KAO2

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING)   **[GO TO QC15_K228]**

_____ STREET TYPE

_____ APT. NO

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

PROGRAMMING NOTE QC15_K227:
IF ADDRESS WAS GIVEN IN QC15_K226, SKIP TO QC15_K228;
ELSE CONTINUE WITH QC15_K227

QC15_K227   Can you tell me just the name of the street you live on?
사시는 곳의 길 이름만 말씀해 주실 수 있습니까?

KAM8

_____ NAME OF STREET

REFUSED .... -7   **[GO TO QC15_K229]**
DON'T KNOW .... -8   **[GO TO QC15_K229]**

QC15_K228   And what is the name of the street down the corner from you that crosses your street?
사시는 곳의 거리와 교차하는 가장 가까운 거리 이름은 무엇입니까?

KAM9

_____ NAME OF CROSS-STREET

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

PROGRAMMING NOTE QC15_K229:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QC15_H25 (FOLLOW-UP);
ELSE CONTINUE WITH QC15_K229

QC15_K229   I'm won't ask you for the number, but do you have a working cell phone?
귀하는 사용하시는 휴대폰이 있습니까? 전화번호는 묻지 않겠습니다

KAM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES 1
NO...2
SHARES CELL PHONE 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC15_K230:
IF QC15_K229 = 1 (YES) OR 3 (SHARES CELL PHONE), THEN CONTINUE WITH QC15_K230;
ELSE SKIP TO PROGRAMMING QC15_H25 (FOLLOW-UP)

QC15_K230   Of all the telephone calls that you receive, are...
걸려오는 전화를 어떻게 받으십니까?

KAM34

All or almost all calls received on a cell phone, ...1
모든 또는 거의 모든 전화를 휴대폰으로 받는다, ...1
Some on cell phones & some on regular phones, or......2
일부 전화는 휴대폰으로 받고 다른 일부 전화는 일반
전화기로 받는다. 또는..2
Very few or none on cell phones....................................3
전혀 또는 거의 휴대폰으로 받지 않는다. 3
REFUSED ....-7
DON'T KNOW ....-8

SECTION H – DEMOGRAPHICS, PART III

> **PROGRAMMING NOTE QC15_H25:**
> **IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H25;**
> **ELSE GO TO QC15_H26**

QC15_H25   Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?
지금 하신 아동 조사 내용에 비추어 볼 때, 이 댁에 저희가 (CHILD) (이)에 대해 드렸던 질문들에 더 잘 대답해주실 수 있을 만한 다른 어른이 계십니까?17

CH30

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

QC15_H26   Those are my final questions. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?
마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

CG38

```
                        YES .........................................................1
                        MAYBE/PROBABLY YES.......................................2
                        DEFINITELY NOT.....................................3
                        REFUSED .............................................. -7
                        DON'T KNOW ....................................... -8
```

END   Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that number? **[IF YES, SAY:** Dr. Ponce can be reached toll-free at 1-866-275-2447. **IF NO, SAY:** Goodbye.**]**
감사합니다. 귀하는 주 전역에서 실시되는 매우 중요한 보건 설문 조사에 도움을 주셨습니다. 질문이 있으시면 연구 책임자인 폰스(Ponce) 박사에게 연락하실 수 있습니다. 이 번호를 알려드릴까요? [**IF YES, SAY**: 무료 전화 1-866- 275-2447 로 전화하시면 폰스 박사와 통화가 가능하십니다. **IF NO, SAY**:다시 한 번 감사드립니다. 안녕히 계십시오.