



# CHIS 2007 Adult Questionnaire (Korean) Version 5.2 September 4, 2013

Adult Respondents Age 18 and older

*Collaborating Agencies:*

- ☐ UCLA Center for Health Policy Research
- ☐ California Department of Health Care Services
- ☐ California Department of Public Health
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## Section A – Demographic Information, Part I

Age

QA07\_A1

What is your date of birth?

나이를 말씀해 주시겠습니까?

AA1MON

MONTH \_\_\_\_\_

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

AA1DAY

DAY \_\_\_\_\_

AA1YR

YEAR \_\_\_\_\_

REFUSED .....-7

DON'T KNOW .....-8

### PROGRAMMING NOTE FOR QA07\_A2:

IF QA07\_A1 = -7 OR -8 THEN CONTINUE WITH QA07\_A2;

ELSE GO TO QA07\_A5

QA07\_A2

What month and year were you born?

귀하는 몇 년 몇 월에 출생하셨습니다?

AA1AMON

MONTH \_\_\_\_\_

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

AA1AYR

YEAR \_\_\_\_\_

REFUSED .....-7

DON'T KNOW .....-8

**PROGRAMMING NOTE FOR QA07\_A3:**

IF QA07\_A2 = -7 OR -8 THEN CONTINUE WITH QA07\_A3;  
ELSE GO TO QA07\_A5

**QA07\_A3**

What is your age, please?

나이를(연세를) 말씀해 주시겠습니까?

**AA2**

\_\_\_\_ YEARS OF AGE

REFUSED..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE FOR QA07\_A4:**

IF QA07\_A3 = -7 OR -8 THEN CONTINUE WITH QA07\_A4;  
ELSE GO TO QA07\_A5

**QA07\_A4**

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

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

**AA2A**

BETWEEN 18 AND 29 .....1

BETWEEN 30 AND 39 .....2

BETWEEN 40 AND 44 .....3

BETWEEN 45 AND 49 .....4

BETWEEN 50 AND 64 .....5

65 OR OLDER .....6

REFUSED..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE:**

CALCULATE VALUE OF AGE (AAGE) BASED ON QA07\_A1, QA07\_A2, OR QA07\_A3 TO USE IN ALL AGE-RELATED QUESTIONS;

IF QA07\_A1, QA07\_A2, OR QA07\_A3 = -7 OR -8 THEN USE QA07\_A4;

ELSE USE ENUM.AGE (FROM SCREENER SEGMENT OF INTERVIEW);

**Gender****QA07\_A5**

Are you male or female?

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

**AA3**

MALE .....1

FEMALE.....2

REFUSED..... -7

DON'T KNOW ..... -8

**Ethnicity**  
**QA07\_A6**

Are you Latino or Hispanic?

라티노나 히스패닉계이십니까?

**AA4**

YES .....1  
 NO .....2 [GO TO QA07\_A8]  
 REFUSED ..... -7 [GO TO QA07\_A8]  
 DON'T KNOW ..... -8 [GO TO QA07\_A8]

**QA07\_A7**

And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran -- and if you have more than one, tell me all of them.

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

**AA5***[INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NECESSARY, GIVE MORE EXAMPLES.]*

MEXICAN/MEXICANO .....1  
 MEXICAN AMERICAN .....2  
 CHICANO .....3  
 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 FOR QA07\_A8:**

IF QA07\_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY "You said you are Latino or Hispanic. Also..."

**Race****QA07\_A8**{You said you are Latino or Hispanic. Also} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

**AA5A***[INTERVIEWER NOTE: IF R GIVES ANOTHER RESPONSE, SPECIFY. CODE ALL THAT APPLY]*

WHITE .....1  
 BLACK OR AFRICAN AMERICAN .....2  
 ASIAN .....3  
 AMERICAN INDIAN OR ALASKA NATIVE .....4  
 OTHER PACIFIC ISLANDER .....5  
 NATIVE HAWAIIAN .....6  
 OTHER (SPECIFY): .....91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE FOR QA07\_A9:**

IF QA07\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA07\_A9;  
ELSE GO TO PROGRAMMING NOTE QA07\_A12;

**QA07\_A9**

You said American Indian or Alaska Native - and what is your tribal heritage? If you have more than one tribe, tell me all of them.

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

**AA5B**

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

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

**QA07\_A10**

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

귀하께서는 연방정부와 주정부에서 인정하는 부족으로 등록된 분이십니까?

**AA5C**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_A12] |
| REFUSED .....    | -7 | [GO TO QA07_A12] |
| DON'T KNOW ..... | -8 | [GO TO QA07_A12] |



QA07\_A11

Which tribe are you enrolled in?

귀하는 어느 부족으로 등록했습니까?

AA5D

**APACHE**

MESCALERO APACHE, NM.....1

APACHE (NOT SPECIFIC) .....2

OTHER APACHE (SPECIFY):.....3

**BLACKFEET**

BLACKFOOT/BLACKFEET .....4

**CHEROKEE**

WESTERN CHEROKEE.....5

CHEROKEE (NOT SPECIFIC).....6

OTHER CHEROKEE (SPECIFY):.....7

**CHOCTAW**

CHOCTAW OKLAHOMA.....8

CHOCTAW (NOT SPECIFIC) .....9

OTHER CHOCTAW (SPECIFY):.....10

**NAVAJO**

NAVAJO (NOT SPECIFIC).....11

**POMO**

HOPLAND BAND, HOPLAND RANCHERIA.....12

SHERWOOD VALLEY RANCHERIA .....13

POMO (NOT SPECIFIC) .....14

OTHER POMO (SPECIFY):.....15

**PUEBLO**

HOPI .....16

YSLETA DEL SUR PUEBLO OF TEXAS.....17

PUEBLO (NOT SPECIFIC).....18

OTHER PUEBLO (SPECIFY):.....19

**SIOUX**

OGLALA/PINE RIDGE SIOUX .....20

SIOUX (NOT SPECIFIC) .....21

OTHER SIOUX (SPECIFY):.....22

**YAQUI**

PASCUA YAQUI TRIBE OF ARIZONA .....23

YAQUI (NOT SPECIFIC) .....24

OTHER YAQUI (SPECIFY):.....25

**OTHER**

OTHER (SPECIFY):.....91

REFUSED.....-7

DON'T KNOW .....-8

**PROGRAMMING NOTE FOR QA07\_A12:**

IF QA07\_A8= 3 (ASIAN) CONTINUE WITH QA07\_A12;  
ELSE GO TO PROGRAMMING NOTE QA07\_A13;

**QA07\_A12**

You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese?  
If you are more than one, tell me all of them.

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

**AA5E**

[INTERVIEWER NOTE: 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 FOR QA07\_A13:**

IF QA07\_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA07\_A13;  
ELSE GO TO PROGRAMMING NOTE QA07\_A15;

**QA07\_A13**

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

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

**AA5E1**

[INTERVIEWER NOTE: 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 FOR QA07\_A14:**

IF QA07\_A6 = 1 (LATINO) AND [QA07\_A8 = 6 (NATIVE HAWAIIAN) OR QA07\_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA07\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA07\_A8 = 3 (ASIAN) OR QA07\_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA07\_A8 = 1 (WHITE) OR QA07\_A8 = 91 (OTHER)],  
CONTINUE WITH QA07\_A14;

ELSE IF THERE WERE MULTIPLE RESPONSES TO QA07\_A8, QA07\_A12, OR QA07\_A13 (NOT COUNTING -7 OR -8) CONTINUE WITH QA07\_A14;

ELSE SKIP TO QA07\_A15;

**QA07\_A14** You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1].  
Do you identify with any one race in particular?

귀하에게 해당되는 민족 또는 인종에 표시해 주십시오. 귀하는 한 특정한 민족 또는 인종에 속한다고 말씀하실 수 있습니까?

**AA5G**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_A16] |
| REFUSED .....    | -7 | [GO TO QA07_A16] |
| DON'T KNOW ..... | -8 | [GO TO QA07_A16] |

**PROGRAMMING NOTE FOR QA07\_A15:**

IF QA07\_A6 = 1 (YES, LATINO) AND QA07\_A7 ≠ -7 or -8, DO NOT DISPLAY QA07\_A15 = 14 (LATINO);

IF QA07\_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA07\_A12 = 1 to 5, DO NOT DISPLAY QA07\_A15 = 17 (OTHER PACIFIC ISLANDER);

IF QA07\_A8 = 3 AND QA07\_A12 = 1 to 18 (ANY OF AA5E1 THROUGH AA5E18 = 1), DO NOT DISPLAY QA07\_A15 = 19 (ASIAN);

**QA07\_A15**

Which do you most identify with?

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

**AA5F**

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

|                                       |    |
|---------------------------------------|----|
| MEXICAN/MEXICANO .....                | 1  |
| MEXICAN AMERICAN.....                 | 2  |
| CHICANO .....                         | 3  |
| SALVADORAN .....                      | 4  |
| GUATEMALAN .....                      | 5  |
| COSTA RICAN .....                     | 6  |
| HONDURAN .....                        | 7  |
| NICARAGUAN.....                       | 8  |
| PANAMANIAN.....                       | 9  |
| PUERTO RICAN.....                     | 10 |
| CUBAN .....                           | 11 |
| SPANISH-AMERICAN (FROM SPAIN) .....   | 12 |
| LATINO, OTHER SPECIFY .....           | 13 |
| LATINO.....                           | 14 |
| NATIVE HAWAIIAN .....                 | 16 |
| OTHER PACIFIC ISLANDER .....          | 17 |
| AMERICAN INDIAN OR ALASKA NATIVE..... | 18 |
| ASIAN.....                            | 19 |
| BLACK OR AFRICAN AMERICAN .....       | 20 |
| WHITE .....                           | 21 |
| RACE, OTHER SPECIFY .....             | 22 |
| BANGLADESHI .....                     | 30 |
| BURMESE .....                         | 31 |
| CAMBODIAN .....                       | 32 |
| CHINESE .....                         | 33 |
| FILIPINO.....                         | 34 |
| HMONG .....                           | 35 |
| INDIAN (INDIA).....                   | 36 |
| INDONESIAN .....                      | 37 |
| JAPANESE .....                        | 38 |
| KOREAN.....                           | 39 |
| LAOTIAN .....                         | 40 |
| MALAYSIAN .....                       | 41 |
| PAKISTANI .....                       | 42 |
| SRI LANKAN .....                      | 43 |
| TAIWANESE.....                        | 44 |
| THAI.....                             | 45 |
| VIETNAMESE.....                       | 46 |
| ASIAN, OTHER SPECIFY .....            | 49 |
| SAMOAN/AMERICAN SAMOAN .....          | 50 |
| GUAMANIAN .....                       | 51 |
| TONGAN .....                          | 52 |
| FIJIAN.....                           | 53 |
| PACIFIC ISLANDER, OTHER SPECIFY ..... | 55 |
| BOTH/ALL/MULTIRACIAL.....             | 90 |
| NONE OF THESE .....                   | 95 |
| REFUSED.....                          | -7 |
| DON'T KNOW .....                      | -8 |

**Marital Status****QA07\_A16**

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

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

**AH43**

*[INTERVIEWER NOTE: IF R MENTIONS MORE THAN ONE, CODE THE LOWEST NUMBER THAT APPLIES]*

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

## Section B – Health Conditions

### General Health

QA07\_B1

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

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

AB1

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

### Asthma

QA07\_B2

Has a doctor ever told you that you have asthma?

귀하께서 천식이 있다고 의사가 말한 적이 있습니까?

AB17

YES ..... 1  
 NO ..... 2 [GO TO QA07\_B14]  
 REFUSED ..... -7 [GO TO QA07\_B14]  
 DON'T KNOW ..... -8 [GO TO QA07\_B14]

QA07\_B3

Do you still have asthma?

아직도 천식이 있으십니까?

AB40

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

QA07\_B4

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

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

AB41

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

**PROGRAMMING NOTE FOR QA07\_B5:**

IF QA07\_B3= 2, -7, or -8 (NO, REFUSED, DON'T KNOW) AND QA07\_B4= 2, -7, or -8 (NO, REFUSED, DON'T KNOW), GO TO QA07\_B8;  
ELSE CONTINUE WITH QA07\_B5

**QA07\_B5**

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

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

**AB19**

- Not at all ..... 1  
아무 증상도 없었습니다 ..... 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 있었습니다 ..... 5  
REFUSED ..... -7  
DON'T KNOW ..... -8

**QA07\_B6**

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

지난 12 개월 동안, 천식 때문에 병원 응급실이나 응급 진료소에 가야 했던 때가 있었습니까?

**AH13A**

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

**QA07\_B7**

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

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

**AH15A**

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

**QA07\_B8**

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

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

**AB18**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "경구약과 흡입제를 둘 다 포함해서 말씀해 주십시오. 즉각적인 효과를 위해 사용하는 흡입제와는 다릅니다"]

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

**PROGRAMMING NOTE FOR QA07\_B9:**

IF QA07\_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA07\_B4 = 1 (YES, EPISODE IN LAST 12 MOS), SKIP TO QA07\_B12;

ELSE CONTINUE WITH QA07\_B9;

**QA07\_B9**

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

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

**AB66**

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

**QA07\_B10**

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

지난 12 개월 동안 #귀하의 천식 때문에 병원 응급실이나 긴급 치료 진료소를 방문하신 적이 있습니까?

**AB67**

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



**QA07\_B11** During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?  
 #지난 12 개월\ 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있으십니까?

**AB80**

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

**PROGRAMMING NOTE FOR QA07\_B12;**  
 IF AAGE > 69 THEN SKIP TO QA07\_B13;  
 ELSE CONTINUE WITH QA07\_B12;

**QA07\_B12** During the past 12 months, how many days of work did you miss due to asthma?  
 지난 12 개월 동안, 천식때문에 직장에 나가지 못했던게 며칠이나 되십니까?

**AB42**

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

\_\_\_\_\_ DAYS (0 – 365)

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

**QA07\_B13** Has a doctor or other health professional ever given you an asthma management plan?  
 의사나 다른 어떤 의료 전문가한테서 천식 관리 안내서를 받은 적이 있으십니까?

**AB43**

*[INTERVIEWER NOTE: IF NEEDED SAY, "An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "천식 관리 안내서란 언제 약의 복용량이나 종류를 바꾸고, 자문을 위해 언제 의사에게 전화하며,응급실에 언제 가야 하는 지에 대한 설명이 나와 있는 인쇄물입니다"]*

*ALSO INCLUDE NURSES AND ASTHMA EDUCATORS]*

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

**PROGRAMMING NOTE FOR QA07\_B14:**

IF QA07\_A5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";  
ELSE BEGIN DISPLAY WITH "Has";

**Diabetes**

**QA07\_B14** {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

당뇨병이나 혈당이 있다는 말을 의사에게서 들은 적이 있습니까?

**AB22**

YES.....1  
NO.....2 [GO TO QA07\_B23]  
BORDERLINE OR PRE-DIABETES.....3 [GO TO QA07\_B23]  
REFUSED.....-7 [GO TO QA07\_B23]  
DON'T KNOW .....-8 [GO TO QA07\_B23]

**QA07\_B15** How old were you when a doctor first told you that you have diabetes?

귀하께서 당뇨병이있다고 의사가 처음 말했을 때가 몇살 때입니까?

**AB23**

\_\_\_\_\_ AGE IN YEARS

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

**QA07\_B16** Were you told that you had Type 1 or Type 2 diabetes?

당뇨병이 일형 (타입 I) 당뇨병이라고 들었습니까, 이형 (타입 II) 당뇨병이라고 들었습니까?

**AB51**

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

*[INTERVIEWER NOTE: IF NEEDED SAY, "일형 (타입 I) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은 성인들에게서 진단됩니다. 이형 (타입 II) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다"]*

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

**QA07\_B17** Are you now taking insulin?

현재 인슐린을 투여하고 계십니까?

**AB24**

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

**QA07\_B18** Do you now take diabetic pills to lower your blood sugar?  
현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

**AB25**

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

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

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

**QA07\_B19** About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

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

**AB26**

\_\_\_\_\_ TIMES

**AB26UNT**

PER DAY .....1  
PER WEEK .....2  
PER MONTH .....3  
PER YEAR .....4  
REFUSED .....-7  
DON'T KNOW .....-8

**QA07\_B20** About how many times in the last 12 months has a doctor checked you for hemoglobin "A one C"?  
지난 12 개월 동안, 의사는 귀하의 헤모글로빈 "A one C"를 대략 몇 번이나 검사했습니까?

**AB27**

[INTERVIEWER NOTE: IF R NEVER HEARD OF IT, ENTER 995.]

\_\_\_\_\_ NUMBER OF TIMES

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

**QA07\_B21** About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?  
 지난 12 개월 동안, 의사는 귀하의 발의 상처나 염증을 대략 몇 번이나 검사했습니까?

**AB28**

\_\_\_\_\_ NUMBER OF TIMES

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

**QA07\_B22** When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.  
 귀하께서 가장 근래에 눈동자를 확장시키는 눈 검사를 받으신 것은 언제였습니까? 이것은 눈을 짧은 시간 동안 밝은 불빛에 민감하게 반응하도록 만드는 검사입니다.

**AB63**

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

**PROGRAMMING NOTE QA07\_B23;**

IF OR QA07\_B14 = 1 (HAS DIABETES), THEN SKIP TO QA07\_B24;

ELSE IF QA07\_A5 = 2 (FEMALE), CONTINUE WITH QA07\_B23; ELSE GO TO QA07\_B24;

**Gestational Diabetes**

**QA07\_B23** Has a doctor ever told you that you had diabetes only during pregnancy?  
 의사로부터 #단지\ 임신 기간 동안에만 당뇨병이 있었다는 말을 들으셨습니까?

**AB81**

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

**Hypertension**

**QA07\_B24** Has a doctor ever told you that you have high blood pressure?  
 귀하께서 고혈압이라고 의사가 말한 적이 있습니까?

**AB29**

YES ..... 1  
 NO ..... 2 [GO TO QA07\_B26]  
 REFUSED ..... -7 [GO TO QA07\_B26]  
 DON'T KNOW ..... -8 [GO TO QA07\_B26]

**QA07\_B25** Are you now taking any medications to control your high blood pressure?  
 현재 혈압 조절 약을 복용하고 계십니까?

**AB30**

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

**QA07\_B26** Has a doctor ever told you that you have any kind of heart disease?  
 귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

**AB34**

YES .....1  
 NO .....2 [GO TO QA07\_B28]  
 REFUSED ..... -7 [GO TO QA07\_B28]  
 DON'T KNOW ..... -8 [GO TO QA07\_B28]

**QA07\_B27** Has a doctor ever told you that you have heart failure or congestive heart failure?  
 심부전이나 울혈성 심부전이 있다는 진단을 의사로부터 받으신 적이 있습니까?

**AB52**

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

**Flu Shot**  
**QA07\_B28**

During the past 12 months, have you had a flu shot?  
 지난 12 개월 동안, 독감예방주사를 맞은 적이 있습니까?

**AE30**

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

#### Colon Cancer Screening

##### PROGRAMMING NOTE QA07\_B29;

IF AAGE < 40 OR [QA07\_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40  
 OR AGE IS UNKNOWN, SKIP TO QA07\_C1;  
 ELSE CONTINUE WITH QA07\_B29;

**QA07\_B29** A stool or fecal blood test is done at home to check for colon cancer. You send your stool sample to the doctor's office or lab for testing. Have you ever done a stool or fecal blood test?  
 대장암을 확인하기 위해 가정에서 혈변 검사를 할 수 있습니다. 대변 샘플은 의사의 진료소나 실험실로 보내어 검사합니다. 혈변 검사를 해 본 적이 있습니까?

**AF22**

[INTERVIEWER NOTE: IF NEEDED SAY, "Do not include over-the-counter test kits from a drugstore or pharmacy."]

[INTERVIEWER NOTE: IF NEEDED SAY, "드럭스토어나 약국에서 구입한 비처방 검사 키트는 포함시키지 마십시오."]

YES .....1  
 NO .....2 [GO TO QA07\_B32]  
 REFUSED ..... -7 [GO TO QA07\_B32]  
 DON'T KNOW ..... -8 [GO TO QA07\_B32]

**QA07\_B30**

When did you do your most recent blood test using a home kit to check for colon cancer?

대장암을 확인하기 위해 가장 최근에 가정용 키트를 사용하여 혈변 검사를 한 지 얼마나 오래 되었습니까?

**AF24**

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

**QA07\_B31**

What was the main reason you had your most recent stool blood test using a home kit? Was it...

가장 최근에 가정용 키트를 사용하여 혈변검사를 한 주된 이유는 무엇이었습니까?

**AB83**

PART OF A ROUTINE EXAM .....1  
 BECAUSE OF A PROBLEM.....2  
 SOME OTHER REASON .....3  
 REFUSED.....-7  
 DON'T KNOW .....-8

**QA07\_B32**

A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home. Have you ever had a colonoscopy?

S 상 결장경 검사(sigmoidoscopy)와 대장 내시경 검사(colonoscopy)는 모두 직장에 관을 삽입하여 장을 검사하는 방법입니다. 이 두 검사의 차이점은 S 상 결장경 검사는 검사를 받는 동안 깨어 있어서 검사가 끝난 후에 직접 차를 운전하고 귀가할 수 있으나, 대장 내시경 검사는 검사를 받는 동안 졸리어서 검사가 끝난 후에 다른 사람이 차를 운전하여 귀가시켜 주어야 한다는 것입니다. 대장 내시경 검사를 받은 적이 있습니까?

**AB84**

YES ..... 1  
 NO..... 2 [GO TO QA07\_B35]  
 REFUSED .....-7 [GO TO QA07\_B35]  
 DON'T KNOW .....-8 [GO TO QA07\_B35]

**QA07\_B33**

When did you have your most recent colonoscopy to check for colon cancer?

대장암 검사를 위해 가장 최근에 대장 내시경 검사를 받은 것은 언제였습니까?

**AB85**

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

**QA07\_B34** What was the main reason you had your most recent colonoscopy? Was it...  
가장 최근에 대장 내시경 검사를 받은 주된 이유는 무엇이었습니까?

**AB86**

PART OF A ROUTINE EXAM .....1  
BECAUSE OF A PROBLEM, OR .....2  
SOME OTHER REASON .....3  
REFUSED .....-7  
DON'T KNOW .....-8

**QA07\_B35** Have you ever had a sigmoidoscopy?  
S 상 결장경 검사를 받은 적이 있으십니까?

**AB87**

YES ..... 1  
NO ..... 2 [GO TO QA07\_B38]  
REFUSED .....-7 [GO TO QA07\_B38]  
DON'T KNOW .....-8 [GO TO QA07\_B38]

**QA07\_B36** When did you have your most recent sigmoidoscopy to check for colon cancer?  
대장암 검사를 위해 가장 최근에 S 상 결장경 검사를 받은 것은 언제였습니까?

**AB88**

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

**QA07\_B37** What was the main reason you did your most recent sigmoidoscopy? Was it...  
가장 최근에 S 상 결장경 검사를 받은 주된 이유는 무엇이었습니까?

**AB89**

PART OF A ROUTINE EXAM .....1  
BECAUSE OF A PROBLEM, OR .....2  
SOME OTHER REASON .....3  
REFUSED .....-7  
DON'T KNOW .....-8

**QA07\_B38** In the past 5 years, has a doctor recommended that you have a sigmoidoscopy, colonoscopy, or stool blood test?  
지난 5 년 동안, 의사가 S 상 결장경 검사, 대장 내시경 검사 또는 혈변검사를 받으라고 권한 적이 있습니까?

**AB90**

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

**PROGRAMMING NOTE QA07\_B39:**

IF AAGE &lt; 65 YEARS, GO TO QA07\_C1;

ELSE CONTINUE WITH QA07\_B39;

**Elderly Falls****QA07\_B39**

During the past 12 months, have you fallen to the ground more than once?

지난 12 개월 동안, 바닥에 쓰러졌던 적이 한 번 이상 있었습니까?

**AC7**

YES .....1  
 NO .....2 [GO TO QA07\_C1]  
 REFUSED .....-7 [GO TO QA07\_C1]  
 DON'T KNOW .....-8 [GO TO QA07\_C1]

**QA07\_B40**

Did you get any medical care because of those falls?

그러한 낙상을 당한 후에 치료를 받으셨습니까?

**AB91**

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

**QA07\_B41**

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

의료 전문가가 낙상을 피하는 방법에 대해 설명해 주었습니까?

**AB92**

[INTERVIEWER NOTE: IF NEEDED SAY, "A health care professional is a doctor, nurse, or other health care provider."]

[INTERVIEWER NOTE: IF NEEDED SAY, "의료 전문가란 의사, 간호사 또는 다른 의료 제공자들을 말합니다"]

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

**QA07\_B42**

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

그러한 낙상 때문에, 의료 전문가가 귀하가 복용하는 약들을 검토했습니까?

**AB93**

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



**QA07\_B43** Because of those falls, did you start a physical therapy or exercise program?

그러한 낙상 때문에, 물리요법이나 운동 프로그램을 시작하셨습니다가?

**AB94**

[INTERVIEWER NOTE: IF NEEDED SAY, "Include temporary changes during your recovery."]

[INTERVIEWER NOTE: IF NEEDED SAY, "회복 기간 동안의 일시적인 변경 사항도 포함됩니다"]

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

**QA07\_B44** Because of those falls, did you make changes to your home, such as adding grab bars or removing rugs?

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

**AB95**

[INTERVIEWER NOTE: IF NEEDED SAY, "Include temporary changes during your recovery."]

[INTERVIEWER NOTE: IF NEEDED SAY, "회복 기간 동안의 일시적인 변경 사항도 포함됩니다"]

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

**QA07\_B45** Did you start using a cane or walker?

지팡이나 보행 보조기(walker)를 사용하기 시작하셨습니다가?

**AB96**

[INTERVIEWER NOTE: IF NEEDED SAY, "Because of those falls"]

[INTERVIEWER NOTE: IF NEEDED SAY, "그러한 낙상 때문에"]

OR IF NEEDED SAY, "Include temporary changes during your recovery."]

OR IF NEEDED SAY, "회복 기간 동안의 일시적인 변경 사항도 포함됩니다."]

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

**QA07\_B46**

Did you change your daily routines?

일상생활을 바꾸셨습니까?

**AB97***[INTERVIEWER NOTE: IF NEEDED SAY, "Because of those falls**[INTERVIEWER NOTE: IF NEEDED SAY, "그러한 낙상 때문에 "**OR IF NEEDED SAY, "Include temporary changes during your recovery.**OR IF NEEDED SAY, "회복 기간 동안의 일시적인 변경 사항도 포함됩니다"]*

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

## Section C – Health Behaviors

### Moderate and Vigorous Physical Activity

#### QA07\_C1

The next questions are about physical activities or exercise you may do in your free time. First think about activities that take moderate physical effort, such as walking, bicycling, swimming, dancing, or gardening.

다음 질문들은 자유 시간에 하는 신체 활동이나 운동에 관한 것입니다. 먼저 걷기, 자전거 타기, 수영, 댄스 및 정원 가꾸기와 같은 보통 정도의 신체적 노력이 필요한 활동들을 고려해 주십시오.

During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes?

지난 7 일 동안에, 자유 시간에 #보통 정도의\ 신체 활동을 10 분 이상 한 적이 있습니까?

AE26

[INTERVIEWER NOTE: IF NEEDED SAY, "Moderate physical activities make you breathe somewhat harder than normal."]

[INTERVIEWER NOTE: IF NEEDED SAY, "보통 정도의 신체 활동을 하면 보통 때보다 숨쉬기가 약간 더 어렵습니다"]

OR "Think about only those physical activities that you did for at least 10 minutes at a time."]

OR "한 번에 10 분 이상 한 보통 정도의 신체 활동만을 고려하십시오"]

|                 |    |                 |
|-----------------|----|-----------------|
| YES.....        | 1  |                 |
| NO.....         | 2  | [GO TO QA07_C4] |
| REFUSED.....    | -7 | [GO TO QA07_C4] |
| DON'T KNOW..... | -8 | [GO TO QA07_C4] |

#### QA07\_C2

On how many days did you do this?

며칠 동안이나 이러한 활동을 했습니까?

AE27

|                     |    |                       |
|---------------------|----|-----------------------|
| _____ DAYS PER WEEK |    | [IF 0, GO TO QA07_C4] |
| REFUSED.....        | -7 | [GO TO QA07_C4]       |
| DON'T KNOW.....     | -8 | [GO TO QA07_C4]       |

**PROGRAMMING NOTE QA07\_C3**

IF QA07\_C2 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”;

IF QA07\_C2 &gt; 1 DISPLAY “usually” and “one of those days”;

**QA07\_C3**

How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?

그런 날에는 자유 시간에 보통 정도의 신체 활동을 얼마나 오래 했습니까?

**AE27A**

[INTERVIEWER NOTE: IF NEEDED SAY, “Think about only those physical activities that you did for at least 10 minutes at a time.”]

[INTERVIEWER NOTE: IF NEEDED SAY, “한 번에 10 분 이상 한 보통 정도의 신체 활동만을 고려하십시오.”]

\_\_\_\_\_ TIMES

**AE27AUNT**

HOURS PER DAY .....1

MINUTES PER DAY .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**QA07\_C4**Now think about **vigorous** activities you may do in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming.

지금부터는 자유 시간 동안에 한 에어로빅, 달리기, 축구, 빠른 속도로 자전거 타기, 빠른 속도로 수영하기와 같은 힘든 신체적 노력이 필요한 #격심한 활동에 관해서 생각해 보십시오.

During the last 7 days, did you do any vigorous physical activities in your free time?

지난 7 일 동안에, 자유 시간에 격심한 신체 활동을 한 적이 있습니까?

**AE24**

[INTERVIEWER NOTE: IF NEEDED SAY, “Vigorous activities make you breathe much harder than normal.”]

[INTERVIEWER NOTE: IF NEEDED SAY, “격심한 신체 활동을 하면 보통 때보다 숨쉬기가 훨씬 더 어렵습니다.”]

OR “Think about only those vigorous physical activities that you did for at least 10 minutes at a time.”]

OR “한 번에 10 분 이상 한 격심한 신체 활동만을 고려하십시오.”]

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_C7]

[GO TO QA07\_C7]

[GO TO QA07\_C7]

**QA07\_C5** On how many days did you do this?  
 며칠 동안이나 이러한 활동을 했습니까?

**AE25**

\_\_\_\_\_ DAYS PER WEEK

REFUSED ..... -7 [GO TO QA07\_C7]  
 DON'T KNOW ..... -8 [GO TO QA07\_C7]

**PROGRAMMING NOTE QA07\_C6**

IF QA07\_C5 = 1 DO NOT DISPLAY “usually” and display “that day”;  
 IF QA07\_C5 > 1 DISPLAY “usually” and “one of those days”;

**QA07\_C6** How much time did you {usually} spend on {one of those days/on that day} doing vigorous physical activities in your free time?  
 그런 날에는 자유 시간에 격심한 신체 활동을 보통 얼마나 오래 했습니까?

**AE25A**

[INTERVIEWER NOTE: IF NEEDED SAY, “Think about only those physical activities that you did for at least 10 minutes at a time.”]

[INTERVIEWER NOTE: IF NEEDED SAY, “한 번에 10 분 이상 한 격심한 신체 활동만을 고려하십시오”]

\_\_\_\_\_ TIMES

**AE25AUNT**

HOURS PER DAY .....1  
 MINUTES PER DAY .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA07\_C7** Now think about activities that strengthen your muscles, such as lifting weights or other strength-building exercises. Include all such activities even if you have mentioned them before.  
 지금부터는 역기 들기나 다른 체력 강화 운동과 같이 특별히 근육을 #강화하기 위한 활동들에 관해 생각해 보십시오. 앞에서 말씀하신 적이 있는 활동까지도 모두 포함시키십시오.

During the last 7 days, on how many days did you do activities to strengthen your muscles?  
 지난 7 일 동안, 근육을 강화하기 위한 운동을 며칠이나 하셨습니까?

**AC20**

\_\_\_\_\_ DAYS PER WEEK [HR: 0-7]

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

## Dietary Intake

**QA07\_C8**

Now think about all the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

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

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

지난 한 달 동안에, 하루, 한 주 또는 한 달 동안에 몇 번이나 과일을 드셨습니까? 주스는 포함시키지 마십시오.

**AE2**

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

[ INTERVIEWER NOTE: IF NEEDED SAY, "소신껏 추정을 하셔도 좋습니다. 시리얼이나 요구르트 같이 다른 식품과 혼합된 과일도 포함시키십시오."

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

IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK "이것은 하루, 한 주 또는 한 달 중 어느것입니까?"

\_\_\_\_\_TIMES

**AE2UNT**

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

**QA07\_C9**

During the past month, how many times per day, week or month did you eat French fries, home fries, or hash browns?

지난 한 달 동안에 프렌치 프라이, 홈 프라이 또는 해시 브라운을 몇 번이나 드셨습니까?

**AE3**

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

[INTERVIEWER NOTE: IF RESPONDENT ASKS, SAY: "감자 칩은 포함시키지 마십시오" IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week or month? 이것은 하루, 한 주 또는 한 달 중 어느것입니까?"]

\_\_\_\_\_TIMES

**AE3UNT**

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

**QA07\_C10**

During the past month, how many times did you eat vegetables, like green salad, green beans, or potatoes? Do not include fried potatoes.

지난 한 달 동안에, 녹색잎 야채 샐러드, 각지콩 또는 감자와 같은 야채를 몇 번이나 먹었습니까? 튀긴 감자는 포함시키지 마십시오

**AE7**

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

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

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

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

\_\_\_\_\_TIMES

**AE7UNT**

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

**QA07\_C11**

During the past month, how many times per day, week, or month did you drink soda such as coke or 7-up? Do not include diet soda.

지난 한 달 동안에, 콜라나 사이다 같은 소다를 몇 번이나 마셨습니까? 다이어트 소다나 무설탕 소다는 포함시키지 마십시오.

**AC11**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "강통이나 병에 들어 있는 주스 또는 차는 포함시키지 마십시오. 소신껏 추정을 하셔도 좋습니다"]

\_\_\_\_\_TIMES

**AC11UNT**

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

**QA07\_C12** Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through. 지금부터는 #지난 한 주\에 대해 생각해 보십시오. 지난 7일 동안, 패스트푸드를 몇 번이나 드셨습니까? 직장, 집, 또는 패스트푸드 식당, 캐리아웃 또는 드라이브 스루에서 먹은 패스트푸드를 포함시키십시오.

**AC31**

[INTERVIEWER NOTE: IF NEEDED SAY, "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."]

[INTERVIEWER NOTE: IF NEEDED SAY, "McDonald's, KFC, Panda Express 또는 Taco Bell에서 구입한 음식과 같은."]

\_\_\_\_\_ # OF TIMES IN PAST 7 DAYS

REFUSED ..... -7

DON'T KNOW ..... -8

**Tobacco Use, Secondhand Smoke**

**QA07\_C13** Now, I am going to ask about various health behaviors.

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

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

**AE15**

YES ..... 1

NO ..... 2

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_C17]

**QA07\_C14** Do you now smoke cigarettes every day, some days, or not at all?

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

**AE15A**

EVERY DAY ..... 1

SOME DAYS ..... 2

NOT AT ALL ..... 3

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_C16]

[GO TO QA07\_C17]

[GO TO QA07\_C17]

[GO TO QA07\_C17]

**QA07\_C15** On the average, how many cigarettes do you now smoke a day?

현재 하루에 평균 몇 대의 담배를 피웁니까?

**AD32**

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

\_\_\_\_\_ NUMBER OF CIGARETTES

[GO TO QA07\_C17]

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_C17]

[GO TO QA07\_C17]



**QA07\_C16** In the past 30 days, when you smoked, how many cigarettes did you smoke per day?  
 지난 30 일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?

**AE16**

[INTERVIEWER NOTE: IF NEEDED SAY, "On the days you smoked."]

[INTERVIEWER NOTE: IF NEEDED SAY, "담배를 피운 날에."]

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

\_\_\_\_\_ NUMBER OF CIGARETTES

REFUSED ..... -7

DON'T KNOW ..... -8

**QA07\_C17** Is smoking ever allowed inside your home?  
 귀하의 집 안에서 흡연이 허용된 적이 단 한번이라도 있습니까?

**AC17**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_C19]

[GO TO QA07\_C19]

[GO TO QA07\_C19]

**QA07\_C18** On average, about how many days per week is there smoking inside your home?  
 평균적으로, 일주일에 며칠이나 누군가가 집 #안\에서 담배를 피웁니까?

**AD34**

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

\_\_\_\_\_ DAYS PER WEEK

REFUSED ..... -7

DON'T KNOW ..... -8

#### Alcohol Use

**QA07\_C19** Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?  
 지금부터는 지난 12 개월 동안에 대해 생각해 보십시오. 그 기간 동안에, 종류에 상관없이 술을 마신 적이 있습니까?

**AC32**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "추정을 하셔도 좋습니다"]

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO NEXT SECTION]

[GO TO NEXT SECTION]

[GO TO NEXT SECTION]

**QA07\_C20** About how many drinks did you have on a typical day when you drank alcohol?  
술을 마신 날에는 보통 술을 대략 몇 잔이나 마셨습니까?

**AC33**

[INTERVIEWER NOTE: IF NEEDED SAY, "In the past 12 months."]

[INTERVIEWER NOTE: IF NEEDED SAY, "지난 12 개월 동안"]

OR IF NEEDED SAY, "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor".

OR IF NEEDED SAY, "한 잔이란 캔 또는 병맥주 12 온스, 포도주 또는 혼합주 5 온스, 또는 독주 1.5 온스를 말합니다"

ALSO, NOTE THAT LESS THAN 1 DRINK SHOULD BE RECORDED AS 1 DRINK]

\_\_\_\_\_ # OF DRINKS

REFUSED..... -7

DON'T KNOW..... -8

**PROGRAMMING NOTE QA07\_C21;**

IF QA07\_A5 = 1 (MALE) CONTINUE WITH QA07\_C21;

ELSE GO TO QA07\_C22;

**QA07\_C21** In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?

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

**AC34**

\_\_\_\_\_TIMES

[GO TO QA07\_D1]

REFUSED..... -7

[GO TO QA07\_D1]

DON'T KNOW..... -8

[GO TO QA07\_D1]

**QA07\_C22** In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?

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

**AC35**

\_\_\_\_\_TIMES

REFUSED..... -7

DON'T KNOW..... -8

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

### Height and Weight

**QA07\_D1** These next questions are about your height and weight.

다음 질문들은 키와 체중에 관한 겁니다.

How tall are you without shoes?

신발을 신지 않았을 때 키가 얼마나 됩니까?

**AE17F/AE17I**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "키가 얼마 정도 됩니까?"]

\_\_\_\_\_ FEET \_\_\_\_\_ INCHES

**AE17M/AE17C**

\_\_\_\_\_ METERS \_\_\_\_\_ CENTIMETERS

**AE17FMT**

FEET/INCHES .....1

METERS/CENTIMETERS .....2

REFUSED ..... -7

DON'T KNOW ..... -8

#### PROGRAMMING NOTE QA07\_D2:

IF QA07\_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how"; ELSE DISPLAY "How";

**QA07\_D2** {When not pregnant, how/How} much do you weigh without shoes?

신발을 신지 않고 몸무게가 얼마나 됩니까?

**AE18P**

[INTERVIEWER NOTE: IF NEEDED SAY, "About how much?

얼마 정도 됩니까?"]

\_\_\_\_\_ POUNDS

**AE18K**

\_\_\_\_\_ KILOGRAMS

**AE18FMT**

POUNDS.....1

KILOGRAMS.....2

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_D3:**

IF AAGE = 18, GO TO QA07\_D4;

**QA07\_D3** How much did you weigh at age 18?  
18 세였을 때 몸무게가 얼마였습니까?

**AE19P**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "얼마 정도였습니까?"]

\_\_\_\_\_ POUNDS

**AE19K**

\_\_\_\_\_ KILOGRAMS

**AE19FMT**

POUNDS.....1

KILOGRAMS.....2

REFUSED.....-7

DON'T KNOW .....-8

**Disability****QA07\_D4**

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

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

**AD50**

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW .....-8

[GO TO QA07\_D6]

[GO TO QA07\_D6]

[GO TO QA07\_D6]

**QA07\_D5**

Are you legally blind?

귀하께서는 법적으로 장님입니까?

**AL8**

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW .....-8

**QA07\_D6**

Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

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

**AD57**

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW .....-8

**QA07\_D7** Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:  
 지난 6 개월 동안이나 그 이전에 신체적, 정신적, 또는 정서적 상태 때문에 다음과 같은 어려움이 있었습니까?

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

**AD51**

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

**QA07\_D8** Any difficulty dressing, bathing, or getting around inside the home?  
 옷 입기, 목욕하기 또는 집안에서 돌아다니기에 어려움이 있었습니까?

**AD52**

[INTERVIEWER NOTE: IF NEEDED SAY, "Because of a physical, mental, or emotional condition."]

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

**QA07\_D9** Any difficulty going outside the home alone to shop or visit a doctor's office?  
 쇼핑을 하거나 병원에 가기 위해 집 밖으로 혼자 외출하기에 어려움이 있었습니까?

**AD53**

[INTERVIEWER NOTE: IF NEEDED SAY, "Because of a physical, mental, or emotional condition."]

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

**PROGRAMMING NOTE QA07\_D10:**

IF AAGE > 64 GO TO QA07\_D12;

**QA07\_D10** Any difficulty working at a job or business?  
 직장이나 사업체에서 일하기에 어려움이 있었습니까?

**AD54**

[INTERVIEWER NOTE: IF NEEDED SAY, "Because of a physical, mental, or emotional condition."]

YES .....1  
 NO .....2 [GO TO QA07\_D12]  
 REFUSED ..... -7 [GO TO QA07\_D12]  
 DON'T KNOW ..... -8 [GO TO QA07\_D12]

**QA07\_D11** Do you have a physical or mental condition that has kept you from working for at least a year?  
 귀하는 1 년 이상 일을 쉬게 한 신체적 또는 정신적 건강 상태가 있으십니까?

**AL8A**

[INTERVIEWER NOTE: IF NEEDED SAY, "Current condition

[INTERVIEWER NOTE: IF NEEDED SAY, "현재의 상태를 말합니다"]

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

**PROGRAMMING NOTE QA07\_D12:**

IF AAGE > 70 OR QA07\_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA07\_E1;  
 ELSE CONTINUE WITH QA07\_D12;

**Sexual Partners, Sexual Orientation**

**QA07\_D12** We are asking a few questions about people's sexual experiences. All answers will be kept private.  
 실례지만, 지금부터는 성적인 경험에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신 내용에 대해서는 철저히 비밀이 유지됩니다.

In the past 12 months, how many sexual partners have you had?  
 지난 12 개월 동안, 성관계를 가진 상대방이 몇 명이나 됩니까?

**AD43**

\_\_\_\_\_ NUMBER OF SEXUAL PARTNERS [GO TO QA07\_D14]

REFUSED ..... -7 [GO TO QA07\_D14]  
 DON'T KNOW ..... -8

**QA07\_D13** Can you give me your best guess?  
 최선으로 추정해 말씀해 주시겠습니까?

**AD44**

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

\_\_\_ NUMBER OF PARTNERS

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

**PROGRAMMING NOTE QA07\_D14:**

IF QA07\_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA07\_D13 = 0, GO TO PROGRAMMING NOTE QA07\_D15; ELSE CONTINUE WITH QA07\_D14;

IF QA07\_D12 OR QA07\_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female?"

**QA07\_D14** {Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?  
지난 12 개월 동안, 성관계를 가진 상대방이 남성, 여성, 아니면 둘 다였습니까?

**AD45**

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

**PROGRAMMING NOTE QA07\_D15:**

IF QA07\_A5 = 1 (MALE), DISPLAY "Gay" in question and "Gay" in Help Screen,

ELSE IF QA07\_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" in question and "Gay and Lesbian" in Help Screen

**QA07\_D15** Do you think of yourself as straight or heterosexual, as gay {, lesbian,} or homosexual, or bisexual?  
자신이 이성연애자라고 생각하십니까, 아니면 게이, 레즈비언, 동성연애자 또는 양성연애자라고 생각하십니까?

**AD46**

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

*[INTERVIEWER NOTE: IF NEEDED SAY, "이성연애자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이며, 게이나 레즈비언은 자신과 동성의 사람들과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며, 양성연애자는 남성, 여성 둘 다와 성관계를 갖거나 그들에게 매력을 느끼는 사람입니다."]*

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

**HIV testing, Other STI Testing**

**QA07\_D16** Have you ever been tested for HIV, the virus that causes AIDS?  
AIDS 를 일으키는 바이러스인 HIV 에 감염되었는지 검사를 받은 적이 있습니까?

**AD55**

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

**PROGRAMMING NOTE QA07\_D17:**

IF QA07\_D12 = 0 OR QA07\_D13 = 0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING NOTE QA07\_E1;  
ELSE CONTINUE WITH QA07\_D17;

**QA07\_D17** Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months, have you been tested for a sexually transmitted disease?  
AIDS 를 일으키는 바이러스인 HIV 에 감염되었는지 검사를 받은 적이 있습니까?

**AD47**

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

**PROGRAMMING NOTE QA07\_D18:**

IF FEMALE OR AAGE > 50, GO TO QA07\_E1;  
ELSE CONTINUE WITH QA07\_D18;

**Infertility, Male Response**

**QA07\_D18** Have you and a partner ever tried for more than 12 months to get pregnant but were not able to?  
귀하와 귀하의 파트너는 12 개월 이상 동안 임신하려고 노력했으나 실패한 적이 있으십니까?

**AD58**

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



## Section E – Women's Health

**PROGRAMMING NOTE SECTION E:**

IF QA07\_A5 = 1 (MALE), GO NEXT SECTION; ELSE CONTINUE QA07\_E1;

**Age at Menarche**
**QA07\_E1** These next questions are about women's health.

다음의 질문들은 여성 건강에 관한 것입니다.

How old were you when your periods or menstrual cycles started?

귀하는 몇 세 때 월경을 시작했습니까?

**AD1**

[INTERVIEWER NOTE: IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]

\_\_\_\_\_ AGE

NEVER STARTED MENSTRUAL CYCLE .....96

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_E2:**

IF QA07\_E1 = -8 (DON'T KNOW), CONTINUE WITH QA07\_E2; ELSE GO TO QA07\_E3;

**QA07\_E2** Were you younger than 12, about 12-13, or older than 13?

귀하의 연령은 12 살 미만, 대략 12 살에서 13 살, 또는 13 살 이상 중 어느 범위에 해당되었습니까?

**AE70**

YOUNGER THAN 12 .....1

ABOUT 12 to 13 .....2

OLDER THAN 13 .....3

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_E3:**

IF AGE &gt; 45 GO TO PROGRAMMING NOTE FOR QA07\_E4;

**Pregnancy and Infertility (Female Response)**
**QA07\_E3** To your knowledge, are you now pregnant?

귀하께서 알고 계시기로는 현재 임신 중이십니까?

**AD13**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_E4:**

IF AAGE > 50 GO TO QA07\_E5;  
ELSE CONTINUE WITH QA07\_E4;

**QA07\_E4**

Have you and a partner ever tried for more than 12 months to get pregnant but were not able to?  
귀하와 파트너가 12 개월 이상 임신하려고 노력했으나 실패했던 적이 있습니까?

**AE86**

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

**PROGRAMMING NOTE QA07\_E5:**

IF AGE < 30 OR QA07\_E3=1 (CURRENTLY PREGNANT) GO TO PROGRAMMING NOTE QA07\_E6;  
ELSE CONTINUE WITH QA07\_E5;

**Hysterectomy****QA07\_E5**

Have you had a hysterectomy?  
자궁을 들어내는수술을 하신 적이 있었습니까?

**AD12**

*[INTERVIEWER NOTE: IF NEEDED SAY, "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy.*

*[INTERVIEWER NOTE: IF NEEDED SAY, "자궁적출이란 피임을 위해 나팔관을 묶는 것 뿐만아니라 자궁을 제거하는 것을 말합니다."]*

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

**Pap Smear****QA07\_E6**

Have you ever had a Pap test to check for cervical cancer?  
귀하는 자궁 경부암 검사를 하기 위해 팍 스미어를 받은 적이 있습니까?

**AD4**

*[INTERVIEWER NOTE: IF NEEDED SAY, "Sometimes, when a woman has a routine pelvic exam, she also has a Pap smear to test for cancer of the cervix, A doctor takes a cell sample from the cervix with a small stick or brush and sends it to the lab."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "팍 스미어란 의사가 산부인과 검사를 하는 동안 자궁 경부를 검사하고 작은 막대나 솔을 사용하여 조직 샘플을 채취한 후 실험실로 보내는 여성에 대한 정기적인 암 검사를 말합니다. 이것은 성병 검사가 아닙니다."]*

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

[GO TO QA07\_E9]  
[GO TO QA07\_E10]  
[GO TO QA07\_E10]

**QA07\_E7**

How many Pap tests have you had in the last 6 years?

지난 6 년 동안 팍 스미어(자궁 경부암 검사) 검사를 몇 번이나 받았습니까?

**AD5**

\_\_\_\_\_ PAP SMEARS

**[IF 0 GO TO QA07\_E9]**

NONE.....0

**[GO TO QA07\_E9]**

REFUSED.....-7

DON'T KNOW .....-8

**QA07\_E8**

How long ago did you have your most recent Pap test?

가장 최근에 팍스미어 검사를 받으신 지가 얼마나 되셨습니까?

**AD6**

A YEAR AGO OR LESS.....1

**[GO TO QA07\_E10]**

MORE THAN 1 UP TO 2 YEARS AGO.....2

**[GO TO QA07\_E10]**

MORE THAN 2 UP TO 3 YEARS AGO.....3

**[GO TO QA07\_E10]**

MORE THAN 3 UP TO 5 YEARS AGO.....4

MORE THAN 5 YEARS AGO.....5

REFUSED.....-7

**[GO TO QA07\_E10]**

DON'T KNOW .....-8

**[GO TO QA07\_E10]****PROGRAMMING NOTE QA07\_E9:**

IF (QA07\_E8 &gt; 3 (NO PAP SMEAR WITHIN LAST 3 YEARS) OR QA07\_E7= 0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA07\_E6= 2 (NEVER HAD PAP SMEAR)), THEN CONTINUE WITH QA07\_E9;

IF QA07\_E6 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear";

IF QA07\_E8 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";

ELSE GO TO PROGRAMMING NOTE QA07\_E10;

**QA07\_E9**

What is the ONE most important reason why you have {NEVER had a Pap test/NOT had a Pap test in the last 3 years}?

지난 3 년 동안 팍 스미어(자궁 경부암 검사)를 받지 않은\ 가장 중요한 한\ 가지 이유는 무엇입니까?

**AD10**

NO REASON/NEVER THOUGHT ABOUT IT .....1

DIDN'T KNOW I NEEDED THIS TYPE OF TEST ....2

DOCTOR DIDN'T TELL ME I NEEDED IT .....3

HAVEN'T HAD ANY PROBLEMS .....4

PUT IT OFF/LAZINESS.....5

TOO EXPENSIVE/NO INSURANCE/COST .....6

TOO PAINFUL, UNPLEASANT,

OR EMBARRASSING .....7

HYSTERECTOMY.....8

**[GO TO QA07\_E13]**

DON'T HAVE A DOCTOR .....9

HAD HPV VACCINE .....10

HAD HPV DNA TEST .....11

OTHER .....91

REFUSED.....-7

DON'T KNOW .....-8

**QA07\_E10** In the past 3 years, has a doctor recommended that you have a Pap test?  
 지난 3년 동안, 의사가 팍(Pap) 검사를 받으라고 권한 적이 있습니까?

**AE71**

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

**PROGRAMMING NOTE QA07\_E11;**  
 IF AGE <28 THEN CONTINUE WITH QA07\_E11;  
 ELSE SKIP TO QA07\_E12;

**QA07\_E11** When do you expect to have your next Pap test?  
 언제 다음 팍(Pap) 검사를 받을 예정이십니까?

**AE79**

A YEAR OR LESS FROM NOW .....1  
 1-3 YEARS FROM NOW .....2  
 3-5 YEARS FROM NOW .....3  
 MORE THAN 5 YEARS FROM NOW .....4  
 WHEN DOCTOR RECOMMENDS IT .....5  
 NEVER, HAD HPV DNA TEST .....6  
 NEVER, HAD HPV VACCINE .....7  
 NEVER, OTHER REASON .....8  
 REFUSED ..... -7

**PROGRAMMING NOTE QA07\_E12;**  
 IF QA07\_E6 = 1 (Ever had a Pap test) CONTINUE WITH QA07\_E12;  
 ELSE GO TO QA07\_E13;

**QA07\_E12** Have you ever had a Pap test where the results were NOT normal?  
 팍 검사를 받았을 때 결과가 정상인 #아니라고 나온 적이 있습니까?

**AD8**

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

**PROGRAMMING NOTE QA07\_E13;**

IF AGE &gt; 65, GO TO PROGRAMMING NOTE QA07\_E22;

ELSE CONTINUE WITH QA07\_E13;

**HPV****QA07\_E13**

Have you ever heard of HPV? HPV stands for Human Papillomavirus.

귀하는 HPV 에 대해서 들어본 적이 있으십니까? HPV 란 인유두종 바이러스(Human Papillomavirus)를 말합니다.

**AE72**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_E16] |
| REFUSED .....    | -7 | [GO TO QA07_E16] |
| DON'T KNOW ..... | -8 | [GO TO QA07_E16] |
| DON'T KNOW ..... | -8 |                  |

**QA07\_E14**

Where did you hear about HPV?

어디에서 HPV 에 대해 들으셨습니까?

**AE73***[INTERVIEWER NOTE: CODE ALL THAT APPLY]*

|                                   |    |
|-----------------------------------|----|
| HEALTH CARE PROVIDER/CLINIC ..... | 1  |
| FAMILY .....                      | 2  |
| FRIENDS .....                     | 3  |
| TV ADVERTISEMENT .....            | 4  |
| TV NEWS .....                     | 5  |
| TV SHOW .....                     | 6  |
| NEWSPAPER OR MAGAZINE .....       | 7  |
| INTERNET .....                    | 8  |
| SCHOOL .....                      | 9  |
| OTHER .....                       | 10 |
| REFUSED .....                     | -7 |
| DON'T KNOW .....                  | -8 |

**QA07\_E15a**

Do you think HPV can cause cervical cancer?

HPV 가 자궁암을 일으킬 수 있다고 생각하십니까?

**AE74**

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

**QA07\_E15b** Do you think you can get HPV through sexual contact?  
 성적 접촉을 통해서 HPV 에 감염될 수 있다고 생각하십니까?

**AE75**

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

**QA07\_E15c** Do you think HPV causes AIDS?  
 HPV 가 AIDS 를 일으킨다고 생각하십니까?

**AE76**

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

**QA07\_E15d** Do you think HPV can go away on its own without treatment?  
 HPV 는 치료하지 않아도 저절로 낫는다고 생각하십니까?

**AE87**

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

**PROGRAMMING NOTE QA07\_E16;**  
 IF AGE > 27 GO TO PROGRAMMING NOTE QA07\_E22;  
 ELSE CONTINUE WITH QA07\_E16;

**QA07\_E16** Have you ever heard of the HPV vaccine or shot to prevent cervical cancer?  
 자궁암을 예방하는 HPV 백신이나 주사에 대해 들어본 적이 있으십니까?

**AE77**

*[INTERVIEWER NOTE: IF RESPONDENT MENTIONS "GARDASIL", THEN CODE YES.]*

YES .....1  
 NO .....2 [GO TO QA07\_E18]  
 REFUSED .....-7 [GO TO QA07\_E18]  
 DON'T KNOW .....-8 [GO TO QA07\_E18]

**QA07\_E17** Have you ever received the HPV vaccine or HPV shots?  
 HPV 백신 또는 HPV 주사를 접종 받은 적이 있으십니까?

**AE78**

YES .....1  
 NO .....2 [GO TO QA07\_E18]  
 REFUSED .....-7 [GO TO QA07\_E18]  
 DON'T KNOW .....-8 [GO TO QA07\_E18]

**QA07\_E17A** Did you receive all three doses of the HPV vaccine?  
HPV 백신을 3 회 모두 접종 받으셨습니까?

**AE88**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_E22] |
| NO .....         | 2  | [GO TO QA07_E22] |
| REFUSED .....    | -7 | [GO TO QA07_E22] |
| DON'T KNOW ..... | -8 | [GO TO QA07_E22] |

**PROGRAMMING NOTE QA07\_E16;**

IF QA07\_E16 = 2, -7, OR -8 OR QA07\_E17 = 2, -7, OR -8 THEN DISPLAY: "HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26."

**QA07\_E18** {HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.} Would you be interested in getting the vaccine?  
HPV 는 자궁암을 일으킬 수 있는 바이러스입니다. HPV 의 감염을 방지하는 백신이 9-26 세의 여성에 대해 사용하도록 승인되었습니다. 백신을 접종 받는 데 관심이 있으십니까?

**AE80**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_E20] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 |                  |
| DON'T KNOW ..... | -8 |                  |

**QA07\_E19** What is the main reason you would not want to get the vaccine?  
백신을 접종 받기를 원하지 #않는\ 주된 이유는 무엇입니까?

**AE81**

|  |    |                  |
|--|----|------------------|
| DOES NOT NEED VACCINE .....                | 1  | [GO TO QA07_E22] |
| NOT SEXUALLY ACTIVE .....                  | 2  | [GO TO QA07_E22] |
| TOO EXPENSIVE .....                        | 3  | [GO TO QA07_E21] |
| TOO OLD FOR VACCINE .....                  | 4  | [GO TO QA07_E22] |
| DOCTOR DIDN'T RECOMMEND IT .....           | 5  | [GO TO QA07_E22] |
| WORRIED ABOUT SAFETY OF VACCINE .....      | 6  | [GO TO QA07_E22] |
| DON'T KNOW WHERE TO GET VACCINE .....      | 7  | [GO TO QA07_E22] |
| MY SPOUSE/FAMILY MEMBER IS AGAINST IT .... | 8  | [GO TO QA07_E22] |
| DON'T KNOW ENOUGH ABOUT VACCINE .....      | 9  | [GO TO QA07_E22] |
| OTHER .....                                | 10 | [GO TO QA07_E22] |
| REFUSED .....                              | -7 | [GO TO QA07_E22] |
| DON'T KNOW .....                           | -8 | [GO TO QA07_E22] |

**QA07\_E20** The cost of the vaccine may be about \$360. Would you get the HPV vaccine if you had to pay this amount?  
백신 가격은 약 \$360 입니다. 이 금액을 지불하더라도 HPV 백신을 접종 받으시겠습니까?

**AE82**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_E22] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 | [GO TO QA07_E22] |
| DON'T KNOW ..... | -8 | [GO TO QA07_E22] |

**QA07\_E21** If you could get the HPV vaccine free or at a much lower cost, would you get it? HPV 백신을 무료 또는 훨씬 싼 가격으로 제공한다면 접종을 받으시겠습니까?

**AE83**

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

**PROGRAMMING NOTE QA07\_E22;**  
 IF AGE > 45 GO TO PROGRAMMING NOTE QA07\_E24;  
 ELSE CONTINUE WITH QA07\_E22;

**Emergency Contraception**

**QA07\_E22** The next few questions are about emergency contraception.  
 다음의 몇 가지 질문은 응급 피임약에 대한 것입니다.

Do you think you can get emergency contraception or the “morning after pill” over the counter from a drug store pharmacist without phoning or seeing a doctor first?

응급 피임약("사후 피임약(morning after pill)"이라고도 함)을 의사에게 문의하거나 진료를 받지 않고 드럭 스토어에서 구입할 수 있는 비처방약이라고 생각하십니까?

**AE85**

YES .....1  
 NO .....2 [GO TO QA07\_E24]  
 REFUSED ..... -7 [GO TO QA07\_E24]  
 DON'T KNOW ..... -8 [GO TO QA07\_E24]

**QA07\_E23** In the past 12 months, have you used emergency contraception pills or the “morning after pill”?  
 지난 12개월 동안, 응급 피임약, 즉 행위 후에 복용하는 “모닝 에프터 필”을 사용하신 적이 있습니까?

**AF44**

*[INTERVIEWER NOTE: IF NEEDED SAY, “Emergency contraception can prevent pregnancy if taken within 72 hours of unprotected sex or contraceptive failure. It is not RU486, also known as the ‘abortion pill’.”]*

*[INTERVIEWER NOTE: IF NEEDED SAY, “모닝 에프터 필”로도 알려진 응급 피임약에는 일반 피임약과 같은 성분의 약이 들어 있는데, 피임을 하지 않는 무방비한 상태로 행위를 한 후에도 72시간 내에 복용하면 임신을 방지할 수 있습니다. “낙태약”으로도 알려진 RU486과는 다릅니다”]*

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



**PROGRAMMING NOTE QA07\_E24:**

IF AAGE < 30 OR QA07\_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA07\_E28;  
ELSE CONTINUE WITH QA07\_E24 (INCLUDE WOMEN WITH AGE UNKNOWN);

**Mammography****QA07\_E24**

Have you ever had a mammogram?

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

**AD14**

[INTERVIEWER NOTE: IF NEEDED SAY, "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

[INTERVIEWER NOTE: IF NEEDED SAY, "유방 엑스레이 (x-ray) 촬영검사란 유방을 납작하게 누르거나 조이는 기계를 이용하여 유방 한 쪽 씩 각각 따로 엑스레이를 찍는 것입니다"]

AND READ DEFINITION IF R ANSWERS "No." IF STILL NO, FOLLOW SKIP INSTRUCTIONS]

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_E27] |
| REFUSED .....    | -7 | [GO TO QA07_E28] |
| DON'T KNOW ..... | -8 | [GO TO QA07_E28] |

**QA07\_E25**

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

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

**AD16**

\_\_\_\_\_ MAMMOGRAMS

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

**PROGRAMMING NOTE QA07\_E26:**

IF QA07\_E25 = 0 (NO MAMMOGRAMS IN LAST 6 YEARS), SKIP TO QA07\_E27;  
ELSE CONTINUE WITH QA07\_E26

**QA07\_E26**

How long ago did you have your most recent mammogram?

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

**AD17**

|                                     |    |                  |
|-------------------------------------|----|------------------|
| A YEAR AGO OR LESS .....            | 1  |                  |
| MORE THAN 1 UP TO 2 YEARS AGO ..... | 2  |                  |
| MORE THAN 2 UP TO 3 YEARS AGO ..... | 3  |                  |
| MORE THAN 3 UP TO 5 YEARS AGO ..... | 4  |                  |
| MORE THAN 5 YEARS AGO .....         | 5  |                  |
| REFUSED .....                       | 7  | [GO TO QA07_E28] |
| DON'T KNOW .....                    | -8 | [GO TO QA07_E28] |

**QA07\_E27**

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

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

**AD26**

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

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_E28;**

IF AGE &gt; 39 AND AD13 = 2 THEN CONTINUE WITH QA07\_E28;

ELSE GO TO QA07\_F1;

**Hormone Replacement Therapy****QA07\_E28** Are you currently taking hormone replacement therapy or HRT for menopause?

현재 폐경에 대해 호르몬 대체 요법(HRT)을 받고 계십니까?

**AD28**

[INTERVIEWER NOTE: IF NEEDED SAY, "This is a pill, patch or treatment that gives women more of the female hormone, estrogen."]

[INTERVIEWER NOTE: IF NEEDED SAY, "이것은 여성들에게 여성 호르몬인 에스트로겐을 더 많이 제공하기 위한 알약, 패치 또는 치료입니다."]

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**[GO TO NEXT SECTION]****[GO TO NEXT SECTION]****[GO TO NEXT SECTION]****QA07\_E29**

Some women go on and off hormone replacement therapy. Altogether, how long have you taken HRT?

일부 여성들은 가끔 호르몬 대체 요법(HRT)을 받습니다. HRT 를 처음 시작한 때부터 모두 합해서 얼마나 오래 동안 복용하셨습니다?

**AE84**

A YEAR AGO OR LESS .....1

MORE THAN 1 UP TO 2 YEARS .....2

MORE THAN 2 UP TO 4 YEARS .....3

MORE THAN 4 UP TO 8 YEARS .....4

MORE THAN 8 YEARS AGO .....5

REFUSED ..... -7

DON'T KNOW ..... -8

## Section F – Mental Health

### Mental Health Assessment

QA07\_F1

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

다음의 질문들은 지난 30 일 동안의 귀하의 느낌에 관한 것입니다.

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

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

AJ29

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

QA07\_F2

During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

AJ30

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

QA07\_F3

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

지난 30 일 동안 대략 얼마나 자주 초조함이나 불안함을 느꼈습니까?

AJ31

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

[INTERVIEWER NOTE: IF NEEDED SAY, “항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?”]

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

**QA07\_F4**

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

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

**AJ32***[INTERVIEWER NOTE: IF NEEDED SAY, "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**[INTERVIEWER NOTE: IF NEEDED SAY, "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]*

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

**QA07\_F5**

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

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

**AJ33***[INTERVIEWER NOTE: IF NEEDED SAY, "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**[INTERVIEWER NOTE: IF NEEDED SAY, "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]*

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

**QA07\_F6**

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

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

**AJ34***[INTERVIEWER NOTE: IF NEEDED SAY, "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**[INTERVIEWER NOTE: IF NEEDED SAY, "항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?"]*

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

**QA07\_F7**

Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

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

**AF62**

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

**PROGRAMMING NOTE QA07\_F8;**

IF QA07\_F7 = 1 THEN CONTINUE WITH QA07\_F8;

ELSE SKIP TO PROGRAMMING NOTE QA07\_F14;

**QA07\_F8**

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

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

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

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

**AF63**

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

**QA07\_F9**

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

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

**AF64**

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

QA07\_F10

How often did you feel restless or fidgety?

얼마나 자주 불안감 또는 조바심을 느끼셨습니까?

AF65

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

[INTERVIEWER NOTE: IF NEEDED SAY, "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA07\_F11

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

얼마나 자주 회복할 수 없을 정도의 우울함을 느끼셨습니까?

AF66

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

[INTERVIEWER NOTE: IF NEEDED SAY, "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA07\_F12

How often did you feel that everything was an effort?

얼마나 자주 모든 것이 힘들다는 느낌을 가졌습니까?

AF67

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

[INTERVIEWER NOTE: IF NEEDED SAY, "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

**QA07\_F13** How often did you feel worthless?  
얼마나 자주 자신이 가치 없다는 느낌을 가졌습니까?

**AF68**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

**PROGRAMMING NOTE QA07\_F14intro;**

IF (QA07\_F1 + QA07\_F2 + QA07\_F3 + QA07\_F4 + QA07\_F5 + QA07\_F6 > 5) OR  
(QA07\_F8 + QA07\_F9 + QA07\_F10 + QA07\_F11 + QA07\_F12 + QA07\_F12 > 5) OR  
(IF QA07\_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 4) OR  
(IF QA07\_F8-F12 = ONE OUT OF RANGE RESPONSE AND F8-F6 > 4) THEN CONTINUE WITH QA07\_F14;  
IF QA07\_F7 = 1 THEN CATI HIGHLIGHT {AGAIN, PLEASE};  
ELSE SKIP TO QA07\_F19;

**QA07\_F14intro** Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

지난 12개월 동안 정서 상태가 최악이었던 달을 떠올려 주십시오.

**PROGRAMMING NOTE QA07\_F14;**

IF AGE > 70 GO TO QA07\_F15;  
ELSE CONTINUE WITH QA07\_F14;

**QA07\_F14** Did your emotions interfere a lot, some, or not at all with your performance at work?  
정서 상태가 직장에서의 업무 수행을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

**AF69**

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

**QA07\_F15** Did your emotions interfere a lot, some, or not at all with your household chores?  
정서 상태가 집안일을 하는 것을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

**AF70**

A LOT.....1  
SOME .....2  
NOT AT ALL .....3  
REFUSED.....-7

DON'T KNOW ..... -8



**QA07\_F16**

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

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

**AF71**

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

**QA07\_F17**

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

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

**AF72**

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

**QA07\_F18**

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

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

**AF73**

[INTERVIEWER NOTE: IF NEEDED SAY, "You can use any number between 0 and 365 to answer."]

[INTERVIEWER NOTE: IF NEEDED SAY, "0 에서 365 까지의 숫자를 사용하여 답변하십시오."]

\_\_\_\_\_ NUMBER OF DAYS

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

**Access & Utilization****QA07\_F19**

Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

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

**AF81**

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

**QA07\_F20**

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

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

**AF74**

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

**QA07\_F21**

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

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

**AF75**

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

**PROGRAMMING NOTE QA07\_F22:**

IF QA07\_F20 = 1 OR QA07\_F21 = 1 THEN CONTINUE WITH QA07\_F22;  
 ELSE SKIP TO QA07\_F27;

**QA07\_F22**

Did you seek help for your mental or emotional health or for an alcohol or drug problem? 정신이나 정서적인 건강 또는 알코올이나 약물 문제 중 어느 것에 대한 도움을 받으려고 하셨습니까?

**AF76**

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

**PROGRAMMING NOTE QA07\_F23:**

IF QA07\_F22 = 1, DISPLAY: "MENTAL OR EMOTIONAL HEALTH"  
 IF QA07\_F22 = 2, DISPLAY: "USE OF ALCOHOL OR DRUGS"  
 IF QA07\_F22 = 3, DISPLAY: "MENTAL OR EMOTIONAL HEALTH AND YOUR USE OF ALCOHOL OR DRUGS"  
 ELSE SKIP TO QA07\_F24;

**QA07\_F23**

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

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

**AF77**

\_\_\_\_\_ NUMBER OF VISITS

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

**QA07\_F24**

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

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

**AF78**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_F27] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 | [GO TO QA07_F27] |
| DON'T KNOW ..... | -8 | [GO TO QA07_F27] |

**QA07\_F25**

Did you complete the recommended full course of treatment?

귀하는 권고 받은 전체 치료 과정을 완료하셨습니다가?

**AF79**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_F27] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 |                  |
| DON'T KNOW ..... | -8 |                  |

**QA07\_F26**

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

귀하가 치료를 중단한 #주된 이유\는 무엇입니까?

**AF80**

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

**QA07\_F27**

During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

**AJ5**

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

**PROGRAMING NOTE QA07\_F28:**

IF QA07\_F19 = 1 AND (QA07\_F20 ≠ 1 AND QA07\_F21 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)  
CONTINUE; ELSE SKIP TO QA07\_G1;

**QA07\_F28**

Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.

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

You were concerned about the cost of treatment.  
치료비가 걱정되었다.

**AF82**

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

**QA07\_F29**

You did not feel comfortable talking with a professional about your personal problems.  
개인적인 문제에 대해 의료 전문가와 상의하는 것이 불편했다.

**AF83**

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

**QA07\_F30**

You were concerned about what would happen if someone found out you had a problem.  
나에게 문제가 있다는 것을 다른 사람들이 알게 될까 봐 걱정했다.

**AF84**

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

**QA07\_F31**

You had a hard time getting an appointment.  
의료 전문가와 약속을 정하기가 어려웠다.

**AF85**

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

## Section G – Demographic Information, Part II

### Country of Birth

QA07\_G1

Now a few more questions about you.

개인적인 질문을 몇 가지 더 하겠는데요,

In what country were you born?

우선 어느 나라에서 출생하셨습니까?

AH33

|                       |    |
|-----------------------|----|
| 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 QA07\_G2;**

IF QA07\_G1 ≠ 1 (NOT BORN IN US), GO TO QA07\_G4;

ELSE IF QA07\_G1 = 1, -7, -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA07\_G2;

**QA07\_G2**

In what country was your mother born?

모친께서는 어느 나라에서 출생하셨습니다?

**AH34**

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

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

**QA07\_G3**

In what country was your father born?

부친께서는 어느 나라에서 출생하셨습니까?

**AH35**

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

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

**Language Spoken at Home**

**QA07\_G4** What languages do you speak at home?  
 집에서는 어떤 언어를 사용하십니까?

**AH36**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. ALSO PROBE, "Any others?"]

[INTERVIEWER NOTE: CODE ALL THAT APPLY. ALSO PROBE, "다른 언어가 또 있습니까?"]

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

**PROGRAMMING NOTE QA07\_G5A and QA07\_G5B;**

IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA07\_G5A;

IF INTERVIEW CONDUCTED IN ENGLISH AND QA07\_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA07\_G5A AND DISPLAY: "Since you speak a language other than English at home, we are interested in the languages you use in other situations" AND DROP RESPONSE CATEGORY "NOT AT ALL";

REPLACE OTHER LANGUAGE FOR QA07\_G5A and QA07\_G5B WITH LANGUAGE PROVIDED IN QA07\_G4 OR INTERVIEW LANGUAGE;

ELSE IF QA07\_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA07\_G7;

**Additional Language Use**

**QA07\_G5A** 귀하는 가정에서 영어가 아닌 다른 언어를 사용하고 있으므로, 귀하가 다른 상황에서 어떤 언어를 사용하는지 알고 싶습니다.

What language do you speak with your friends?

친구들과 대화할 때 어떤 언어를 사용하십니까?

**AG20**

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

**QA07\_G5B** In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen, or read?

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

**AG21**

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



**PROGRAMMING NOTE QA07\_G6:**

IF INTERVIEW CONDUCTED IN ENGLISH AND QA07\_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA07\_G6 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "NOT AT ALL";

ELSE IF QA07\_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA07\_G7;

**QA07\_G6** {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English} Would you say you speak English...

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

**AH37**

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

**PROGRAMMING NOTE QA07\_G7:**

IF QA07\_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO QA07\_G11;

ELSE CONTINUE WITH QA07\_G7;

**Citizenship and Immigration**

**QA07\_G7** The next questions are about citizenship and immigration.

Are you a citizen of the United States?

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

**AH39**

YES.....1 [GO TO QA07\_G9]  
 NO.....2  
 APPLICATION PENDING.....3  
 REFUSED..... -7  
 DON'T KNOW ..... -8

**QA07\_G8** Are you a permanent resident with a green card?

귀하는 그린카드가 있는 영주권자이십니까?

Your answers are confidential and will not be reported to Immigration Services.

귀하의 응답은 비밀로 유지되고 이민국에 보고되지 않습니다.

**AH40**

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

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

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

**QA07\_G9** About how many years have you lived in the United States?  
미국에 거주하신 지는 몇년이나 되셨습니까?

**AH41**

[INTERVIEWER NOTE: FOR LESS THAN A YEAR, ENTER 1 YEAR]

\_\_\_\_\_ NUMBER OF YEARS

\_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN U.S.)

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_G11:**

IF QA07\_A16 = 1 (MARRIED) CONTINUE WITH QA07\_G11;

IF QA07\_A16 = 2 (LIVING WITH PARTNER), GO TO QA07\_G12;

ELSE GO TO PROGRAMMING NOTE QA07\_G13;

**QA07\_G11** Is your spouse also living in your household?  
{배우자}께서도 함께 살고 계십니까?

**AH44**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**QA07\_G12** May I have your {spouse/partner}'s first name and age?

{배우자}의 첫 이름과 나이를 말씀해 주시겠습니까?

**SC11A**

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

SPOUSE/PARTNER NAME \_\_\_\_\_

SPOUSE/PARTNER AGE \_\_\_\_\_

SPOUSE/PARTNER SEX \_\_\_\_\_

**PROGRAMMING NOTE QA07\_G13:**

IF AAGE < 30 OR QA07\_A4 = 1 (AGE 18-29) AND QA07\_A16 = 1 (MARRIED) AND QA07\_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA07\_G13;  
 IF AAGE < 30 OR QA07\_A4 = 1 (AGE 18-29) AND QA07\_A16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA07\_G13;  
 IF AAGE < 30 OR QA07\_A4 = 1 (AGE 18-29) AND QA07\_A16 = 3, 4, 5, 6, OR -7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA07\_G13;  
 ELSE GO TO QA07\_G14;

**QA07\_G13** Are you now living with either of your parents?  
 부모님 중 한분과 살고 계십니까?

**AH43A**

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

**PROGRAMMING NOTE QA07\_G14:**

IF COMPLETED CHILD 1<sup>ST</sup> INTERVIEW, SKIP TO QA07\_G15;  
 ELSE CONTINUE WITH QA07\_G14;

**Child and Teen Selection**

**QA07\_G14** Are there any children under the age of 18 living in the household, including babies?  
 닉의 거주자 중 아기들을 포함한 18 세 미만의 어린이가 있습니까?

**SC12**

YES .....1  
 NO .....2 [GO TO QA07\_G21]  
 REFUSED .....-7 [GO TO QA07\_G21]  
 DON'T KNOW .....-8 [GO TO QA07\_G21]

**QA07\_G15** Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.  
 이 집에 주로 살고 있는 아기들을 포함한 18 세 미만 어린이들의 퍼스트네임하고 나이만 말씀해 주십시오.

**SC13A**

[INTERVIEWER NOTE: PROBE, "Is there anyone else?"]

[INTERVIEWER NOTE: PROBE, "또 있습니까?"]

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

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

**QA07\_G16** Is (CHILD)...  
{CHILD NAME/AGE/SEX}이 ...

**SC15A**

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

**QA07\_G17** I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?  
18 세 미만의 거주자가 없다고 기록했습니다.이 집에 주로 살지만 임시로 다른 곳에 가있는 분 중 저희가 빠뜨린 18 세 미만의 거주자가 있습니까?

**SC13**

NO ONE MISSED -- ROSTER IS CORRECT .....1  
RETURN TO ROSTER .....2 [GO BACK TO QA07\_G15]

**PROGRAMMING NOTE QA07\_G18:** IF ANY PEOPLE IN HH UNDER 18, ASK ABOUT EACH PERSON < 18;

**QA07\_G18** Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?  
{PERSON NAME/AGE/SEX}의 부모 또는 법적 보호자입니까?

**SC14A**

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

**PROGRAMMING NOTE QA07\_G18A:**  
IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44 = 1 OR AH43 = 2], ASK QA07\_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18; ELSE SKIP TO QA07\_G19;

**QA07\_G18A** Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?  
{성명/나이/성별}가 {성명/나이/성별}의 부모 또는 법적 보호자입니까?

**SC14B**

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

**PROGRAMMING NOTE QA07\_G19:**

IF QA07\_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA07\_G15 ARE AGE 13 OR LESS, CONTINUE WITH QA07\_G19; ELSE GO TO QA07\_G21

IF ANY CHILD IN ROSTER QA07\_G15 < 14 AND ≥ 14 display "for any children under age 13";

IF QA07\_A16 = 1 (MARRIED) AND QA07\_G11 = 1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse";

IF QA07\_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner"; ELSE DISPLAY "you";

**Paid Child Care, Cost**

**QA07\_G19** In the past month, did you use any paid childcare {for any children under age 13} while {you or your spouse/partner/you} worked, were in school, or looked for work?

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

**AH44A**

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

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

|                 |    |                  |
|-----------------|----|------------------|
| YES.....        | 1  |                  |
| NO.....         | 2  | [GO TO QA07_G21] |
| REFUSED.....    | -7 | [GO TO QA07_G21] |
| DON'T KNOW..... | -8 | [GO TO QA07_G21] |

**QA07\_G20**

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

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

**AH44B**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "이렇게 여쭙어보면, 대답하시기가 더 편할지도 모르겠습니다. 지난 달 보통 1 주일 동안 애를 맡기는 데에 들어가는 돈이 얼마나 됐습니까?"]

|         |                        |
|---------|------------------------|
| \$_____ | AMOUNT LAST MONTH      |
| \$_____ | AMOUNT IN TYPICAL WEEK |

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

**Educational Attainment****QA07\_G21**

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

공식적으로 이수한 최종 학력은 어떻게 되시죠?

**AH47**

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

**QA07\_G22** Which of the following were you doing last week?  
다음 중 지난 주에 하신 일을 골라 주시겠습니까?

**AK1**

- Working at a job or business  
직장이나 사업체에서 일을 하셨습니까 .....1 [GO TO QA07\_G26]
- With a job or business but not at work  
직업이나 사업체에 소속되어 있긴 했지만  
일은 하지 않으셨습니까 .....2
- Looking for work  
일자리를 구하고 계셨습니까, 아니면 .....3
- Not working at a job or business  
직장이나 사업체에서 일하지 않으셨습니까 .....4
- REFUSED ..... -7 [GO TO QA07\_G26]
- DON'T KNOW ..... -8 [GO TO QA07\_G26]

**QA07\_G23** What is the main reason you did not work last week?  
지난 주에 일을 하지 않은 주요 이유\는 무엇입니까?

**AK2**

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

- TAKING CARE OF HOUSE OR FAMILY .....1
- ON PLANNED VACATION .....2
- COULDN'T FIND A JOB .....3
- GOING TO SCHOOL/STUDENT .....4
- RETIRED .....5 [GO TO QA07\_G25]
- DISABLED .....6 [GO TO QA07\_G25]
- UNABLE TO WORK TEMPORARILY .....7
- ON LAYOFF OR STRIKE .....8
- ON FAMILY OR MATERNITY LEAVE .....9
- OFF SEASON .....10
- OTHER .....91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA07\_G24** Do you usually work?  
귀하는 보통 일을 하십니까?

**AG10**

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



**PROGRAMMING NOTE QA07\_G25;**

IF AAGE = -7 OR -8 OR AAGE &lt; 65 AND QA07\_G24 = 2 (NO) CONTINUE WITH QA07\_G25;

IF AAGE = -7 OR -8 OR AAGE &lt; 65 AND QA07\_G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE WITH QA07\_G25;

ELSE GO TO PROGRAMMING NOTE QA07\_G27;

**QA07\_G25** Are you receiving Social Security Disability Insurance or SSDI?  
SSDI 라고 하는 장애 보험 보조 혜택을 받고 계십니까?

**AL22**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_G27] |
| NO .....         | 2  | [GO TO QA07_G27] |
| REFUSED .....    | -7 | [GO TO QA07_G27] |
| DON'T KNOW ..... | -8 | [GO TO QA07_G27] |

**PROGRAMMING NOTE QA07\_G26:**

ELSE IF QA07\_G22 = 1, 2, -7, -8 OR QA07\_G24 = 1, CONTINUE WITH QA07\_G26;

ELSE GO TO PROGRAMMING NOTE QA07\_G27;

**QA07\_G26** On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?  
주된 직업에 대해서 말인데요, 개인 회사나 정부에 고용되어 있습니까, 자영업을 하십니까, 아니면 가족끼리 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

**AK4**[INTERVIEWER NOTE: IF NEEDED SAY, "Where did you work most hours?"]

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

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

**PROGRAMMING NOTE QA07\_G27;**

IF QA07\_ A16 = 1 (MARRIED), CONTINUE WITH QA07\_G27;  
ELSE GO TO QA07\_H1;

**QA07\_G27** Which of the following was your spouse doing last week?  
다음 중에서 배우자께서 지난 주에 하신 일을 골라 주시겠습니까?

**AG8**

Working at a job or business  
직장이나 사업체에서 일을 하셨습니까 .....1 [GO TO QA07\_G29]  
With a job or business but not at work  
직업이나 사업체에 소속되어 있긴 했지만 일은  
하지 않으셨습니까?.....2 [GO TO QA07\_G29]  
Looking for work  
일 자리를 구하고 계셨습니까, 아니면 .....3  
Not working at a job/business  
직장이나 사업체에서 일하지 않으셨습니까?.....4  
REFUSED ..... -7  
DON'T KNOW ..... -8

**QA07\_G28** Does your spouse usually work?  
귀하의 배우자는 보통 일을 하십니까?

**AG11**

YES .....1  
NO .....2 [GO TO QA07\_H1]  
LOOKING FOR WORK.....3 [GO TO QA07\_H1]  
REFUSED ..... -7 [GO TO QA07\_H1]  
DON'T KNOW ..... -8 [GO TO QA07\_H1]

**QA07\_G29** On your spouse's main job, is he/she employed by a private company, the government, or is he/she self-employed, or is he/she working without pay in a family business or farm?  
배우자분의 주된 직업에 대해서 말인데요, 배우자께서 개인 회사나 정부에 고용되어 있습니까, 자영업을 하십니까, 아니면 가족끼리 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

**AG9**

[INTERVIEWER NOTE: IF NEEDED SAY, "Where did he/she work most hours?"]  
[INTERVIEWER NOTE: IF NEEDED SAY, "배우자께서 가장 많이 일하신 곳이 어디입니까?"]

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

## Section H – Health Insurance

### Usual Source of Care

QA07\_H1

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

다음은 건강 보험과 의료 서비스에 대한 것입니다. 아프거나 건강에 대한 조언이 필요할 때 보통 가시는 곳이 있습니까?

AH1

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

|                           |    |                 |
|---------------------------|----|-----------------|
| YES .....                 | 1  |                 |
| NO .....                  | 2  | [GO TO QA07_H3] |
| DOCTOR/MY DOCTOR .....    | 3  |                 |
| KAISER .....              | 4  |                 |
| MORE THAN ONE PLACE ..... | 5  |                 |
| REFUSED .....             | -7 | [GO TO QA07_H3] |
| DON'T KNOW .....          | -8 | [GO TO QA07_H3] |

#### PROGRAMMING NOTE QA07\_H2:

IF QA07\_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you go to most often--a medical";

ELSE IF QA07\_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";

ELSE IF QA07\_H1 = 4 (KAISER) CIRCLE "1" FOR QA07\_H2 AND GO TO QA07\_H3;

QA07\_H2

{What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

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

AH3

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

#### PROGRAMMING NOTE QA07\_H3:

IF QA07\_B6 = 1 (YES, R VISITED ER FOR ASTHMA), SKIP TO QA07\_H4;

ELSE CONTINUE WITH AH12;

### Emergency Room Visits

QA07\_H3

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

지난 12개월 동안 자신의 건강 때문에 병원 응급실을 찾아가신 적이 있습니까?

AH12

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

**Medicare coverage, Medicare supplemental plan****QA07\_H4**

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

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

**AI1**

*[INTERVIEWER NOTE: Include Medicare managed care plans as well as the original Medicare plan.]*

*[INTERVIEWER NOTE: 원래 메디케어 보험 뿐만 아니라 메디케어 위탁 관리 프로그램도 포함해 주십시오.]*

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_H7]  |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 | [GO TO QA07_H14] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H14] |

**IF QA07\_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA07\_H5:**

IF [AAGE > 64 OR QA07\_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA07\_H4= 2 (NO, NOT COVERED BY MEDICARE)], CONTINUE WITH QA07\_H5;  
ELSE GO TO PROGRAMMING NOTE QA07\_H7;

**QA07\_H5**

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

귀하께서 65 세 문제가지만 메디케어 혜택을 받지 않고 있다고 하셨습니다까?

**AI2**

|  |    |                  |
|--|----|------------------|
| CORRECT, NOT COVERED BY MEDICARE .....   | 1  | [GO TO QA07_H14] |
| NOT CORRECT, R COVERED BY MEDICARE ..... | 2  | [GO TO QA07_H7]  |
| AGE IS INCORRECT .....                   | 93 |                  |
| REFUSED .....                            | -7 | [GO TO QA07_H14] |
| DON'T KNOW .....                         | -8 | [GO TO QA07_H14] |

**POST-NOTE FOR QA07\_H5:**

**IF QA07\_H5 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA07\_H6: AIDATE**

SET AIDATE = CURRENT DATE (YYYYMMDD); SET AAGE = QA07\_H6;

IF AAGE < 18, CODE AS IA AND TERMINATE

**QA07\_H6**

What is your age, please?

연세가(or 연령은) 어떻게 되십니까?

**AI3**

|                          |    |                  |
|--------------------------|----|------------------|
| _____ YEARS OF AGE ..... |    | [GO TO QA07_H14] |
| REFUSED .....            | -7 | [GO TO QA07_H14] |
| DON'T KNOW .....         | -8 | [GO TO QA07_H14] |

**PROGRAMMING NOTE QA07\_H7:**

IF ARM CARE = 1, CONTINUE WITH QA07\_H7;  
ELSE GO TO QA07\_H14;

**QA07\_H7**

Is your MediCARE coverage provided through an HMO?

귀하의 MediCARE 보상은 HMO 를 통해서 제공됩니까?

**AH49**

*[INTERVIEWER NOTE: IF NEEDED SAY, "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "HMO 를 사용하는 경우에는 보통 HMO 의사로부터 진료를 받아야 하고, 그렇지 않은 경우에는 의료 응급 상황이 아닌 한 비용이 보상되지 않습니다."]*

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

|                  |    |                 |
|------------------|----|-----------------|
| YES .....        | 1  |                 |
| NO .....         | 2  | [GO TO QA07_H9] |
| REFUSED .....    | -7 | [GO TO QA07_H9] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H9] |

**POST-NOTE FOR QA07\_H7:**

IF QA07\_H7 = 1, SET ARMHMO = 1;

**QA07\_H8**

What is the name of your MediCARE HMO plan?

귀하의 MediCARE HMO 플랜의 이름은 무엇입니까?

**AH50**

|  |    |
|--|----|
| Aetna Us Healthcare.....                               | 1  |
| Aids Healthcare Foundation, LA .....                   | 2  |
| Alameda Alliance For Health .....                      | 3  |
| Altamed Health Services.....                           | 4  |
| Blue Cross/Californiacare .....                        | 5  |
| Blue Shield/Careamerica .....                          | 6  |
| California Medicare .....                              | 7  |
| CalKids .....  | 8  |
| Caloptima.....   | 9  |
| Care 1st Health Plan/UHP .....                         | 10 |
| Caremore Insurance Services, Inc.....                  | 11 |
| Center For Elders Independence .....                   | 12 |
| Central Coast Alliance/Santa Cruz-Monterey .....       | 13 |
| Chinese Community Health Plan .....                    | 14 |
| Chinese Community Health Plan Senior.....              | 15 |
| Cigna Healthcare Of California .....                   | 16 |
| Citizens Choice Healthplan.....                        | 17 |
| Community Health Group (San Diego Co).....             | 18 |
| Community Health Plan of LA.....                       | 19 |
| Contra Costa Health Plan .....                         | 20 |
| Golden Medicare .....                                  | 21 |
| Health Advantage .....                                 | 22 |
| Health Net/Foundation.....                             | 23 |
| Inland Empire Health Plan .....                        | 24 |
| Inter Valley Health Plan .....                         | 25 |
| Kaiser Foundation Health Plan .....                    | 26 |
| Kern Health Systems .....                              | 27 |
| LA Care Health Plan .....                              | 28 |
| Molina Healthcare of California.....                   | 29 |
| On Lok Senior Health Services.....                     | 30 |
| One Health Plan Of California.....                     | 31 |
| Pacificare/FHP .....                                   | 32 |
| San Francisco Health Dept./Family Mosaic Project ..... | 33 |
| San Francisco Health Plan .....                        | 34 |
| San Joaquin Health Plan .....                          | 35 |
| San Mateo Health Commission .....                      | 36 |
| Santa Barbara Health Plan .....                        | 37 |
| Santa Clara Family Health Plan.....                    | 38 |
| Scan Health Plan .....                                 | 39 |
| Secure Horizons .....                                  | 40 |
| Senior Advantage .....                                 | 41 |
| Senior Secure .....                                    | 42 |
| Seniority Plus.....                                    | 43 |
| Service to Seniors.....                                | 44 |
| Sharp Health Plan.....                                 | 45 |
| Solano/Napa County Network.....                        | 46 |
| Sutter Senior Care .....                               | 47 |
| Universal Care/Healthmax .....                         | 48 |
| Valley Health Plan, Santa Clara.....                   | 49 |
| Ventura County Health Care Plan.....                   | 50 |
| Western Health Advantage.....                          | 51 |
| Western Health Advantage Care+ .....                   | 52 |
| 65 Plus.....   | 53 |
| Medi-CAL .....   | 54 |
| OTHER .....  | 91 |
| OTHER (SPECIFY).....                                   | 92 |
| REFUSED.....   | -7 |
| DON'T KNOW .....                                       | -8 |

**POST-NOTE FOR QA07\_H8: ALL ANSWERS GO TO QA07\_H10;**

**QA07\_H9**

Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

**AI4**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "이러한 보험은 Medicare 만으로는 보상되지 않는 의료비를 보상합니다."]

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_H14] |
| REFUSED .....    | -7 | [GO TO QA07_H14] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H14] |

**POST-NOTE FOR QA07\_H9:**

IF QA07\_H9 = 1, SET ARSUPP = 1

**PROGRAMMING NOTE QA07\_H10:**

IF QA07\_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA07\_H10 AND DISPLAY "MediCARE HMO"

IF QA07\_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA07\_H10 AND DISPLAY "MediCARE Supplement plan"

ELSE GO TO QA07\_H14

**QA07\_H10**

For the {MediCARE HMO/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

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

**AH52**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "AARP란 미국 은퇴자 협회를 말합니다."]

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

**QA07\_H11**

Do you pay any or all of the premium or cost for this health plan?

귀하는 이 의료보험의 보험료나 비용의 전부 혹은 일부를 지불하십니까?

Do not include the cost of any co-pays or deductibles you or your family may have had to pay.  
귀하나 귀하의 가족이 지불해야 하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

**AH53**

*[INTERVIEWER NOTE: 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."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "“분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다.”]*

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

*OR "공제 금액이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비의 금액을 말합니다."*

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

*OR "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]*

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

**QA07\_H12**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

**AH54**

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

**[GO TO QA07\_H14]**

**[GO TO QA07\_H14]**

**[GO TO QA07\_H14]**



**QA07\_H13** Who is that?

그 다른 사람이 누구 입니까?

**AH55**

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

[IF NEEDED, SAY: 고용주, 노동조합, 또는 전문인 단체 등 귀하 외에 이 의료보험료의 일부를 지불하고 있는 사람은 누구입니까?

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

**POST-NOTE FOR QA07\_H13:**

IF QA07\_H13 = 7, SET ARMCAL = 1;

IF QA07\_H13 = 8, SET ARHFAM = 1;

**PROGRAMMING NOTE QA07\_H14:**

IF ARMCAL = 1, DISPLAY "Is it correct that you are";

ELSE DISPLAY "Are you";

**Medi-Cal coverage**

**QA07\_H14** {Is it correct that you are/Are you} covered by Medi-CAL?

귀하께서는 메디캘(MediCal) 혜택을 받고 계십니까?

**AI6**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "메디캘"이란 저소득층 가정과 그 자녀들, 그리고 임산부와 장애인 또는 노인들을 위한 의료 혜택 제도입니다." 전통적인 메디캘과 HMO 또는 managed care plans 도 포함하십시오."]

YES .....1 [GO TO QA07\_H16]  
 NO .....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**POST-NOTE FOR QA07\_H14:**

IF QA07\_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF ARMCAL = 1 AND QA07\_H14 = 2, SET ARMCAL = 0;

**PROGRAMMING NOTE QA07\_H15:**

IF AAGE > 18 OR [QA07\_4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO QA07\_H16;  
 ELSE IF [AAGE = 18 OR QA07\_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1,  
 CONTINUE WITH QA07\_H15 AND DISPLAY: "Is it correct, then, that you are";  
 ELSE IF [AAGE = 18 OR QA07\_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA07\_H15 AND DISPLAY: "Are you";

**Healthy Families coverage**

**QA07\_H15** {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?  
 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

AI7

[PROGRAMMING NOTE: IF NEEDED SAY, "Healthy Families is a State program that pays for health insurance for children up to age 19."]

[PROGRAMMING NOTE: IF NEEDED SAY, "건강가족프로그램은 어린이가 19 세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."]

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

**POST-NOTE FOR QA07\_H15:**

IF QA07\_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;  
 IF ARHFAM = 1 AND QA07\_H15 = 2, SET ARHFAM = 0;

**PROGRAMMING NOTE QA07\_H16**

IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" and "any other";  
 IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about";

**Employer-based coverage**

**QA07\_H16** {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO plan you told me about} Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?  
 현재 또는 이전의 직장 또는 노동조합(Union)을 통해 의료보험 또는 HMO 혜택을 받고 계십니까?

AI8

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

YES .....1  
 NO .....2 [GO TO QA07\_H19]  
 REFUSED ..... -7 [GO TO QA07\_H19]  
 DON'T KNOW ..... -8 [GO TO QA07\_H19]

**QA07\_H17** Was this plan obtained in your own name or in the name of someone else?  
 이 플랜은 자신의 이름으로 가입되었습니까, 아니면 다른 분의 이름으로 가입되었습니까?

**AI9**

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

|                              |    |                  |
|------------------------------|----|------------------|
| IN OWN NAME .....            | 1  | [GO TO QA07_H20] |
| IN SOMEONE ELSE'S NAME ..... | 2  |                  |
| REFUSED .....                | -7 | [GO TO QA07_H20] |
| DON'T KNOW .....             | -8 | [GO TO QA07_H20] |

**POST-NOTE FOR QA07\_H17:**

IF QA07\_H17 = 1, SET AREMPOW = 1 AND SET ARINSURE = 1  
 IF QA07\_H17 = [2, -7, -8], SET AREMPOTH = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA07\_H18:**

IF QA07\_A16 = 1 (R HAS SPOUSE) OR IF QA07\_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 25,  
 CONTINUE WITH QA07\_H18;  
 ELSE GO TO QA07\_H20;  
 IF QA07\_A16 = 1 AND R IS MALE, DISPLAY "wife's";  
 IF QA07\_A16 = 1 AND R IS FEMALE, DISPLAY "husband's";  
 IF QA07\_G13 = 1 OR AAGE < 25, DISPLAY "parent's";  
 IF QA07\_A16 = 1 AND QA07\_G13 = 1, DISPLAY "or";

**QA07\_H18** Is the plan in your (husband's/wife's) (or) (parent's) name?  
 이 보험이 귀하 {} 이름으로 되어 있습니까?

**AI9A**

|                              |    |                  |
|------------------------------|----|------------------|
| IN HUSBAND'S/WIFE NAME ..... | 1  | [GO TO QA07_H20] |
| IN PARENT'S NAME .....       | 2  | [GO TO QA07_H20] |
| IN SOMEONE ELSE'S NAME ..... | 3  | [GO TO QA07_H20] |
| REFUSED .....                | -7 | [GO TO QA07_H20] |
| DON'T KNOW .....             | -8 | [GO TO QA07_H20] |

**POST-NOTE FOR QA07\_H17:**

IF QA07\_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;  
 IF QA07\_H18 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

**PROGRAMMING NOTE QA07\_H19:**

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER), CONTINUE WITH QA07\_H19;  
ELSE GO TO QA07\_H23;

**Private Coverage****QA07\_H19**

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

자신께서 직접 보험회사 또는 HMO 를 통해 가입하신 의료보험 혜택을 받고 계십니까?

**AI11**

*[INTERVIEWER NOTE: 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."]*

*[INTERVIEWER NOTE: IF NEEDED SAY "암이나 중풍과 같은 몇몇 질병의 경우에만 보상되거나, 병원에 입원했을 경우에만 "추가 현금(extra cash)"이 지불되는 방식의 보험은 포함하지 마십시오.."]*

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

**POST-NOTE FOR QA07\_H97:**

IF QA07\_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1;

**PROGRAMMING NOTE QA07\_H20:**

IF QA07\_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA07\_H19 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH QA07\_H20;  
ELSE GO TO QA07\_H23;

**QA07\_H20**

Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

**AH57**

*[INTERVIEWER NOTE: 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."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, " "분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다."]*

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

*AND/OR "공제 금액이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비의 금액을 말합니다."*

*AND/OR "Premium is the monthly charge for the cost of your health insurance plan."]*

*AND/OR "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."]*

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

**[GO TO QA07\_H22]**

**QA07\_H21**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

**AH58**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_H23] |
| REFUSED .....    | -7 | [GO TO QA07_H23] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H23] |

**PROGRAMMING NOTE: QA07\_H22:**

IF QA07\_H20 = 2 THEN DISPLAY "WHO BESIDES YOURSELF PAYS ANY PORTION OF THE COST FOR THAT PLAN?";

ELSE DISPLAY "WHO IS THAT?";

**QA07\_H22**

{Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?} Who is that?

위의 사람을 제외한 누가 이 의료보험에 대한 비용의 전부 또는 일부를 지불합니까?

**AH56**

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

[IF NEEDED, SAY: 고용주, 노동조합, 또는 전문인 단체 등 귀하 외에 이 의료보험료 일부를 지불하고 있는 사람은 누구입니까?

ALSO, CODE ALL THAT APPLY. PROBE: "Any others?"]

ALSO, CODE ALL THAT APPLY. PROBE: "다른 사람이 또 있습니까?"]

|   |    |
|---|----|
| CURRENT EMPLOYER .....                    | 1  |
| FORMER EMPLOYER .....                     | 2  |
| UNION .....                               | 3  |
| SPOUSE'S CURRENT EMPLOYER .....           | 4  |
| SPOUSE'S FORMER EMPLOYER .....            | 5  |
| PROFESSIONAL/FRATERNAL ORGANIZATION ..... | 6  |
| MEDICAID/MEDI-CAL ASSISTANCE .....        | 7  |
| HEALTHY FAMILIES .....                    | 8  |
| MEDICARE .....                            | 9  |
| HEALTHY KIDS .....                        | 10 |
| OTHER .....                               | 91 |
| REFUSED .....                             | -7 |
| DON'T KNOW .....                          | -8 |

**POST-NOTE QA07\_H22:**

IF QA07\_H22 = 1,2,3, THEN SET AREMPOWN = 1;

IF QA07\_H22 = 4 OR 5, THEN SET AREMPSP = 1;

IF QA07\_H22 = 10, THEN SET ARHKID = 1;

IF QA07\_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;

IF QA07\_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;

IF QA07\_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0;

IF QA07\_H22 = 91, THEN SET AROTHER = 1;

**PROGRAMMING NOTE QA07\_H23:**

IF [QA07\_G22 = 1 (R WORKED LAST WEEK) OR QA07\_G24 = 1 (R USUALLY WORKS)] AND QA07\_G28 ≠ 3  
AND AREMPOW ≠ 1, CONTINUE WITH QA07\_H23;  
ELSE GO TO PROGRAMMING NOTE QA07\_H27;

**Availability of Employer-based Health Insurance**

**QA07\_H23** Does your employer offer health insurance to any of its employees?

지금 다니시는 직장에서 직장을 통하여 의료보험을 받고 있는 직원이 있습니까?

**AI13**

|                 |    |                  |
|-----------------|----|------------------|
| YES.....        | 1  |                  |
| NO.....         | 2  | [GO TO QA07_H27] |
| REFUSED.....    | -7 | [GO TO QA07_H27] |
| DON'T KNOW..... | -8 | [GO TO QA07_H27] |

**QA07\_H24** Are you eligible to be in this plan?

이 보험에 들 자격이 되십니까?

**AI14**

|                 |    |                  |
|-----------------|----|------------------|
| YES.....        | 1  |                  |
| NO.....         | 2  | [GO TO QA07_H26] |
| REFUSED.....    | -7 | [GO TO QA07_H27] |
| DON'T KNOW..... | -8 |                  |

**QA07\_H25** What is the one main reason why you aren't in this plan?

이 보험에 들어 있지 않은 제일 중요한 이유가 뭐니까?

**AI15**

|   |    |                  |
|---|----|------------------|
| COVERED BY ANOTHER PLAN.....                      | 1  | [GO TO QA07_H27] |
| TOO EXPENSIVE.....                                | 2  | [GO TO QA07_H27] |
| DIDN'T LIKE PLAN OFFERED.....                     | 3  | [GO TO QA07_H27] |
| DON'T NEED OR BELIEVE IN<br>HEALTH INSURANCE..... | 4  | [GO TO QA07_H27] |
| OTHER (SPECIFY): .....                            | 91 | [GO TO QA07_H27] |
| REFUSED.....                                      | -7 | [GO TO QA07_H27] |
| DON'T KNOW.....                                   | -8 | [GO TO QA07_H27] |

**QA07\_H26** What is the one main reason why you are not eligible for this plan?

이 보험에 들 자격이 안 되는 제일 중요한 이유가 뭐니까?

**AI15A**

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

**PROGRAMMING NOTE QA07\_H27:**

IF ARINSURE ≠ 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA07\_H27;  
ELSE GO TO QA07\_H28A;

**HAMPUS/CHAMP-VA, TRICARE, VA coverage**

**QA07\_H27** Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA, or some other military health care?  
CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?

**A116**

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

**POST-NOTE QA07\_H27:**

IF QA07\_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA07\_H28A:**

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND R\_AGE = 18, CONTINUE WITH QA07\_H28A AND DISPLAY "HEALTHY KIDS";  
IF COUNTY = SAN FRANCISCO AND AGE < 25, DISPLAY "HEALTHY KIDS & YOUNG ADULTS";  
IF COUNTY = EL DORADO, YUBA, COLUSA, OR SACRAMENTO AND AGE = 18, DISPLAY "HEALTHY KIDS, HEALTHY FUTURES";  
ELSE GO TO PROGRAMMING NOTE QA07\_H28;

**Healthy Kids**

**QA07\_H28A** Are you covered by the {Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy Futures} program?  
Healthy Kids 프로그램에 가입하셨습니다가?

**AH70**

*[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Kids 는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]*

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

**POST-NOTE QA07\_H28A:**

IF QA07\_H28A = 1, SET ARHKID = 1 AND SET ARINSURE = 1;

**PROGRAMMING NOTE QA07\_H28:**

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA07\_H28;  
ELSE GO TO PROGRAMMING NOTE QA07\_H30;

**AIM, MRMIP, Family PACT, other coverage**

**QA07\_H28** Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, or something else?

AIM 이나 "Mister MIP", 또는 the Family Pact Program 과 같은 정부보조의료보험이나, 또는 어떤 다른 혜택을 받고 계십니까?

**AI17**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "AIM 이란 '신생아 및 산모를 위한 기회'라는 뜻이며, 'Mister MIP' 또는 MRMIP 는 '중대한 질병 및 사고 관련 의료보험 프로그램'이란 뜻이고 'Family Pact'는 보험이 없는 저소득층 남녀를 위해 피임과 생식기능과 관련된 의료 비용을 지불하는 주정부 프로그램입니다."]

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_H30] |
| REFUSED .....    | -7 | [GO TO QA07_H30] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H30] |

**POST-NOTE QA07\_H28:**

IF QA07\_H28 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1;

**QA07\_H29** ASK IF NECESSARY: "What is the name of this program?"

이 플랜의 이름은 무엇입니까?

**AI17A**

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

**PROGRAMMING NOTE QA07\_H30:**

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEALTHY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA07\_H30;  
ELSE GO TO PROGRAMMING NOTE QA07\_H34;

**QA07\_H30** Do you have any health insurance coverage through a plan that I missed?

말씀드리지 않은 다른 어떤 보험에 들고 계십니까?

**AI18**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_H34] |
| REFUSED .....    | -7 | [GO TO QA07_H34] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H34] |



**QA07\_H31** What type of health insurance do you have?  
어떤 종류의 의료보험을 가지고 있습니까?

**A119**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?"

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "다른 보험도 있습니까?"

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

IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?"

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

**POST-NOTE QA07\_H31:**

IF QA07\_H31\_1 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_2 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_3 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_5 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_6 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_7 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_8 = 1, SET ARIHS = 1;  
IF QA07\_H31\_9 = 1, SET ARHKID = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_91 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1;  
IF QA07\_H31\_92 = 1 OR QA07\_H31 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1;

**PROGRAMMING NOTE QA07\_H32:**

IF QA07\_H31 = 1 OR 2 CONTINUE WITH QA07\_H32;  
ELSE GO TO PROGRAMMING NOTE QA07\_H34;

**QA07\_H32**

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

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

**AH59**

[INTERVIEWER NOTE: PROBE, "Even someone who does not live in this household?

이 가구 내에 거주하는 사람이 아니라도 상관 없습니다.”]

|                              |    |                  |
|------------------------------|----|------------------|
| IN OWN NAME .....            | 1  | [GO TO QA07_H34] |
| IN SOMEONE ELSE'S NAME ..... | 2  |                  |
| REFUSED .....                | -7 | [GO TO QA07_H34] |
| DON'T KNOW .....             | -8 | [GO TO QA07_H34] |

**POST-NOTE QA07\_H32:**

IF QA07\_H32 = 1, SET AREMPOW = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;  
IF QA07\_H32 = [2, -7, -8], SET AREMPOTH = 1 AND SET AREMPOW = 0 AND SET ARINSURE = 1;

**PROGRAMMING NOTE QA07\_H33:**

IF QA07\_A16 = 1 (R HAS SPOUSE) OR IF QA07\_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 25, CONTINUE WITH QA07\_H33; AND

ELSE GO TO PROGRAMMING NOTE QA07\_H34;

IF QA07\_A16 = 1 AND R IS MALE, DISPLAY "wife's";

IF QA07\_A16 = 1 AND R IS FEMALE, DISPLAY "husband's";

IF QA07\_G13 = 1, DISPLAY "parent's"; IF QA07\_A16 = 1 AND QA07\_G13 = 1, DISPLAY "or";

**QA07\_H33**

Is the plan in your (husband's/wife's) (or) (parent's) name?

이 의료보험은 귀하의 {husband's or wife's or parent's}의 이름으로 가입하셨습니다?

**AH60**

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

**POST-NOTE QA07\_H33:**

IF QA07\_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;  
IF QA07\_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

**PROGRAMMING NOTE QA07\_H34:**

IF ARIHS ≠ 1 AND QA07\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA07\_H34;  
ELSE GO TO PROGRAMMING NOTE QA07\_H35\_INTRO;

**Indian Health Service Participation**

**QA07\_H34** Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?  
인디언 건강 서비스, 특정 부족을 위한 건강 프로그램 또는 도시거주 인디언 보건소를 통해 혜택을  
받고 계십니까?

**AI20**

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

**POST-NOTE QA07\_H34:**

IF QA07\_H34 = 1, SET ARIHS = 1;

**PROGRAMMING NOTE QA07\_H35\_INTRO**

IF QA07\_A16 = 1 (MARRIED) AND QA07\_G11 = 1 (LIVING WITH A PARTNER) CONTINUE WITH  
QA07\_H35\_INTRO;  
ELSE GO TO PROGRAMMING NOTE QA07\_H55;

**Spouse's Health Insurance**

**QA07\_H35\_INTRO** These next questions are about the type of health insurance your spouse may have.  
다음은 배우자의 건강 보험에 대한 질문들입니다

**AI37intro****PROGRAMMING NOTE QA07\_H35:**

IF SPOUSE 65 OR OLDER THEN  
IF ARM CARE ≠ 1, CONTINUE WITH AI37 WITHOUT DISPLAY;  
ELSE IF ARM CARE = 1, CONTINUE WITH QA07\_H35 AND DISPLAY "You said that you are covered by  
Medicare." AND "also";  
ELSE GO TO PROGRAMMING NOTE QA07\_H38;

**QA07\_H35** {You said that you are covered by Medicare.} Is {SPOUSE NAME} (also) covered by Medicare?  
{ }도 메디케어 혜택을 받습니까?

**AI37**

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

**POST-NOTE QA07\_H35:**

IF QA07\_H35 = 1, SET SPM CARE = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H36:**

IF QA07\_H35 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA07\_H36 WITHOUT DISPLAY;  
 ELSE IF QA07\_H35 = 1 AND ARMHMO = 1, CONTINUE WITH QA07\_H36 AND DISPLAY "You said that your Medicare coverage is provided through an HMO." AND "also";  
 ELSE GO TO PROGRAMMING NOTE QA07\_H37;

**QA07\_H36** You said that your Medicare coverage is provided through an HMO. Is your {husband's/wife's/spouse's} Medicare also provided through an HMO?  
 귀하의 배우자의 Medicare 는 HMO 를 통해서 제공됩니까?

**AH61**

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

**POST-NOTE QA07\_H36:**

IF QA07\_H36 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H37:**

IF SPHMO = 1, THEN SKIP TO QA07\_H38;  
 ELSE IF QA07\_H35 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA07\_H37 WITHOUT DISPLAY;  
 ELSE IF QA07\_H35 = 1 AND ARSUPP = 1, CONTINUE WITH QA07\_H37 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";  
 IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN  
 IF QA07\_A5 = 1 (MALE) DISPLAY "wife"; IF QA07\_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";  
 ELSE GO TO PROGRAMMING NOTE QA07\_H38;

**QA07\_H37** {You said that you have a Medicare Supplement plan.} Does your {husband/wife/spouse} {also} have a Medicare supplemental policy?  
 메디케어 혜택을 받고 계시다고 하셨는데요. {}도 메디케어 혜택을 받으십니까?

**AI37A**

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

**POST-NOTE QA07\_H37:**

IF QA07\_H37 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H38:**

IF ARMCAL = 1 ,CONTINUE WITH QA07\_H38;  
 IF ARMCARE = 1, THEN DISPLAY “also”;  
 ELSE GO TO PROGRAMMING NOTE QA07\_H39;

**QA07\_H38** You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?  
 {} 메디-캘이 있다고 하셨습니다. {}도 메디-캘 혜택을 받으시니까?

**AI38**

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

**POST-NOTE QA07\_H38:**

IF QA07\_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H39:**

IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA07\_H39;  
 IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY “also”;  
 ELSE GO TO PROGRAMMING NOTE QA07\_H40;

**QA07\_H39** You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?  
 {} 헬씨 패밀리스(Healthy Families)라는 보험이 있다고 하셨습니다. {}도 헬씨 패밀리스 혜택을 받으시니까?

**AI39**

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

**POST-NOTE QA07\_H39:**

IF QA07\_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H40:**

IF AREMPOWN = 1, CONTINUE WITH QA07\_H40;  
 IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”;  
 ELSE GO TO PROGRAMMING NOTE QA07\_H41;

**QA07\_H40** You said you have insurance from your current or former employer or union. Is {SPOUSE NAME} {also} covered by the insurance from your employer?  
 {} 현재나 과거의 직장이나 노동조합을 통한 보험이 있다고 하셨습니다. {}도 그런 직장 보험 혜택을 받으시니까?

**AI40**

YES .....1 [GO TO QA07\_H42]  
 NO .....2  
 OTHER .....3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**POST-NOTE QA07\_H40:**

IF QA07\_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H41:**

IF QA07\_G27 = 1 OR 2 (SPOUSE EMPLOYED) OR QA07\_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA07\_H41;

IF AREMPSP = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN IF QA07\_A5 = 1 (MALE), DISPLAY "wife", "she", and "her"; IF QA07\_A5 = 2 (FEMALE), DISPLAY "husband", "he", and "his"; ELSE DISPLAY "spouse", "he or she", and "his or her";

ELSE GO TO PROGRAMMING NOTE QA07\_H42;

**QA07\_H41** {You said you have insurance from your spouse's employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} own employer?  
{ } { }이/가 { } 자신의 직장에서 자기 보험이 있습니까?

**AI40A**

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

**POST-NOTE QA07\_H41:**

IF QA07\_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA07\_H42:**

IF ARDIRECT = 1, CONTINUE WITH QA07\_H42;

IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE QA07\_H43;

**QA07\_H42** You said you {also} have a plan you purchased directly from the insurer. Is {SPOUSE NAME} {also} covered by this plan?  
{ } 보험 회사에 직접 보험료를 내고 가입한 건강 보험이 있다고 하셨습니다. { }도 그 보험에 들어 있습니까?

**AI41**

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

**POST-NOTE QA07\_H42:**

IF QA07\_H42 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H43:**

IF ARMILIT = 1, CONTINUE WITH QA07\_H43;

IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE, GO TO PROGRAMMING NOTE QA07\_H44;

**QA07\_H43**

You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is {SPOUSE NAME} also covered by this plan?

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

**AI42**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**POST-NOTE QA07\_H43:**

IF QA07\_H43 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H44:**

IF AROTHGOV = 1, CONTINUE WITH QA07\_H44;

ELSE, GO TO PROGRAMMING NOTE QA07\_H45;

IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";

ELSE GO TO QA07\_H45;

**QA07\_H44**

You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?

{ } 정부 건강 보험을 통해 AIM 이나 미스터 MIP 같은 건강 보험을 갖고 계신다고 하셨는데요. { }도 이 보험 혜택을 받으니까?

**AI42A**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**POST-NOTE QA07\_H44:**

IF QA07\_H44 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H45:**

IF SPINSURE ≠ 1, DISPLAY "any.";

ELSE DISPLAY "through any other source";

**QA07\_H45**

Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?

{ }이/가 건강 보험을 가지고 있습니까?

**AI46**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_H47]

[GO TO QA07\_H51]

[GO TO QA07\_H51]

**QA07\_H46** What type of health insurance does {he/she} have?  
{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

**AI47**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "Any others?"

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "다른 보험도 있습니까?"

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

IF NEEDED SAY, "현재 또는 이전의 고용주가 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다."

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

IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "[{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?]

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

**POST-NOTE QA07\_H46:**

IF QA07\_H46\_1 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_2 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_3 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_4 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_5 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_6 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_7 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_8 = 1, SET SPIHS = 1;  
IF QA07\_H46\_9 = 1, SET SPKID = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_91 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_92 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;  
IF QA07\_H46\_1 = [-7, -8], SET SPOTHER = 1 AND SET SPINSURE = 1;



**PROGRAMMING NOTE QA07\_H47:**

IF SPINSURE ≠ 1, CONTINUE WITH QA07\_H47;  
ELSE IF SPINSURE = 1 AND SPEMPOTH = 1, THEN SKIP TO QA07\_H50;  
ELSE GO TO PROGRAMMING NOTE QA07\_H51;

**QA07\_H47** You said that {SPOUSE NAME} has no health insurance from any source. Is this correct?  
{ }이/가 어떤 종류의 건강 보험도 전혀 없다고 하셨습니다. 맞습니까?

**A148**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_H51] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 | [GO TO QA07_H51] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H51] |

**PROGRAMMING NOTE QA07\_H48:**

IF QA07\_A5 = 1(MALE), DISPLAY "she";  
 IF QA07\_A5 =2 (FEMALE), DISPLAY "he";

**QA07\_H48** What type of health insurance does {he/she} have?  
 {그분은} 어떤 종류의 의료보험을 가지고 있습니까?

**AI49**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "Any others?"]

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "다른 보험도 있습니까?"]

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

IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?]

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

**POST-NOTE QA07\_H48:**

IF QA07\_H48\_1 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_2 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_3 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_4 = 1, SET SPMPCARE = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_5 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_6 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_7 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_8 = 1, SET SPIHS = 1;  
 IF QA07\_H48\_9 = 1, SET SPKID = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_91 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_92 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;  
 IF QA07\_H48\_1 = [-7, -8], SET SPINSURE = 1;

**PROGRAMMING NOTE QA07\_H49:**

IF QA07\_H46 = 1 OR 2 OR QA07\_H48 = 1 OR 2 THEN CONTINUE WITH QA07\_H49;  
ELSE SKIP TO QA07\_H51;

**QA07\_H49**

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

이 의료보험을 귀하의 배우자의 이름으로 가입하십니까? 또는 다른 사람의 이름으로 가입하십니까?

**AH62**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "이 가구 내에 거주하는 사람이 아니라도 상관 없습니다"]

|                               |                  |
|-------------------------------|------------------|
| IN SPOUSE'S NAME.....1        | [GO TO QA07_H51] |
| IN SOMEONE ELSE'S NAME .....2 |                  |
| REFUSED.....-7                | [GO TO QA07_H51] |
| DON'T KNOW .....-8            | [GO TO QA07_H51] |

**PROGRAMMING NOTE QA07\_H49:**

IF QA07\_H49 = 1 (SPOUSE'S NAME), SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;

**QA07\_H50**

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

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

**AH63**

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

**POST-NOTE QA07\_H50:**

IF QA07\_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;

IF QA07\_H50 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

**PROGRAMMING NOTE QA07\_H51:**

IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA07\_H55;

ELSE IF QA07\_G27 = 1 or 2 (SPOUSE EMPLOYED) OR QA07\_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA07\_H51;

ELSE GO TO QA07\_H55;

**QA07\_H51**

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

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

**AI43**

|                    |                  |
|--------------------|------------------|
| YES.....1          |                  |
| NO.....2           | [GO TO QA07_H55] |
| REFUSED.....-7     | [GO TO QA07_H55] |
| DON'T KNOW .....-8 | [GO TO QA07_H55] |

**QA07\_H52** Is {she/he} eligible to be in this plan?  
 {}이/가 이 보험에 들 자격이 됩니까?

**AI44**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_H54] |
| REFUSED .....    | -7 | [GO TO QA07_H55] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H55] |

**QA07\_H53** What is the ONE main reason why {she/he} isn't in this plan?  
 {}이/가 이 보험에 들어 있지 않은 제일 중요한 이유가 됩니까?

**AI45**

|  |    |                  |
|--|----|------------------|
| COVERED BY ANOTHER PLAN .....                        | 1  | [GO TO QA07_H55] |
| TOO EXPENSIVE .....                                  | 2  | [GO TO QA07_H55] |
| DOESN'T LIKE PLAN OFFERED .....                      | 3  | [GO TO QA07_H55] |
| DOESN'T NEED OR BELIEVE IN<br>HEALTH INSURANCE ..... | 4  | [GO TO QA07_H55] |
| OTHER (SPECIFY): _____ .....                         | 91 | [GO TO QA07_H55] |
| REFUSED .....  | -7 | [GO TO QA07_H55] |
| DON'T KNOW .....                                     | -8 | [GO TO QA07_H55] |

**QA07\_H54** What is the one main reason why {she/he} is not eligible for this plan?  
 {}이/가 이 보험에 들 자격이 안 되는 제일 중요한 이유가 됩니까?

**AI45A**

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

**PROGRAMMING NOTE QA07\_H55:**

IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA07\_H57;

IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA07\_H55;

IF QA07\_A16 = 1 (MARRIED), DISPLAY "Next, I have some questions about your own main health plan."

IF ARMCAL = 1, DISPLAY "Medi-Cal"

ELSE GO TO PROGRAMMING NOTE QA07\_H68;

**QA07\_H55** {Next, I have some questions about your own main health plan.}

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

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

**AI22C**

*[INTERVIEWER NOTE: 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."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "HMO에 가입하면 보통 HMO 의사들로부터 진료를 받아야 하고, 그렇지 않으면 응급 상황인 경우를 제외하고 치료비를 보상 받을 수 없습니다."]*

*IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO". IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]*

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_H56:**

IF (ARMCAL = 1 AND QA07\_H55 = 1) OR (AROTHOV = 1 AND QA07\_H29 = 1) THEN list HMO Medi-Cal by county;  
 ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA07\_H55 = 1 THEN list HMO Healthy Families by county;  
 ELSE IF QA07\_H55 = 1 AND (AREMPOW = 1 OR ARDIRECT = 1 OR AREMPOH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHOV = 1 AND QA07\_H29 = 2)) THEN list HMO Commercial by county;  
 ELSE IF QA07\_H55 = 2 AND (AREMPOW = 1 OR ARDIRECT = 1 OR AREMPOH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHOV = 1 AND QA07\_H29 = 2)) THEN list Non-HMO by county;

**Managed Care Plan Characteristics**

**QA07\_H56** What is the name of your main health plan?  
 주된 건강 보험의 이름이 뭐니까?

**AI22A**

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: "보험 이름이 나와 있는 보험 카드 같은 것이 있습니까?"

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

|                                       |    |
|---------------------------------------|----|
| San Mateo Health Commission .....     | 36 |
| Santa Barbara Health Plan .....       | 37 |
| Santa Clara Family Health Plan.....   | 38 |
| Scan Health Plan .....                | 39 |
| Secure Horizons .....                 | 40 |
| Senior Advantage .....                | 41 |
| Senior Secure .....                   | 42 |
| Seniority Plus .....                  | 43 |
| Service to Seniors .....              | 44 |
| Sharp Health Plan .....               | 45 |
| Solano/Napa County Network .....      | 46 |
| Sutter Senior Care .....              | 47 |
| Universal Care/Healthmax .....        | 48 |
| Valley Health Plan, Santa Clara ..... | 49 |
| Ventura County Health Care Plan ..... | 50 |
| Western Health Advantage .....        | 51 |
| Western Health Advantage Care+ .....  | 52 |
| 65 Plus .....                         | 53 |
| Medi-CAL .....                        | 54 |
| OTHER .....                           | 91 |
| OTHER (specify: _____) .....          | 92 |
| REFUSED .....                         | -7 |
| DON'T KNOW .....                      | -8 |

**PROGRAMMING NOTE QA07\_H57:**

IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA07\_A16 = 1 (R IS MARRIED), DISPLAY "Next I have some questions about your own main health plan";

**QA07\_H57** {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?  
 처방약의 경우, 보험 혜택을 받으십니까? 다시 말해서, 어떤 보험에서 비용의 일부라도 지불해줍니까?

**A125**

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

**PROGRAMMING NOTE QA07\_H58:**

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN  
CONTINUE WITH QA07\_H58, ELSE GO TO QA07\_H61;

**High Deductible Health Plans**

**QA07\_H58** Does your health plan have a deductible that is more than \$1,000?  
건강보험 플랜의 공제 금액이 \$1,000 이 넘습니까?

**AH71**

*[INTERVIEWER NOTE: IF NEEDED: A deductible is the amount you have to pay before your plan begins to pay for your medical care*

*[INTERVIEWER NOTE: IF NEEDED: 공제 금액은 건강보험 플랜이 의료비를 보상하기 전에 가입자가 지불해야 하는 금액입니다.]*

|  |    |                  |
|--|----|------------------|
| YES .....                              | 1  |                  |
| NO .....                               | 2  | [GO TO QA07_H61] |
| YES, ONLY WHEN GO OUT OF NETWORK ..... | 3  |                  |
| REFUSED .....                          | -7 | [GO TO QA07_H61] |
| DON'T KNOW .....                       | -8 | [GO TO QA07_H61] |

**QA07\_H59** Does your health plan have a deductible for all covered persons that is more than \$2,000?  
모든 가입자에 대한 건강보험 플랜의 공제 금액이 \$2,000 이 넘습니까?

**AH72**

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

*[INTERVIEWER NOTE: IF NEEDED SAY, "공제 금액은 건강보험 플랜이 의료비를 보상하기 전에 가입자가 지불해야 하는 금액입니다."]*

|  |    |                  |
|--|----|------------------|
| YES .....                              | 1  |                  |
| NO .....                               | 2  | [GO TO QA07_H61] |
| YES, ONLY WHEN GO OUT OF NETWORK ..... | 3  |                  |
| REFUSED .....                          | -7 | [GO TO QA07_H61] |
| DON'T KNOW .....                       | -8 | [GO TO QA07_H61] |



**PROGRAMMING NOTE QA07\_H60;**

IF QA07\_H58 = (1 or 3) OR QA07\_H59 = (1 or 3), CONTINUE WITH QA07\_H60;

ELSE SKIP TO QA07\_H61;

**QA07\_H60**

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

의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이 있습니까?

**AH73**

[INTERVIEWER NOTE: 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.

[INTERVIEWER NOTE: IF NEEDED SAY, "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 포함됩니다. 다른 계좌의 이름에는 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 고용주가 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다."]

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

**Coverage Over Past 12 Months****QA07\_H61**Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

지난 12개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

**AI31**

YES.....1 [GO TO QA07\_H78]  
 NO.....2  
 REFUSED..... -7 [GO TO QA07\_H64]  
 DON'T KNOW ..... -8

**QA07\_H62**

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

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

**AI32**

YES.....1 [GO TO QA07\_H65]  
 NO.....2 [GO TO QA07\_H64]  
 REFUSED..... -7 [GO TO QA07\_H64]  
 DON'T KNOW ..... -8

**QA07\_H63** Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?  
 보험이 메디칼, 건강가족프로그램, 또는 귀하의 직장 보험, 아니면 다른 어떤 보험이었습니까?

**AI33**

[INTERVIEWER NOTE: CODE ALL THAT APPLY AND PROBE: "Any others?"]

[INTERVIEWER NOTE: CODE ALL THAT APPLY AND PROBE: "다른 것이 있습니까?"]

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

**QA07\_H64** During the past 12 months, was there any time when you had no health insurance at all?  
 지난 12 개월 동안, 의료보험이 전혀 없었던 때가 있었습니까?

**AI34**

YES.....1  
 NO.....2 [GO TO QA07\_H78]  
 REFUSED.....-7 [GO TO QA07\_H78]  
 DON'T KNOW .....-8 [GO TO QA07\_H78]

**QA07\_H65** For how many months of the past 12 months did you have no health insurance at all?  
 의료보험이 전혀 없던 기간이 몇 개월이었습니까?

**AI35**

\_\_\_\_ NUMBER OF MONTHS [HR: 0-11] [IF 0 GO TO QA07\_H78]  
 REFUSED.....-7 [GO TO QA07\_H78]  
 DON'T KNOW .....-8 [GO TO QA07\_H78]

**Reasons for Lack of Coverage**

**QA07\_H66** What is the ONE MAIN reason why you did not have any health insurance during those months?  
 그 몇 달 동안 건강 보험이 없으셨던 제일 중요한 이유가 무엇 때문이시죠?

**A136**

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

**QA07\_H67** During the time that you were uninsured, did you try to find health insurance on your own?  
 건강보험이 없던 기간 동안, 자력으로 보험에 가입하려고 노력했습니까?

**AH74**

|                     |                  |
|---------------------|------------------|
| YES.....1           | [GO TO QA07_H74] |
| NO.....2            | [GO TO QA07_H74] |
| DON'T KNOW ..... -7 | [GO TO QA07_H74] |
| REFUSED..... -8     | [GO TO QA07_H74] |

**QA07\_H68** What is the ONE MAIN reason why you do not have any health insurance?  
 건강 보험이 없다고 하셨는데, 제일 중요한 이유가 무엇 때문이시죠?

**A124**

*[INTERVIEWER NOTE: 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

**QA07\_H69** During the time that you have been uninsured, have you tried to find health insurance on your own?

건강보험이 없던 기간 동안, 자력으로 보험에 가입하려고 노력했습니까?

**AH75**

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

**QA07\_H70** Were you covered by health insurance at any time during the past 12 months?

지난 12 개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

**AI27**

YES .....1 [GO TO QA07\_H72]  
 NO .....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QA07\_H71** How long has it been since you last had health insurance?

가장 최근에 또는 마지막으로 의료보험에 들었던 적이 얼마나 되었습니까?

**AI28**

MORE THAN 12 MONTHS AGO, BUT NOT  
 MORE THAN 3 YEARS AGO .....1 [GO TO QA07\_H74]  
 MORE THAN 3 YEARS AGO .....2 [GO TO QA07\_H74]  
 NEVER HAD HEALTH INSURANCE .....3 [GO TO QA07\_H74]  
 REFUSED .....-7 [GO TO QA07\_H74]  
 DON'T KNOW .....-8 [GO TO QA07\_H74]

**QA07\_H72** For how many months out of the last 12 months did you have health insurance?

지난 12 개월 중 몇 개월 동안 의료보험에 들어 있었습니까?

**AI29**

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 0]

\_\_\_\_\_ MONTHS

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

**QA07\_H73** During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

가입하신 의료보험이 메디칼, 건강가족프로그램, 귀하의 직장 보험, 아니면 다른 어떤 보험이었습니까?

**A130**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "Any others?"]

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "다른 것이 또 있습니까?"]

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

**PROGRAMMING NOTE FOR QA07\_H74;**

IF QA07\_H64 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), CONTINUE WITH QA07\_H74;

ELSE SKIP TO PROGRAMMING NOTE FOR QA07\_H78;

**Partial Scope Medi-Cal**

**QA07\_H74** During the past 12 months, were you a patient in a hospital overnight or longer?

지난 12 개월 동안, 귀하의 배우자가 환자로서 병원에 하룻밤 이상 입원한 적이 있습니까?

**AH14**

YES.....1  
 NO.....2 [GO TO QA07\_H76]  
 REFUSED.....-7 [GO TO QA07\_H76]  
 DON'T KNOW .....-8 [GO TO QA07\_H76]

**QA07\_H75.** Was any of that hospital care paid for by Medi-Cal?

그러한 병원비 중에서 Medi-Cal 이 지불한 금액이 있습니까?

**AH76**

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

**PROGRAMMING NOTE FOR QA07\_H76;**

IF QA07\_H64 = 1 (UNINSURED AT ANY TIME IN PAST 12 MONTHS) AND QA07\_A5 = 2 (FEMALE) AND  
[QA07\_E3 = 1 (PREGNANT) OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN)] FOR ANY CHILD IN  
ROSTER UNDER 1 YEAR OLD CONTINUE WITH QA07\_H76;  
ELSE SKIP TO PROGRAMMING NOTE FOR QA07\_H78;

**QA07\_H76** During the last 12 months, did you get prenatal care that you didn't have to pay for?  
지난 12 개월 동안, 비용을 지불할 필요가 없는 출산 전 진료를 받았습니까?

**AH77**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_H78] |
| REFUSED .....    | -7 | [GO TO QA07_H78] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H78] |

**QA07\_H77** Was it paid for by Medi-Cal?  
그 비용을 Medi-Cal 이 지불했습니까?

**AH78**

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

**PROGRAMMING NOTE QA07\_H78:**

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 (CURRENTLY HAVE  
EMPLOYER-BASED COVERAGE) OR ARDIRECT = 1 (PRIVATE INSURANCE), CONTINUE WITH QA07\_H78;  
ELSE IF ARMCAL = 1 (CURRENTLY HAVE MEDI-CAL) OR ARINSURE ≠ 1 (CURRENTLY UNINSURED),  
SKIP TO QA07\_80;  
ELSE IF ARINSURE = 1 SKIP TO QA07\_H88 (DENTAL HEALTH);

**Medical Debt****QA07\_H78**

The following questions are about your current health plan.

다음의 질문들은 귀하가 현재 가입하고 있는 건강보험 플랜에 관한 것입니다.

While you've had your current health plan, have you reached the limit of what your insurance  
company would pay for?

현재의 건강보험 플랜에 가입하고 있는 동안 보험회사가 지불하는 의료비 상한선에 도달한  
적이 있습니까?

**AH79**

[INTERVIEWER NOTE: IF NEEDED SAY, "EVER for your current health plan."]

[INTERVIEWER NOTE: IF NEEDED SAY, "현재의 건강보험 플랜에서 #단 한 번이라도\"]

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_H80] |
| REFUSED .....    | -7 | [GO TO QA07_H80] |
| DON'T KNOW ..... | -8 | [GO TO QA07_H80] |

**QA07\_H79** Did this happen in the past 12 months?  
이러한 경우는 지난 12 개월 동안에 발생했습니까?

**AH80**

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

**QA07\_H80** During the past 12 months, were you unable to pay or had problems paying for medical bills, either for yourself or any family member in your household?  
지난 12 개월 동안, 귀하나 가족의 의료비를 지불할 수 없었거나 지불하는 데 문제가 있었던 적이 있습니까?

**AH81**

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

**QA07\_H81** Are you currently paying off any medical bills?  
귀하는 현재 의료비를 상환하고 있습니까?

**AH82**

*[INTERVIEWER NOTE: IF NEEDED SAY, "This could include medical bills you are paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "여기에는 신용카드나 개인 대출을 통해서, 또는 병원이나 다른 의료 제공자와 합의한 의료비 상환 계획에 따라 상환 중인 의료비가 포함됩니다."]*

YES .....1  
NO .....2 [GO TO QA07\_H83]  
REFUSED ..... -7 [GO TO QA07\_H83]  
DON'T KNOW ..... -8 [GO TO QA07\_H83]

**QA07\_H82** What is the total amount of medical bills that you are paying off over time?  
장기간에 걸쳐 상환 중인 의료비의 총액은 얼마나 됩니까?

**AH83**

*[INTERVIEWER NOTE: IF NECESSARY SAY, "The bills can be from earlier years as well as this year."]*

*[INTERVIEWER NOTE: IF NECESSARY SAY, "이러한 의료비에는 이전에 발생한 것과 금년에 발생한 것이 모두 포함됩니다."]*

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

**PROGRAMMING NOTE QA07\_H83;**

IF QA07\_H80=1 (UNABLE TO PAY MEDICAL BILLS) OR QA07\_H81=1 (CURRENTLY PAYING OFF MEDICAL BILLS), CONTINUE WITH QA07\_H83;  
ELSE SKIP TO QA07\_H88;

**QA07\_H83** Were you or your family member uninsured at the time care was provided?

진료를 받았을 때 귀하나 가족에게 보험이 없었습니까?

**AH84**

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

**QA07\_H84** Because of these medical bills, were you unable to pay for basic necessities like food, heat or rent?

이러한 의료비 때문에 식품비, 난방비, 임대료와 같은 기본적인 필수 생활비를 지불할 수 없었습니까?

**AH85**

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

**QA07\_H85** Because of these medical bills, did you take on credit card debt?

이러한 의료비 때문에 신용카드 빚을 졌습니까?

**AH86**

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

**QA07\_H86** Did you take out a loan or use up your savings?

대출을 받거나 저축을 헐었습니까?

**AH87**

[INTERVIEWER NOTE: IF NEEDED SAY, "Because of these medical bills.

[INTERVIEWER NOTE: IF NEEDED SAY, "이러한 의료비 때문에"]

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



**QA07\_H87** Did you declare bankruptcy?  
파산을 선언했습니까?

**AH88**

[INTERVIEWER NOTE: IF NEEDED SAY, "Because of these medical bills."]

[INTERVIEWER NOTE: IF NEEDED SAY, "이러한 의료비 때문에"]

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

#### Dental Health

##### PROGRAMMING NOTE QA07\_H88;

IF ARMCAL = 1 AND QA07\_H61 = 1, SKIP TO QA07\_I1;

ELSE CONTINUE WITH QA07\_H88;

**QA07\_H88** For how many months of the past 12 months did you have any kind of dental insurance that pays for some or all of your routine dental care?

지난 12 개월 동안, 귀하의 일상적인 치과 검진 비용의 일부 또는 전부를 지불하는 치과 보험이 있었던 기간은 몇 개월입니까?

**AH92**

\_\_\_\_\_ Number of months

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

## Section I – Child and Adolescent Health Insurance

### PROGRAMMING NOTE QA07\_I1:

IF NO SELECTED CHILD, GO TO QA07\_I30 TO ASK ABOUT SELECTED ADOLESCENT;

IF ARINSURE ≠ 1, GO TO QA07\_I2 ELSE CONTINUE WITH QA07\_I1;

### Child's Health Insurance

**QA07\_I1** These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as you?

{ }이/가 귀하와 같은 보험을 갖고 있습니까?

**CF10A**

YES .....1      **[GO TO QA07\_I24]**  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

### POST-NOTE QA07\_I1:

IF QA07\_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1;

IF QA07\_I1 = 1 AND ARIHS = 1, SET CHIHS = 1;

**PROGRAMMING NOTE QA07\_I2:**

IF SPINSURE ≠ 1, CONTINUE WITH QA07\_I2; ELSE GO TO QA07\_I3;

**QA07\_I2** Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE/PRTNER NAME}?  
 {}이/가 귀하의 {}와/과 같은 보험을 갖고 있습니까?

**MA1**

YES.....1 [GO TO QA07\_I16]  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW.....-8

**POST-NOTE QA07\_I1:**

IF QA07\_I2 = 1 AND SPMPCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1;  
 IF QA07\_I2 = 1 AND SPIHS = 1, SET CHIHS = 1;

**QA07\_I3** Is {he/she/he or she} currently covered by Medi-CAL?  
 {}이/가 현재 메디캘(Medi-CAL)에 들어 있습니까?

**CF1**

*[INTERVIEWER NOTE: IF NEEDED SAY, "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people.*

*메디-캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애인이나 노령자들을 위한 보험입니다.]*

YES.....1 [GO TO QA07\_I7]  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW.....-8

**POST-NOTE QA07\_I3:** IF QA07\_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;

**QA07\_I5**

Is (CHILD) covered by the Healthy Families Program?

(자녀 이름/나이/성별)가 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

**CF2**

[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Families is a state program that pays for health insurance for children up to age 19."]

[INTERVIEWER NOTE: IF NEEDED SAY, "건강가족프로그램은 어린이가 19세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."]

|                 |    |                 |
|-----------------|----|-----------------|
| YES.....        | 1  | [GO TO QA07_I7] |
| NO.....         | 2  |                 |
| REFUSED.....    | -7 | [GO TO QA07_I7] |
| DON'T KNOW..... | -8 | [GO TO QA07_I7] |

**POST-NOTE QA07\_I4:** IF QA07\_I5 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;**QA07\_I6**

What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

(자녀 이름/나이/성별)가 건강가족 프로그램에 등록되어 있지 않은 가장 큰 이유는 무엇입니까?

**CF2A**

|  |    |
|--|----|
| PAPERWORK TOO DIFFICULT .....                                | 1  |
| DIDN'T KNOW IF ELIGIBLE.....                                 | 2  |
| INCOME TOO HIGH, NOT ELIGIBLE .....                          | 3  |
| NOT ELIGIBLE DUE TO CITIZENSHIP/<br>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 .....  | 91 |
| REFUSED.....   | -7 |
| DON'T KNOW .....   | -8 |

**QA07\_I7**

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(자녀 이름/나이/성별)가 귀하 또는 다른 분의 직장 또는 노동조합(Union)을 통해 의료보험 또는 HMO 혜택을 받고 계십니까?

**CF3**

|                  |    |                 |
|------------------|----|-----------------|
| YES.....         | 1  | [GO TO QA07_I9] |
| NO.....          | 2  |                 |
| REFUSED.....     | -7 |                 |
| DON'T KNOW ..... | -8 |                 |

**POST-NOTE QA07\_I7:**

IF QA07\_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1

**QA07\_I8**

Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?

귀하께서 직접 보험 회사나 HMO에서 구입하신 건강 보험에 {}이/가 들어 있습니까? 암이나 뇌일혈 또는 중풍 같은 특정 질병만 지불해 주거나, 병원에 입원한 경우 “별도 현금”만 주는 보험은 제외해 주십시오.

**CF4**

YES .....1  
 NO .....2 [GO TO QA07\_I12]  
 REFUSED ..... -7 [GO TO QA07\_I12]  
 DON'T KNOW ..... -8 [GO TO QA07\_I12]

**POST-NOTE QA07\_I8:**

IF QA07\_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1;

**QA07\_I9**

Do you pay any or all of the premium or cost for (CHILD's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 {CHILD NAME/AGE/SEX }의 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까?  
 귀하나 귀하의 가족이 지불해야하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

**AI54**

[INTERVIEWER NOTE: 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."

[INTERVIEWER NOTE: IF NEEDED SAY, "'분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다."

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

OR "공제 금액이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비의 금액을 말합니다."

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

OR "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."

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

**QA07\_I10**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD's) health plan?

고용주, 노동조합, 또는 전문직 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX }의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불하십니까?

**AI50**

YES .....1  
 NO .....2 [GO TO QA07\_I12]  
 REFUSED ..... -7 [GO TO QA07\_I12]  
 DON'T KNOW ..... -8 [GO TO QA07\_I12]

**QA07\_I11**

Who else pays all or some portion of the cost for (CHILD's) health plan?

위의 사람을 제외한 다른 누가 {CHILD NAME/AGE/SEX}의 의료보험에 대한 비용의 전부 또는 일부를 지불합니까?

**AI51**

CURRENT EMPLOYER .....1  
 FORMER EMPLOYER .....2  
 UNION .....3  
 SPOUSE'S CURRENT EMPLOYER .....4  
 SPOUSE'S FORMER EMPLOYER .....5  
 PROFESSIONAL/FRATERNAL ORGANIZATION...6  
 MEDICAID/MEDI-CAL ASSISTANCE .....7  
 HEALTHY FAMILIES .....8  
 HEALTHY KIDS .....9  
 OTHER .....91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**POST-NOTE QA07\_I11:**

IF QA07\_I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF QA07\_I11 = 8, SET CHHFAM = 1;

IF QA07\_I11 = 7, SET CHMCAL = 1;

IF QA07\_I11 = 9, SET CHHKID = 1;

**PROGRAMMING NOTE QA07\_I12**

IF CHINSURE = 1, GO TO QA07\_I16;

ELSE CONTINUE WITH QA07\_I12;

**QA07\_I12**

Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

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

**CF6**

YES .....1      **[GO TO QA07\_I16]**  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**POST-NOTE QA07\_I12:**

IF QA07\_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1;

**PROGRAMMING NOTE QA07\_I13A:**

IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA07\_I13A AND DISPLAY "HEALTHY KIDS";  
 IF COUNTY= SAN FRANCISCO DISPLAY "HEALTHY KIDS & YOUNG ADULTS";  
 IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY "HEALTHY KIDS, HEALTHY FUTURES";

**Healthy Kids**

**QA07\_I13A** Is {he/she/he or she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} program?

{CHILD NAME/AGE/SEX}(O)는 Healthy Kids 프로그램에 가입했습니까?

**AI70**

[INTERVIEWER NOTE: IF NEEDED SAY, "{Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county.

[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Kids 는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

|                  |    |                         |
|------------------|----|-------------------------|
| YES .....        | 1  | <b>[GO TO QA07_I16]</b> |
| NO .....         | 2  |                         |
| REFUSED .....    | -7 |                         |
| DON'T KNOW ..... | -8 |                         |

**POST-NOTE QA07\_I12:**

IF QA07\_I13A = 1, SET CHHKID = 1 AND CHINSURE = 1;

**QA07\_I13** Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

자녀분이 에임(AIM)이나 미스터 밍( "Mister MIP" ) 등과 같은 정부보조의료보험이나, 다른 어떤 혜택을 받고 계십니까?

**CF7**

[INTERVIEWER NOTE: IF NEEDED SAY, "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program."]

[INTERVIEWER NOTE: IF NEEDED SAY, "AIM이란 신생아 및 산모를 위한 기회라는 뜻이며, Mister MIP 또는 MRMIP는 큰 질병과 사고를 위한 의료보험 프로그램이란 뜻입니다."]

|                                 |    |                         |
|---------------------------------|----|-------------------------|
| AIM .....                       | 1  | <b>[GO TO QA07_I16]</b> |
| "MISTER MIP"/MRMIP .....        | 2  | <b>[GO TO QA07_I16]</b> |
| NO OTHER PLAN .....             | 3  |                         |
| SOMETHING ELSE (SPECIFY): ..... | 91 | <b>[GO TO QA07_I16]</b> |
| REFUSED .....                   | -7 |                         |
| DON'T KNOW .....                | -8 |                         |

**POST-NOTE QA07\_I13:**

IF QA07\_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1;

**QA07\_I14** Does {he/she/he or she} have any health insurance coverage through a plan that I missed?  
 자녀분이, 지금까지 말씀드리지 않은 다른 어떤 보험에 들어 있습니까?

**CF8**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_I16] |
| REFUSED .....    | -7 | [GO TO QA07_I16] |
| DON'T KNOW ..... | -8 | [GO TO QA07_I16] |

**QA07\_I15** What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?  
 자녀분이 어떤 종류의 건강 보험에 가입되어 있습니까? 그 보험은 메디칼이나 건강 가족프로그램, 또는 직장/노동조합 등 다른 어떤 단체나 기관을 통한 것입니까?

**CF9**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?"]  
 [INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "다른 것은요?"]

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

**POST-NOTE QA07\_I15:**

IF QA07\_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 5, SET CHMCAL = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 6, SET CHHFAM = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 8, SET CHIHS = 1;  
 IF QA07\_I15 = 9, SET CHHKID = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1;  
 IF QA07\_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1;  
 IF QA07\_I15 = -7 OR -8, SET CHINSURE = 1;



**PROGRAMMING NOTE QA07\_I16:**

IF QA07\_I1 = 1 AND ARMCARE = 1, THEN QA07\_I16 = QA07\_H7 AND QA07\_I17 = QA07\_H8 AND SKIP TO QA07\_I18;  
 ELSE IF QA07\_I1 = 1, THEN QA07\_I16 = QA07\_H55 AND QA07\_I17 = QA07\_H56 AND GO TO QA07\_I18;  
 ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA07\_I16;  
 ELSE GO TO QA07\_I19;

**QA07\_I16** Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

{CHILD NAME /AGE/SEX}(이)의 주요 건강보험이 HMO, 즉 건강 관리 기구입니까?

[INTERVIEWER NOTE: IF NEEDED SAY, "HMO stands for Health Maintenance Organization. With an HMO, {he/she/he or she} must use the doctors and hospitals belonging to its network. If {he/she/he or she} goes outside the network, generally it will not be paid for unless it's an emergency."]

[INTERVIEWER NOTE: IF NEEDED SAY, " [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." ]

**MA3**

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

**PROGRAMMING NOTE QA07\_I17:**

IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA07\_I17  
 IF CHMCARE = 1 AND QA07\_I16 = 1 THEN list HMO MediCare by county  
 ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA07\_I13 = 1) AND QA07\_I16 = 1 THEN list HMO MEDI-CAL by county;  
 ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA07\_I16 = 1 THEN list HMO Healthy Families by county;  
 ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA07\_I13 = 2) OR CHOTHER = 1) AND QA07\_I16 = 1 THEN list HMO Commercial by county;  
 ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1) AND QA07\_I16 = 2 THEN list Non-HMO by county;

**Child's Managed Care Plan**

**QA07\_I17** What is the name of (CHILD)'s main health plan?  
 {}의 주된 건강 보험의 이름이 무엇입니까?

**MA2**

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "'{}이/가 보험 이름이 나와 있는 보험 카드 같은 것을 가지고 있습니까?"]

Aetna Us Healthcare.....1  
 Aids Healthcare Foundation, LA.....2  
 Alameda Alliance For Health .....3  
 Altamed Health Services .....4  
 Blue Cross/Californiacare .....5  
 Blue Shield/Careamerica .....6  
 California Medicare .....7  
 CalKids.....8

|   |    |
|---|----|
| Caloptima.....  | 9  |
| Care 1st Health Plan/UHP .....                        | 10 |
| Caremore Insurance Services, Inc .....                | 11 |
| Center For Elders Independence.....                   | 12 |
| Central Coast Alliance/Santa Cruz-Monterey .....      | 13 |
| Chinese Community Health Plan.....                    | 14 |
| Chinese Community Health Plan Senior .....            | 15 |
| Cigna Healthcare Of California .....                  | 16 |
| Citizens Choice Healthplan.....                       | 17 |
| Community Health Group (San Diego Co) .....           | 18 |
| Community Health Plan of LA.....                      | 19 |
| Contra Costa Health Plan .....                        | 20 |
| Golden Medicare.....                                  | 21 |
| Health Advantage .....                                | 22 |
| Health Net/Foundation .....                           | 23 |
| Inland Empire Health Plan .....                       | 24 |
| Inter Valley Health Plan .....                        | 25 |
| Kaiser Foundation Health Plan .....                   | 26 |
| Kern Health Systems .....                             | 27 |
| LA Care Health Plan .....                             | 28 |
| Molina Healthcare of California.....                  | 29 |
| On Lok Senior Health Services.....                    | 30 |
| One Health Plan Of California .....                   | 31 |
| Pacificare/FHP .....                                  | 32 |
| San Francisco Health Dept./Family Mosaic Project..... | 33 |
| San Francisco Health Plan .....                       | 34 |
| San Joaquin Health Plan .....                         | 35 |
| San Mateo Health Commission .....                     | 36 |
| Santa Barbara Health Plan .....                       | 37 |
| Santa Clara Family Health Plan.....                   | 38 |
| Scan Health Plan .....                                | 39 |
| Secure Horizons .....                                 | 40 |
| Senior Advantage .....                                | 41 |
| Senior Secure .....                                   | 42 |
| Seniority Plus .....                                  | 43 |
| Service to Seniors.....                               | 44 |
| Sharp Health Plan.....                                | 45 |
| Solano/Napa County Network .....                      | 46 |
| Sutter Senior Care .....                              | 47 |
| Universal Care/Healthmax.....                         | 48 |
| Valley Health Plan, Santa Clara .....                 | 49 |
| Ventura County Health Care Plan .....                 | 50 |
| Western Health Advantage.....                         | 51 |
| Western Health Advantage Care+ .....                  | 52 |
| 65 Plus .....   | 53 |
| Medi-CAL .....  | 54 |
| OTHER .....   | 91 |
| OTHER (SPECIFY).....                                  | 92 |
| REFUSED .....   | -7 |
| DON'T KNOW .....                                      | -8 |

**QA07\_I18**

Is (CHILD) covered for prescription drugs?

(자녀 이름/나이/성별)의 처방약도 의료보험으로 받을 수 있습니까?

CF14

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

**PROGRAMMING NOTE QA07\_I19:**

IF CHINSURE = 1, GO TO QA07\_I24;

ELSE CONTINUE WITH QA07\_I19;

**Reasons for Non-Coverage, Child****QA07\_I19** What is the one main reason (CHILD) does not have any health insurance?

(자녀 이름/나이/성별)가 의료보험이 없는 가장 큰 이유는 무엇입니까?

**CF18**

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

**Child's coverage over past 12 months****QA07\_I20** Was (CHILD) covered by health insurance at any time during the past 12 months?

(자녀 이름/나이/성별)가 지난 12개월 중 의료보험 혜택을 받은 적이 있습니까?

**CF20**

YES .....1 **[GO TO QA07\_I22]**  
 NO .....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QA07\_I21** How long has it been since (CHILD) last had health insurance?

(자녀 이름/나이/성별)가 마지막으로 의료보험에 들은 지 얼마나 지났습니까?

**CF21**

MORE THAN 12 MONTHS, BUT NOT  
 MORE THAN 3 YEARS AGO .....1 **[GO TO QA07\_I30]**  
 MORE THAN 3 YEARS AGO .....2 **[GO TO QA07\_I30]**  
 NEVER HAD HEALTH INSURANCE COVERAGE..3 **[GO TO QA07\_I30]**  
 REFUSED .....-7 **[GO TO QA07\_I30]**  
 DON'T KNOW/NOT SURE .....-8 **[GO TO QA07\_I30]**

**QA07\_I22** For how many of the last 12 months did {he/she/he or she} have health insurance?  
 지난 12개월 중 몇 개월 동안 의료보험에 들어 있었습니까?

**CF22**

[INTERVIEWER NOTE: IF < 1 MONTH, ENTER "1".]

\_\_\_\_\_ MONTHS

REFUSED ..... -7

DON'T KNOW ..... -8

**QA07\_I23** During those months when (CHILD) had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?  
 (자녀 이름/나이/성별)가 들어있던 의료보험이 메디칼, 건강가족프로그램, 귀하의 직장을 통해 가입된 보험, 또는 다른 보험이었습니까?

**CF23**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?"]

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "또 다른 것이 있습니까?"]

|                                    |                  |
|------------------------------------|------------------|
| MEDI-CAL.....1                     | [GO TO QA07_I30] |
| HEALTHY FAMILIES.....2             | [GO TO QA07_I30] |
| THROUGH CURRENT OR FORMER EMPLOYER |                  |
| UNION.....3                        | [GO TO QA07_I30] |
| HEALTHY KIDS.....4                 | [GO TO QA07_I30] |
| OTHER HEALTH PLAN.....91           | [GO TO QA07_I30] |
| REFUSED.....-7                     | [GO TO QA07_I30] |
| DON'T KNOW.....-8                  | [GO TO QA07_I30] |

**QA07\_I24** Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

지난 12개월 동안 한 달도 빠짐없이 (자녀 이름/나이/성별)가 동일한 보험에 들어 있었습니까?

**CF24**

YES.....1 [GO TO QA07\_I30]

NO.....2

REFUSED.....-7

DON'T KNOW.....-8

**QA07\_I25** When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

**CF25**

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW.....-8

[GO TO QA07\_I27]

[GO TO QA07\_I27]

[GO TO QA07\_I27]

**QA07\_I26** Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

자녀분의 다른 보험이 메디칼, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 어떤 보험이었습니까?

**CF26**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?"]

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "또 다른 것이 있습니까?"]

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

**QA07\_I27**

During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

지난 12개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

**CF27**

YES.....1  
 NO.....2 [GO TO QA07\_I30]  
 REFUSED.....-7 [GO TO QA07\_I30]  
 DON'T KNOW .....-8 [GO TO QA07\_I30]

**QA07\_I28**

For how many of the past 12 months did {he/she/he or she} have no health insurance?

자녀분에게 의료보험이 전혀 없던 기간이 몇 개월이었습니까?

**CF28**

[INTERVIEWER NOTE: IF &lt; 1 MONTH, ENTER "1".]

\_\_\_\_\_ MONTHS

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

**QA07\_I29**

What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she/he or she} wasn't covered?

(자녀 이름/나이/성별)가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 큰 이유는 무엇이었습니까?

|      |
|------|
| CF29 |
|------|

[INTERVIEWER NOTE: IF R SAYS, "No need," PROBE WHY]

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

**PROGRAMMING NOTE QA07\_I30:**

IF NO TEEN SELECTED, GO TO QA07\_I66;  
 IF ARINSURE = 1, CONTINUE WITH QA07\_I30;  
 IF ARINSURE = 0, GO TO QA07\_I31;  
 ELSE CONTINUE WITH QA07\_I30;

**Teen's health insurance****QA07\_I30**

These next questions are about health insurance (TEEN) may have.

다음은 {}이/가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.

Does (TEEN) have the same insurance as {YOU/ADULT RESPONDENT NAME}?

{ }이/가 귀하의 { }과 같은 보험을 갖고 있습니까?

**IA10A**

YES.....1      **[GO TO QA07\_I54]**  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW.....-8

**POST-NOTE QA07\_I30:**

IF QA07\_I30 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1  
 IF QA07\_I30 = 1 AND ARIHS = 1, SET TEIHS = 1

**PROGRAMMING NOTE QA07\_I31:**

IF QA07\_A16 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA07\_I31, ELSE GO TO QA07\_I32;



**QA07\_I31** Does (TEEN) have the same insurance as your spouse?  
 {}이/가 귀하의 {}과 같은 보험을 갖고 있습니까?

**MA5**

YES.....1 [GO TO QA07\_I46]  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW.....-8

**POST-NOTE QA07\_I31:**

IF QA07\_I31 = 1 AND SPMPCARE = 1, SET TEMPCARE = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1  
 IF QA07\_I31 = 1 AND SPIHS = 1, SET TEIHS = 1

**PROGRAMMING NOTE QA07\_I32:**

IF CHINSURE = 1, CONTINUE WITH QA07\_I32;  
 ELSE GO TO QA07\_I33;

**QA07\_I32** Does (TEEN) have the same insurance as (CHILD)?  
 {}이/가 {}과 같은 보험을 갖고 있습니까?

**MA6**

YES.....1 [GO TO QA07\_I54]  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW.....-8

**POST-NOTE QA07\_I32:**

IF QA07\_I32 = 1 AND CHMCARE = 1, SET TEMPCARE = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1  
 IF QA07\_I32 = 1 AND CHIHS = 1, SET TEIHS = 1

**QA07\_I33** Is {he/she/he or she} currently covered by Medi-CAL?  
{ }이/가 메디-칼에 들어 있습니까?

**IA1**

*[IF NEEDED SAY, "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]*

*[IF NEEDED SAY, "메디-칼은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애인이나 노령자들을 위한 보험입니다."]*

|                  |    |                         |
|------------------|----|-------------------------|
| YES .....        | 1  | <b>[GO TO QA07_I37]</b> |
| NO .....         | 2  |                         |
| REFUSED .....    | -7 | <b>[GO TO QA07_I35]</b> |
| DON'T KNOW ..... | -8 | <b>[GO TO QA07_I35]</b> |

**POST-NOTE QA07\_I33:**

IF QA07\_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

**QA07\_I34** Is (TEEN) covered by the Healthy Families Program?  
{어린이 이름/나이/성별}가 메디칼에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니까?

**IA2**

*[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Families is a state program that pays for health insurance for children up to age 19."]*

**[IF NEEDED, SAY: "건강가족프로그램은 어린이가 19세가 될 때까지 건강보험료를 지불해주는 주정부 프로그램입니다."]**

|                  |    |                         |
|------------------|----|-------------------------|
| YES .....        | 1  | <b>[GO TO QA07_I37]</b> |
| NO .....         | 2  |                         |
| REFUSED .....    | -7 | <b>[GO TO QA07_I37]</b> |
| DON'T KNOW ..... | -8 | <b>[GO TO QA07_I37]</b> |

**POST-NOTE QA07\_I34:**

IF QA07\_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

**QA07\_I35** What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?  
{어린이 이름/나이/성별}가 건강가족 프로그램(Healthy Families Program)의 혜택을 받고 있습니까?

**IA2A**

|  |    |
|--|----|
| PAPERWORK TOO DIFFICULT .....                                | 1  |
| DIDN'T KNOW IF ELIGIBLE .....                                | 2  |
| INCOME TOO HIGH, NOT ELIGIBLE .....                          | 3  |
| NOT ELIGIBLE DUE TO CITIZENSHIP/<br>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 .....  | 91 |
| REFUSED .....  | -7 |
| DON'T KNOW .....   | -8 |

**QA07\_I36** Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?  
{어린이 이름/나이/성별}가 귀하 또는 다른 사람의 직장 또는 조합(Union)을 통해 건강보험 또는 HMO의 혜택을 받고 있습니까?

**IA3**

YES.....1      **[GO TO QA07\_I39]**  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW .....-8

**POST-NOTE QA07\_I36:**

IF QA07\_I35 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

**QA07\_I37** Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?  
귀하께서 직접 보험 회사나 HMO에서 구입하신 건강 보험에 {}이/가 들어 있습니까?  
암이나 뇌일혈 또는 중풍 같은 특정 질병만 지불해 주거나, 병원에 입원한 경우

**IA4**

YES.....1  
 NO.....2      **[GO TO QA07\_I42]**  
 REFUSED.....-7      **[GO TO QA07\_I42]**  
 DON'T KNOW .....-8      **[GO TO QA07\_I42]**

**POST-NOTE QA07\_I37:**

IF QA07\_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

**QA07\_I38** Do you pay any or all of the premium or cost for (TEEN's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.  
귀하는 {CHILD NAME/AGE/SEX}의 의료보험 보험료나 비용의 전부 혹은 일부를 지불하십니까?  
귀하나 귀하의 가족이 지불해야하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

**AI55**

*[INTERVIEWER NOTE: 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." OR "A deductible is the amount you pay for medical care before your health plan starts paying." OR "Premium is the monthly charge for the cost of your health insurance plan."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "분담금이란 의사의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로 다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다." "공제 금액이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비의 금액을 말합니다." "보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다"]*

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

**QA07\_I39**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN's) health plan?

고용주, 노동조합, 또는 전문직 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX }의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

**AI52**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_I42] |
| REFUSED .....    | -7 | [GO TO QA07_I42] |
| DON'T KNOW ..... | -8 | [GO TO QA07_I42] |

**QA07\_I40**

Who else pays all or some portion of the cost for (TEEN's) health plan?

ADOLESCENT /AGE/SEX} 씨의 건강보험 플랜 비용의 전부 또는 일부를 지불하는 다른 사람이나 단체가 있습니까?

**AI53**

|   |    |
|---|----|
| CURRENT EMPLOYER .....                    | 1  |
| FORMER EMPLOYER .....                     | 2  |
| UNION .....                               | 3  |
| SPOUSE'S CURRENT EMPLOYER .....           | 4  |
| SPOUSE'S FORMER EMPLOYER .....            | 5  |
| PROFESSIONAL/FRATERNAL ORGANIZATION ..... | 6  |
| MEDICAID/MEDI-CAL ASSISTANCE .....        | 7  |
| HEALTHY FAMILIES .....                    | 8  |
| HEALTHY KIDS .....                        | 9  |
| OTHER .....                               | 91 |
| REFUSED .....                             | -7 |
| DON'T KNOW .....                          | -8 |

**POST-NOTE QA07\_I40:**

IF QA07\_I41 = 1-6, SET TEEMP = 1; IF QA07\_I41 = 7, SET TEMCAL = 1;

IF QA07\_I41 = 8, SET TEHFAM = 1; IF QA07\_I41 = 8, SET TEHKID = 1 AND SET TEINSURE = 1;

**PROGRAMMING NOTE QA07\_I41:**

IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA07\_I46; ELSE CONTINUE WITH QA07\_I42

**QA07\_I41**

Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{ }이/가 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스의 건강 보험에 들어 있습니까?

**IA6**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_I46] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 |                  |
| DON'T KNOW ..... | -8 |                  |

**POST-NOTE QA07\_I41:**

IF QA07\_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

**PROGRAMMING NOTE FOR QA07\_I42A:**

IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA07\_I43A AND DISPLAY "HEALTHY KIDS";  
 IF COUNTY=SAN FRANCISCO DISPLAY "HEALTHY KIDS & YOUNG ADULTS";  
 IF COUNTY=EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY "HEALTHY KIDS, HEALTHY FUTURES";

**Healthy Kids****QA07\_I42A**

Is {he/she/he or she} covered by the {Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} program?

{CHILD NAME/AGE/SEX}(O)는 Healthy Kids 프로그램에 가입했습니까?

AI71

[INTERVIEWER NOTE: IF NEEDED SAY, "{Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy Futures} is a program for children in your county."]

[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Kids 는 카운티에서 자녀들을 위해 운영하는 프로그램입니다."]

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_I46] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 |                  |
| DON'T KNOW ..... | -8 |                  |

**POST-NOTE QA07\_I42A:**

IF QA07\_I43A = 1, SET TEHKID = 1 AND SET TEINSURE = 1

**QA07\_I43**

Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

{ }이/가 AIM(에임)이나 미스터 MIP(밋)같은 정부 건강 보험이나 그 밖의 다른 보험에 들어 있습니까?

IA7

[INTERVIEWER NOTE: IF NEEDED SAY, "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program."]

[INTERVIEWER NOTE: IF NEEDED SAY, "영어 명칭을 그 대로 번역하자면, AIM은 유아와 엄마를 위한 접근, 그리고 '미스터 MIP'나 MRMIP는 "메이저 리스크 의료 보험 프로그램"을 의미합니다."]

|                                       |    |                  |
|---------------------------------------|----|------------------|
| AIM .....                             | 1  | [GO TO QA07_I46] |
| "MISTER MIP"/MRMIP .....              | 2  | [GO TO QA07_I46] |
| NO OTHER PLAN .....                   | 3  |                  |
| SOMETHING ELSE (SPECIFY): _____ ..... | 91 | [GO TO QA07_I46] |
| REFUSED .....                         | -7 |                  |
| DON'T KNOW .....                      | -8 |                  |

**POST-NOTE QA07\_I143:**

IF QA07\_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

**QA07\_I44** Does {he/she/he or she} have any health insurance coverage through a plan that I missed?  
 어린이가 제가 말씀드리지 않은 다른 보험에 들어 있습니까?

**IA8**

YES .....1  
 NO .....2 [GO TO QA07\_I46]  
 REFUSED .....-7 [GO TO QA07\_I46]  
 DON'T KNOW .....-8 [GO TO QA07\_I46]

**QA07\_I45** What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?  
 어떤 종류의 건강 보험을 {}이/가 가지고 있습니까? 그게 메디-칼, 헬씨 페밀리스(Healthy Families), 직장이나 노동 조합을 통한 보험입니까, 아니면 다른 어떤 데를 통해서입니까?

**IA9**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?"]  
 [PROBE: "또 다른 보험이 있습니까?"]

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

**POST-NOTE QA07\_I45:**

IF QA07\_I45\_1 = 1, SET TEEMP = 1 AND TEINSURE = 1  
 IF QA07\_I45\_2 = 1, SET TEEMP = 1 AND TEINSURE = 1  
 IF QA07\_I45\_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1  
 IF QA07\_I45\_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1  
 IF QA07\_I45\_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1  
 IF QA07\_I45\_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1  
 IF QA07\_I45\_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1  
 IF QA07\_I45\_8 = 1, SET TEIHS = 1  
 IF QA07\_I45\_9 = 1, SET TEHKID = 1 AND SET TEINSURE = 1  
 IF QA07\_I45\_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1  
 IF QA07\_I45\_92 = 1, SET TEINSURE = 1 AND TEOTHER = 1  
 IF QA07\_I45=-7 OR -8, SET TEINSURE = 1

**PROGRAMMING NOTE QA07\_I46:**

IF QA07\_I30 = 1 AND ARM CARE = 1, THEN QA07\_I46 = QA07\_H7 AND QA07\_I47 = QA07\_H8 AND SKIP TO QA07\_I48;

ELSE IF QA07\_I30 = 1, THEN QA07\_I46 = QA07\_H55 AND QA07\_I47 = QA07\_H56 AND GO TO QA07\_I48;

ELSE IF QA07\_I32 = 1, THEN QA07\_I46 = QA07\_I16 AND QA07\_I47 = QA07\_I17 AND GO TO QA07\_I48;

ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA07\_I46

ELSE GO TO QA07\_I49;

**Teen's Managed Care Plan**

**QA07\_I46** Is (TEEN)'s {Medi-Cal} health plan an HMO?  
{ }의 주된 건강 보험이 HMO(에이치엠오)입니까?

**MA8**

*[INTERVIEWER NOTE: IF NEEDED SAY, "HMO stands for Health Maintenance Organization. With an HMO, {he/she/he or she} must use the doctors and hospitals belonging to its network. If {he/she/he or she} goes outside the network, generally it will not be paid unless it's an emergency."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "HMO는 { }이/가 일반적으로 반드시 HMO 참가 의사들한테만 진료를 받아야 하고, HMO로부터 정식으로 소개 받지 않은 의사한테 진료를 받으면 응급시가 아닌 한 보험 혜택을 받지 못합니다." IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her/his or her} MAIN health plan." 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 QA07\_I47:**

IF QA07\_I46 = 1 (KAISER), CODE QA07\_I47 = 1 (YES) AND GO TO QA07\_I48;  
 IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA07\_I47;  
 IF TEMCARE = 1 AND QA07\_I47 = 1 THEN LIST HMO MEDICARE BY COUNTY  
 ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA07\_I13 = 1) AND QA07\_I46 = 1 THEN LIST HMO MEDI-CAL BY COUNTY;  
 ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA07\_I46 = 1 THEN LIST HMO HEALTHY FAMILIES BY COUNTY;  
 ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA07\_I43 = 2) OR TEOTHER = 1) AND QA07\_I46 = 1 THEN LIST HMO COMMERCIAL BY COUNTY;  
 ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA07\_I46 = 2 THEN LIST NON-HMO BY COUNTY;

**QA07\_I47** What is the name of (TEEN)'s main health plan?  
 {}의 주된 건강 보험의 이름이 무엇입니까?

**MA7**

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE, "Does (TEEN) have an insurance card or something else with the plan name on it?"]

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE, "{}이/가 보험 이름이 나와 있는 보험 카드 같은 것을 가지고 있습니까?"]

|  |    |
|--|----|
| Aetna Us Healthcare .....                              | 1  |
| Aids Healthcare Foundation, LA .....                   | 2  |
| Alameda Alliance For Health .....                      | 3  |
| Altamed Health Services .....                          | 4  |
| Blue Cross/Californiacare .....                        | 5  |
| Blue Shield/Careamerica .....                          | 6  |
| California Medicare .....                              | 7  |
| CalKids .....  | 8  |
| Caloptima .....  | 9  |
| Care 1st Health Plan/UHP .....                         | 10 |
| Caremore Insurance Services, Inc. ....                 | 11 |
| Center For Elders Independence .....                   | 12 |
| Central Coast Alliance/Santa Cruz-Monterey .....       | 13 |
| Chinese Community Health Plan .....                    | 14 |
| Chinese Community Health Plan Senior .....             | 15 |
| Cigna Healthcare Of California .....                   | 16 |
| Citizens Choice Healthplan .....                       | 17 |
| Community Health Group (San Diego Co) .....            | 18 |
| Community Health Plan of LA .....                      | 19 |
| Contra Costa Health Plan .....                         | 20 |
| Golden Medicare .....                                  | 21 |
| Health Advantage .....                                 | 22 |
| Health Net/Foundation .....                            | 23 |
| Inland Empire Health Plan .....                        | 24 |
| Inter Valley Health Plan .....                         | 25 |
| Kaiser Foundation Health Plan .....                    | 26 |
| Kern Health Systems .....                              | 27 |
| LA Care Health Plan .....                              | 28 |
| Molina Healthcare of California .....                  | 29 |
| On Lok Senior Health Services .....                    | 30 |
| One Health Plan Of California .....                    | 31 |
| Pacificare/FHP .....                                   | 32 |
| San Francisco Health Dept./Family Mosaic Project ..... | 33 |
| San Francisco Health Plan .....                        | 34 |
| San Joaquin Health Plan .....                          | 35 |
| San Mateo Health Commission .....                      | 36 |
| Santa Barbara Health Plan .....                        | 37 |
| Santa Clara Family Health Plan .....                   | 38 |
| Scan Health Plan .....                                 | 39 |



|                                      |    |
|--------------------------------------|----|
| Secure Horizons .....                | 40 |
| Senior Advantage .....               | 41 |
| Senior Secure .....                  | 42 |
| Seniority Plus.....                  | 43 |
| Service to Seniors.....              | 44 |
| Sharp Health Plan.....               | 45 |
| Solano/Napa County Network.....      | 46 |
| Sutter Senior Care .....             | 47 |
| Universal Care/Healthmax.....        | 48 |
| Valley Health Plan, Santa Clara..... | 49 |
| Ventura County Health Care Plan..... | 50 |
| Western Health Advantage.....        | 51 |
| Western Health Advantage Care+ ..... | 52 |
| 65 Plus.....                         | 53 |
| Medi-CAL.....                        | 54 |
| OTHER .....                          | 91 |
| OTHER (SPECIFY : .....)              | 92 |
| REFUSED.....                         | -7 |
| DON'T KNOW .....                     | -8 |

**QA07\_I48**

Is (TEEN) covered for prescription drugs?

{어린이 이름/나이/성별}의 처방약도 의료보험으로 받을 수 있습니까?

**IA14**

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

**PROGRAMMING NOTE QA07\_I49:**

IF TEINSURE = 1, GO TO QA07\_I54;

ELSE CONTINUE WITH QA07\_I49;

**Reasons for Non-coverage, Teen****QA07\_I49**What is the one main reason (TEEN) does not have any health insurance?

{ }이 아무 건강 보험도 없는 제일 중요한 이유가 됩니까?

**IA18**

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

**QA07\_I50** Was (TEEN) covered by health insurance at any time during the past 12 months?  
{어린이 이름/나이/성별}가 지난 12개월 중 건강보험의 혜택을 받은 적이 있습니까?

**IA20**

YES.....1 [GO TO QA07\_I52]  
NO.....2  
REFUSED.....-7  
DON'T KNOW.....-8

**QA07\_I51** How long has it been since (TEEN) last had health insurance?  
{어린이 이름/나이/성별}가 마지막으로 건강보험에 들은 지 얼마나 지났습니까?

**IA21**

MORE THAN 12 MONTHS, BUT NOT  
MORE THAN 3 YEARS AGO.....1 [GO TO QA07\_I60]  
MORE THAN 3 YEARS AGO.....2 [GO TO QA07\_I60]  
NEVER HAD HEALTH INSURANCE COVERAGE..3 [GO TO QA07\_I60]  
REFUSED.....-7 [GO TO QA07\_I60]  
DON'T KNOW/NOT SURE.....-8 [GO TO QA07\_I60]

**QA07\_I52** For how many of the last 12 months did {he/she/he or she} have health insurance?  
지난 12개월 중 몇 개월 동안이나 {}가 건강 보험이 있었습니까?

**IA22**

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

\_\_\_\_\_ MONTHS

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

**QA07\_I53** During those months when (TEEN) had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?  
{어린이 이름/나이/성별}가 들어있던 건강보험이 메디칼, 건강가족프로그램, 귀하의 직장을 통해 가입된 보험, 또는 다른 보험이었습니까?

**IA23**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?"]

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "다른 것이 또 있습니까?"]

MEDI-CAL.....1 [GO TO QA07\_I60]  
HEALTHY FAMILIES.....2 [GO TO QA07\_I60]  
THROUGH CURRENT OR FORMER  
EMPLOYER/UNION.....3 [GO TO QA07\_I60]  
HEALTHY KIDS.....4 [GO TO QA07\_I60]  
OTHER HEALTH PLAN.....9 [GO TO QA07\_I60]  
REFUSED.....-7 [GO TO QA07\_I60]  
DON'T KNOW.....-8

**Teen's coverage over past 12 months**

**QA07\_I54** Thinking about {his/her/his or her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

{ } 현재 건강 보험에 대해서 말인데요, { }이/가 지난 12개월 내내 이 보험을 가지고 있었습니까?

**IA24**

YES .....1      **[GO TO QA07\_I60]**  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA07\_I55** When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

어린이에게 현재 들어있는 보험이 없었을 때에는 다른 보험이 있었습니까?

**IA25**

YES .....1  
 NO .....2  
 REFUSED ..... -7      **[GO TO QA07\_I57]**

**QA07\_I56** Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

어린이의 보험이 메디칼, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 보험이었습니까?

**IA26**

*[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?"*

*[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "다른 것이 있습니까?"*

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

**QA07\_I57** During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

지난 12개월동안, 어린이에게 건강보험이 전혀 없던 때가 있었습니까?

**IA27**

YES .....1  
 NO .....2      **[GO TO QA07\_I60]**  
 REFUSED ..... -7      **[GO TO QA07\_I60]**  
 DON'T KNOW ..... -8      **[GO TO QA07\_I60]**

**QA07\_I58** For how many of the past 12 months did {he/she/he or she} have no health insurance?  
 지난 12 개월 중 몇 개월 동안이나 {}가 건강 보험이 없었습니까?

**IA28**

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

\_\_\_\_\_ MONTHS

REFUSED ..... -7

DON'T KNOW ..... -8

**QA07\_I59** What is the one main reason why (TEEN) did not have any health insurance during the time {he/she/he or she} wasn't covered?  
 {}이/가 건강 보험이 없었던 기간 동안 {}이/가 건강 보험이 없었던 제일 중요한 이유가 무엇 때문입니까?

**IA29**

[INTERVIEWER NOTE: 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

**QA07\_I60** Do you now have any type of insurance that pays for part or all of (TEEN) dental care?  
 현재 {}의 치과 진료비를 일부 또는 모두 내주는 보험이 있으십니까?

**MA10**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_I61T:**

IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE) THEN SKIP TO QA07\_I61;  
ELSE CONTINUE WITH QA07\_I61T;

**QA07\_I61T**

In what country was {ADOLESCENT/AGE/SEX} born?

{CHILD }의 어머니는 어느 나라에서 출생하셨습니다?

**AI56T**

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

**PROGRAMMING NOTE QA07\_I63T:**

IF QA07\_I61T = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07\_I61;  
ELSE CONTINUE WITH QA07\_I63T;

**QA07\_I63T** Is {ADOLESCENT/AGE/SEX} a citizen of the United States?  
{CHILD }의 어머니는 현재 미국에 살고 계십니까?

**AI58T**

YES.....1 **[GO TO QA07\_I65T]**  
NO.....2  
APPLICATION PENDING.....3  
REFUSED.....-7  
DON'T KNOW .....-8

**QA07\_I64T** Is {ADOLESCENT/AGE/SEX} a permanent resident with a green card?  
{CHILD }의 어머니는 미국 시민권자입니까?

**AI59T**

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

*[INTERVIEWER NOTE: IF NEEDED SAY, "사람들은 보통 이것을 "그린(녹색)카드"라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]*

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

**QA07\_I65T** About how many years has {ADOLESCENT/AGE/SEX} lived in the United States?  
{CHILD }의 어머니는 그린카드를 소지한 영주권자입니까?

**AI60T**

*[INTERVIEWER NOTE: IF < 1 YEAR, ENTER "1 YEAR"]*

\_\_\_\_\_ NUMBER OF YEARS

**AI60TYR**

\_\_\_\_\_ YEAR FIRST COME AND LIVE IN U.S.

**AI60TFMT**

# YEARS.....1  
YEAR CAME TO U.S.....2  
REFUSED.....-7  
DON'T KNOW .....-8

**PROGRAMMING NOTE QA07\_I62:**

IF QA07\_A5 = 1 (R IS MALE), DISPLAY "mother";  
 IF QA07\_A5 = 2 (R IS FEMALE), DISPLAY "father";

**QA07\_I61** In what country was {ADOLESCENT/AGE/SEX}'s {mother/father} born?  
 {CHILD }의 어머니는 미국에서 대략 몇 년이나 사셨습니까?

**AI56**

[INTERVIEWER NOTE: 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 |

NOTE: Items AI56-AI60 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

**PROGRAMMING NOTE QA07\_I62:**

IF QA07\_I61 = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07\_I61C;

ELSE CONTINUE WITH QA07\_I62

IF QA07\_A5 = 1 (R IS MALE), DISPLAY "mother";

IF QA07\_A5 = 2 (R IS FEMALE), DISPLAY "father";

**QA07\_I62** Does {TEEN'S} {mother/father} now live in the U.S.?  
 {CHILD }의 어머니는 현재 미국에 살고 계십니까?

**A157**

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

*NOTE: Items A156-A160 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.*

**PROGRAMMING NOTE QA07\_I63:**

IF QA07\_A5 = 1 (R IS MALE), DISPLAY "mother";

IF QA07\_A5 = 2 (R IS FEMALE), DISPLAY "father";

**QA07\_I63** Is {ADOLESCENT/AGE/SEX}'s {mother/father} a citizen of the United States?  
 {CHILD }의 어머니는 미국 시민권자입니까?

**A158**

[INTERVIEWER NOTE: IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES .....1 **[GO TO QA07\_I65]**  
 NO .....2  
 APPLICATION PENDING .....3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

*NOTE: Items A156-A160 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.*



**PROGRAMMING NOTE QA07\_I64:**

IF QA07\_A5 = 1 (R IS MALE), DISPLAY "mother";  
 IF QA07\_A5 = 2 (R IS FEMALE), DISPLAY "father";

**QA07\_I64** Is {ADOLESCENT/AGE/SEX}'s {mother/father} a permanent resident with a green card?  
 {CHILD }의 어머니는 그린카드를 소지한 영주권자입니까?

**A159**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "사람들은 보통 이것을 "그린(녹색)카드"라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]

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

NOTE: Items A156-A160 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

**PROGRAMMING NOTE QA07\_I65:**

IF QA07\_A5 = 1 (R IS MALE), DISPLAY "mother";  
 IF QA07\_A5 = 2 (R IS FEMALE), DISPLAY "father";

**QA07\_I65** About how many years has {ADOLESCENT/AGE/SEX}'s {mother/father} lived in the United States?  
 {CHILD }의 어머니는 미국에서 대략 몇 년이나 사셨습니까?

**A160**

\_\_\_\_\_ NUMBER OF YEARS .....1 [IF < 1 YEAR, ENTER "1"]

**A160YR**

\_\_\_\_\_ YEAR FIRST COME LIVE IN U.S .....2

**A160FMT**

MOTHER/FATHER DECEASED .....3  
 MOTHER/FATHER NEVER LIVED IN U.S .....4  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_I66C:**

IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE) THEN SKIP TO QA07\_I66;  
ELSE CONTINUE WITH QA07\_I61;

**QA07\_I66C**

In what country was {CHILD/AGE/SEX} born?

{CHILD }의 어머니는 어느 나라에서 출생하셨습니다?

**AI56C**

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

**PROGRAMMING NOTE QA07\_I67C:**

IF QA07\_I61T = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07\_I61;  
ELSE CONTINUE WITH QA07\_I62T;

**QA07\_I67C**

Is {CHILD/AGE/SEX} a citizen of the United States?

{CHILD }의 어머니는 미국 시민권자입니까?

**AI58C**

|                          |    |                         |
|--------------------------|----|-------------------------|
| YES.....                 | 1  | <b>[GO TO QA07_I66]</b> |
| NO.....                  | 2  |                         |
| APPLICATION PENDING..... | 3  |                         |
| REFUSED.....             | -7 |                         |
| DON'T KNOW.....          | -8 |                         |

**QA07\_I68C** Is {CHILD/AGE/SEX} a permanent resident with a green card?  
 {CHILD }의 어머니는 그린카드를 소지한 영주권자입니까?

**AI59C**

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

[INTERVIEWER NOTE: IF NEEDED SAY, "사람들은 보통 이것을 "그린(녹색)카드"라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]

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

**QA07\_I69C** About how many years has {CHILD/AGE/SEX} lived in the United States?  
 {CHILD }의 어머니는 미국에서 대략 몇 년이나 사셨습니까?

**AI60C**

[INTERVIEWER NOTE: IF < 1 YEAR, ENTER "1 YEAR"]

\_\_\_\_\_ NUMBER OF YEARS

**AI60CYR**

\_\_\_\_\_ YEAR FIRST COME AND LIVE IN U.S.

**AI60CFMT**

# YEARS .....1  
 YEAR CAME TO U.S.....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**Parental Consent for HPV Vaccine****PROGRAMMING NOTE QA07\_I70;**

IF RESPONDENT IS PARENT OF ANY FEMALE CHILDREN IN HOUSEHOLD AGE  $\geq 8$ , THEN:  
 IF ONLY ONE SUCH CHILD, SELECT THAT ONE,  
 ELSE IF MORE THAN ONE, RANDOMLY SELECT ONE USING RANNUM1 AND IF QA07\_E16 (HEARD OF HPV SHOT) = 1, 2, -7, OR -8, SKIP TO QA07\_I67; ELSE CONTINUE WITH QA07\_I66;  
 ELSE SKIP TO NEXT SECTION, QA07\_J1;

**QA07\_I70** Have you ever heard of a vaccine or shot to prevent cervical cancer? 자궁 경부암을 예방하는 백신이나 주사에 대해서 들어본 적이 있으십니까?

**AI72**

[INTERVIEWER NOTE: IF R MENTIONS "GARDASIL", CODE YES]

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_I68] |
| REFUSED .....    | -7 | [GO TO QA07_I68] |
| DON'T KNOW ..... | -8 | [GO TO QA07_I68] |

**QA07\_I71** Did {DAUGHTER NAME/AGE} ever receive the HPV vaccine or HPV shots? {DAUGHTER NAME/AGE}(이)는 HPV 백신 또는 HPV 주사를 접종 받은 적이 있습니까?

**AI73**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_I68] |
| REFUSED .....    | -7 | [GO TO QA07_I68] |
| DON'T KNOW ..... | -8 | [GO TO QA07_I68] |

**QA07\_I71A** Did {DAUGHTER NAME/AGE} receive all three doses of the HPV vaccine? {DAUGHTER NAME/AGE}(이)는 HPV 백신을 3 회 모두 접종 받았습니까?

**AI78**

|                  |    |                 |
|------------------|----|-----------------|
| YES .....        | 1  |                 |
| NO .....         | 2  | [GO TO QA07_J1] |
| REFUSED .....    | -7 | [GO TO QA07_J1] |
| DON'T KNOW ..... | -8 | [GO TO QA07_J1] |

**PROGRAMMING NOTE QA07\_I72;**

IF QA07\_I66 = 2, -7, OR -8 OR QA07\_I67 = 2, -7, OR -8 THEN DISPLAY: "{HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26."}

**QA07\_I72** {HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.} If {DAUGHTER NAME/AGE}'s doctor recommended the HPV vaccine, would you have her get it? HPV 는 자궁 경부암을 일으키는 바이러스입니다. HPV 감염을 예방하는 백신은 9 세에서 26 세 사이의 여성에게 사용하도록 승인되었습니다. {DAUGHTER NAME/AGE}(이)의 의사가 HPV 백신을 권한다면 접종시키시겠습니까?

**AI74**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  | [GO TO QA07_I70] |
| NO .....         | 2  |                  |
| REFUSED .....    | -7 |                  |
| DON'T KNOW ..... | -8 |                  |

**QA07\_I73**

What is the MAIN reason you would NOT want {DAUGHTER NAME/AGE} to get the vaccine?  
 {DAUGHTER NAME/ AGE}(이)에게 백신을 접종시키기를 원치 #않는\ #주된\ 이유는 무엇입니까?

**AI75**

|  |    |                  |
|--|----|------------------|
| DOES NOT NEED VACCINE .....                | 1  | [GO TO QA07_J1]  |
| NOT SEXUALLY ACTIVE.....                   | 2  | [GO TO QA07_J1]  |
| TOO EXPENSIVE .....                        | 3  | [GO TO QA07_I71] |
| TOO YOUNG .....                            | 4  | [GO TO QA07_J1]  |
| DOCTOR DIDN'T RECOMMEND IT .....           | 5  | [GO TO QA07_J1]  |
| WORRIED ABOUT SAFETY OF VACCINE .....      | 6  | [GO TO QA07_J1]  |
| DON'T KNOW WHERE TO GET VACCINE.....       | 7  | [GO TO QA07_J1]  |
| MY SPOUSE/FAMILY MEMBER IS AGAINST IT .... | 8  | [GO TO QA07_J1]  |
| DON'T KNOW ENOUGH ABOUT VACCINE .....      | 9  | [GO TO QA07_J1]  |
| OTHER .....                                | 10 | [GO TO QA07_J1]  |
| REFUSED .....                              | -7 | [GO TO QA07_J1]  |
| DON'T KNOW .....                           | -8 | [GO TO QA07_J1]  |

**QA07\_I74**

The cost of the vaccine may be about \$360. Would you have {DAUGHTER NAME/AGE} get the vaccine if you had to pay this amount?  
 백신 가격은 약 \$360 입니다. 귀하가 이 금액을 지불해야 한다면 {DAUGHTER NAME/ AGE}(이)에게 백신을 접종시키시겠습니까?

**AI76**

|                  |    |                 |
|------------------|----|-----------------|
| YES .....        | 1  | [GO TO QA07_J1] |
| NO .....         | 2  |                 |
| REFUSED .....    | -7 | [GO TO QA07_J1] |
| DON'T KNOW ..... | -8 |                 |

**QA07\_I75**

If {DAUGHTER NAME/AGE} could get the vaccine free or at a much lower cost, would you have her get it?  
 {DAUGHTER NAME/ AGE}(이)가 백신을 무료 또는 훨씬 낮은 가격으로 제공 받을 수 있다면 접종시키시겠습니까?

**AI77**

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

## Section J – Health Care Utilization and Access, Violence

### Medical Doctor Visits and Communication

#### PROGRAMMING NOTE QA07\_J1:

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “NOW I'D LIKE TO ASK ABOUT THE HEALTH CARE YOU RECEIVE”;

ELSE BEGIN QUESTION WITH “DURING THE PAST...”;

**QA07\_J1** Now, I'd like to ask about the health care you receive.

During the past 12 months, how many times have you seen a medical doctor?

이제는 받고 계시는 의료 서비스에 대해 여쭙보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 보셨습니까?

**AH5**

\_\_\_\_\_ TIMES

REFUSED ..... -7

DON'T KNOW ..... -8

#### PROGRAMMING NOTE QA07\_J2:

IF QA07\_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA07\_J2; ELSE GO TO PROGRAMMING NOTE QA07\_J3;

**QA07\_J2** About how long has it been since you last saw a doctor about your own health?

자신의 건강 문제때문에 가장 최근에 의사를 본 게 얼마 전이었습니까?

**AH6**

ONE YEAR AGO OR LESS .....0

MORE THAN 1 UP TO 2 YEARS AGO .....1

MORE THAN 2 UP TO 5 YEARS AGO .....2

MORE THAN 5 YEARS AGO .....3

NEVER .....4

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_J16]

[GO TO QA07\_J16]

[GO TO QA07\_J16]

[GO TO QA07\_J16]

[GO TO QA07\_J16]

### Communication with Doctor

#### PROGRAMMING NOTE QA07\_J3:

IF QA07\_J1 > 0 OR QA07\_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA07\_J3;

ELSE GO TO QA07\_J16;

**QA07\_J3** The last time you saw a doctor, did you have a hard time understanding the doctor?

지난 번에 의사를 보았을 때 의사가 하는 말이 알아 듣기 힘들었습니까?

**AJ8**

YES .....1

NO .....2

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_J5]

[GO TO QA07\_J8]

[GO TO QA07\_J8]

**PROGRAMMING NOTE QA07\_J4:**

IF QA07\_J3 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA07\_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA07\_J4;  
ELSE SKIP TO QA07\_J8;

**QA07\_J4** In what language does your doctor speak to you?  
의사가 귀하와 대화할 때 어떤 언어를 사용하십니까?

**AJ50**

|                              |    |                 |
|------------------------------|----|-----------------|
| ENGLISH .....                | 1  | [GO TO QA07_J6] |
| SPANISH .....                | 2  | [GO TO QA07_J8] |
| CANTONESE .....              | 3  | [GO TO QA07_J8] |
| VIETNAMESE .....             | 4  | [GO TO QA07_J8] |
| TAGALOG .....                | 5  | [GO TO QA07_J8] |
| MANDARIN .....               | 6  | [GO TO QA07_J8] |
| KOREAN .....                 | 7  | [GO TO QA07_J8] |
| ASIAN INDIAN LANGUAGES ..... | 8  | [GO TO QA07_J8] |
| RUSSIAN .....                | 9  | [GO TO QA07_J8] |
| OTHER (SPECIFY): .....       | 91 | [GO TO QA07_J8] |
| REFUSED .....                | -7 | [GO TO QA07_J8] |
| DON'T KNOW .....             | -8 | [GO TO QA07_J8] |

**PROGRAMMING NOTE QA07\_J5:**

IF QA07\_J3 = 1 CONTINUE WITH QA07\_J5; ELSE SKIP TO QA07\_J8;

**QA07\_J5** Was this because you and the doctor spoke different languages?  
그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

**AJ9**

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

**QA07\_J6** Did you need someone to help you understand the doctor?  
의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

**AJ10**

|                  |    |                 |
|------------------|----|-----------------|
| YES .....        | 1  |                 |
| NO .....         | 2  | [GO TO QA07_J8] |
| REFUSED .....    | -7 | [GO TO QA07_J8] |
| DON'T KNOW ..... | -8 | [GO TO QA07_J8] |

**QA07\_J7** Who was this person who helped you understand the doctor?

의사의 말을 알아 듣도록 도와 주었던 사람이 누구였습니까?

**AJ11**

*[INTERVIEWER NOTE: IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]*

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

**Doctor Discussed Mental Health**

**QA07\_J8** When you had your last routine exam, did you and your doctor talk about your emotions or moods?

최근에 정기 검진을 받았을 때, 담당의사와 귀하의 정서나 기분에 대해 상의했습니까?

**AJ53**

*[INTERVIEWER NOTE: IF NEEDED SAY, "By doctor, I also mean nurses or other health providers."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "의사에는 간호사나 다른 의료 제공자도 포함됩니다."]*

YES .....1  
 NO .....2 **[GO TO QA07\_J12]**  
 REFUSED ..... -7 **[GO TO QA07\_J12]**  
 DON'T KNOW ..... -8 **[GO TO QA07\_J12]**

**QA07\_J9** Did your doctor talk about your emotions or moods in a way that you could understand?

담당 의사가 귀하의 정서나 기분에 대해 귀하가 이해할 수 있도록 설명해 주었습니까?

**AJ54**

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



**PROGRAMMING NOTE QA07\_J10:**

IF QA07\_F19 =1 (FELT NEED TO SEE PROFESSIONAL IN PAST 12 MONTHS) OR  
 [T3 = 0 AND T1 > 5 (NONE MISSING IN AJ29-AJ34 AND SUM OF AJ29-AJ34 > 5)] OR  
 [T3 = 1 AND T1 > 4 (ONLY ONE MISSING IN AJ29-AJ34 AND SUM OF AJ29-AJ34 > 4)] OR  
 [T4 = 0 AND T2 > 5 (NONE MISSING IN AF63-AF68 AND SUM OF AF63-AF68 > 5)] OR  
 [T4 =1 AND T2 > 4 (ONLY ONE MISSING IN AF63-AF68 AND SUM OF AF63-AF68 > 4)],  
 THEN CONTINUE WITH QA07\_J10 (AJ55); ELSE SKIP TO QA07\_J12 (AJ51);

**QA07\_J10** Did your doctor provide or arrange treatment for your emotions or moods, such as medications, counseling, or other treatment?

담당 의사가 귀하의 정서나 기분과 관련된 문제에 대해 치료(투약, 상담 또는 다른 치료 포함)를 주선했었습니까?

**AJ55**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_J12] |
| REFUSED .....    | -7 | [GO TO QA07_J12] |
| DON'T KNOW ..... | -8 | [GO TO QA07_J12] |

**QA07\_J11** Has the treatment made your emotions or moods better, worse, or about the same?

치료를 받은 후에 정서나 기분이 어떻게 바뀌었습니까? 더 좋아졌다, 더 나빠졌다, 바뀌지 않았다 중에서 선택해 주십시오.

**AJ56**

|                  |    |
|------------------|----|
| BETTER .....     | 1  |
| WORSE .....      | 2  |
| SAME .....       | 3  |
| REFUSED .....    | -7 |
| DON'T KNOW ..... | -8 |

**Health Literacy**

**QA07\_J12** When you read the instructions on a prescription bottle, would you say it is very easy, some what easy, somewhat difficult, or very difficult to understand?

처방약병에 기재된 지시사항을 읽을 때 얼마나 쉽게 이해할 수 있으십니까? 매우 쉽다, 약간 쉽다, 약간 어렵다, 매우 어렵다 중에서 선택해 주십시오.

**AJ51**

|                               |    |
|-------------------------------|----|
| VERY EASY .....               | 1  |
| SOMEWHAT EASY .....           | 2  |
| SOMEWHAT DIFFICULT .....      | 3  |
| VERY DIFFICULT .....          | 4  |
| DON'T GET PRESCRIPTIONS ..... | 5  |
| REFUSED .....                 | -7 |
| DON'T KNOW .....              | -8 |

**QA07\_J13** When you get written information at a doctor's office, would you say it is very easy, somewhat easy, somewhat difficult, or very difficult to understand?

의사의 진료서에 받은 서면 정보를 얼마나 쉽게 이해할 수 있으십니까? 매우 쉽다, 약간 쉽다, 약간 어렵다, 매우 어렵다 중에서 선택해 주십시오.

**AJ52**

VERY EASY.....1  
 SOMEWHAT EASY .....2  
 SOMEWHAT DIFFICULT .....3  
 VERY DIFFICULT .....4  
 DON'T GET WRITTEN INFORMATION.....5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

#### Delays in Care

**QA07\_J14** During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you?

지난 12개월 동안 의사가 처방해준 약을 복용하지 않고 미루거나 아예 약사로부터 구입하지 않으신 적이 있습니까?

**AH16**

YES.....1  
 NO.....2 [GO TO QA07\_J16]  
 REFUSED.....-7 [GO TO QA07\_J20]  
 DON'T KNOW .....-8 [GO TO QA07\_J20]

**QA07\_J15** Was cost or lack of insurance a reason why you delayed or did not get the prescription?  
 비용이 많이 들거나 보험이 없었기 때문에 의사의 처방을 받는 게 지체되었거나,  
 아니면 아예 처방전을 못 받고 말았던 적이 있었습니까?

**AJ19**

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

**QA07\_J16** During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist or other health professional? 지난 12개월 동안 의사나 전문의, 또는 다른 의료전문가를 찾아가시는 것과 같은 귀하께서 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

**AH22**

YES.....1  
 NO.....2 [GO TO QA07\_J20]  
 REFUSED.....-7 [GO TO QA07\_J20]  
 DON'T KNOW .....-8 [GO TO QA07\_J20]

**QA07\_J17** Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

비용이 많이 들거나 보험이 없었기 때문에, 의사의 진료를 받아야 한다고  
생각하시면서도 지체되었거나, 아니면 아예 진료를 못 받고 말았던 적이  
있었습니까?

**AJ20**

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

#### Interpersonal Violence

##### PROGRAMMING NOTE QA07\_J20;

IF AGE > 65 GO TO QA07\_K1; ELSE CONTINUE WITH QA07\_J20;

The next questions are about relationships with intimate partners and your personal safety. By intimate partner, I mean *any* husband, wife, boyfriend, girlfriend, or someone you lived with or dated. Some questions ask about threats or about being slapped or hit; others ask about unwanted sexual experiences. If any question upsets you, you don't have to answer it and your answers will be kept private.

다음의 질문들은 친밀한 파트너와의 관계 및 귀하의 개인적인 안전에 대한 것입니다. 친밀한 파트너란 남편, 아내, 남자 친구, 여자 친구, 또는 귀하가 동거하거나 데이트를 하는 #모든\ 사람을 말합니다. 일부 질문들은 위협을 하거나, 뺨을 때리거나, 구타를 하는 것에 대한 것이고, 나머지 질문들은 원치 않는 성관계를 갖는 것에 대한 것입니다. 당황스러운 질문에는 답변할 필요가 없으며, 귀하가 제공한 모든 정보는 비밀로 유지됩니다.

**QA07\_J20** Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you in any way?

귀하가 18 세가 된 이후에 귀하의 현재 또는 과거의 친밀한 파트너가 구타를 하거나, 뺨을 때리거나, 밀거나, 발로 차거나, 또는 다른 방법으로 신체적 상해를 입힌 적이 있습니까?

**AJ57**

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

## QA07\_J21

Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

귀하가 18 세가 된 이후에 귀하의 현재 또는 과거의 친밀한 파트너가 힘을 사용하거나 귀하에게 해를 입히겠다고 위협하여 강제로 원치 않는 질내 성교, 구강 성교, 항문 성교 또는 물체를 사용하는 성교를 한 적이 있으십니까?

AJ58

[INTERVIEWER NOTE: IF NEEDED SAY, "Unwanted" means you did not consent or agree.]

[INTERVIEWER NOTE: IF NEEDED SAY, "원치 않는다"는 것은 허락 또는 동의하지 않았다는 것을 의미합니다.]

ONLY IF RESPONDENT ASKS WHAT "unwanted sex" stands for, SAY: "Unwanted sexual intercourse."

ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your vagina, rectum or buttocks with their mouth or tongue, or a male put his penis in your mouth."

ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "구강 성교란 입이나 혀를 여성의 질, 직장 또는 둔부에 대거나, 남성이 성기를 여성의 입에 넣는 것을 말합니다."

ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your rectum or buttocks with their mouth or tongue or a male put his penis in your mouth."

ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "구강 성교란 입이나 혀를 직장 또는 둔부에 대거나, 남성이 성기를 상대방의 입에 넣는 것을 말합니다."

ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: "By anal sex, we mean that a male put his penis in your rectum or buttocks".

ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: "항문 성교란 남성이 성기를 상대방의 직장이나 둔부에 넣는 것을 말합니다."

ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your vagina, rectum or buttocks or touched your breast."

ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "물체를 사용하는 성교란 여성의 질, 직장 또는 둔부에 손가락이나 물체를 넣는 것을 말합니다."

ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your rectum or buttocks or touched your penis."

ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "물체를 사용하는 성교란 상대방의 직장 또는 둔부에 손가락이나 물체를 넣는 것을 말합니다."

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW .....-8

**PROGRAMMING NOTE QA07\_J22;**

IF QA07\_J20 = 1 (YES TO PHYSICAL VIOLENCE), CONTINUE WITH QA07\_J22;

IF QA07\_J20 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF QA07\_J21 = 1 (YES) [I.E. NO PHYSICAL VIOLENCE, YES TO SEXUAL VIOLENCE], GO TO QA07\_J29;

IF QA07\_J20 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF QA07\_J21 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) [I.E. NO PHYSICAL AND NOSEXUAL VIOLENCE], SKIP TO QA07\_J39;

IF 18 YEARS OLD, DISPLAY "SINCE YOU TURNED 18"

ELSE IF &gt; 18 YEARS OLD, DISPLAY "IN THE PAST 12 MONTHS"

**QA07\_J22** {Since you turned 18/In the past 12 months} did any intimate partner do any of the following:  
지난 12 개월 동안, #어떤\ 친밀한 파트너가 다음과 같은 행위를 한 적이 있으십니까?

Throw something at you that could hurt you?

귀하를 다치게 할 수 있는 물건을 던지는 행위

**AJ59**

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

**QA07\_J23** {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Push, grab, or slap you?  
밀거나, 붙잡거나, 뺨을 때리는 행위?

**AJ60**

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

**QA07\_J24** {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Kick, bite you, or hit you with a fist?  
발로 차거나, 이로 물거나, 주먹으로 때리는 행위?

**AJ61**

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

**QA07\_J25** {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Beat you up, choke you, or try to drown you?  
구타하거나, 목을 조르거나, 물에 빠뜨리려는 행위?

**AJ62**

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

**QA07\_J26** {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Hit you with an object?  
물건으로 치는 행위?

**AJ63**

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

**QA07\_J27** {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Threaten you with a gun, knife or other weapon?  
총, 칼 또는 다른 흉기로 위협하는 행위?

**AJ64**

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

**QA07\_J28** {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Use a gun, knife or other weapon on you?  
총, 칼 또는 다른 흉기로 위협하는 행위?

**AJ65**

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

**PROGRAMMING NOTE QA07\_J29;**

IF QA07\_J21 = 2, -7, -8 (NO SEXUAL VIOLENCE), SKIP TO QA07\_J30;

ELSE IF QA07\_J20 = 2, -7, -8 (NO PHYSICAL VIOLENCE) AND QA07\_J21 = 1 (YES TO SEXUAL VIOLENCE), CONTINUE WITH QA07\_J29 AND DISPLAY "IN THE PAST 12 MONTHS, DID ANY INTIMATE PARTNER,";

ELSE IF QA07\_J20 = 1 (YES, PHYSICAL VIOLENCE) AND QA07\_J21 = 1 (YES, SEXUAL VIOLENCE), CONTINUE WITH QA07\_J29;

ELSE IF 18 YEARS OLD, CONTINUE WITH QA07\_J29 WITHOUT DISPLAY;

**QA07\_J29** {In the past 12 months, did any intimate partner} Force you to have unwanted sex, oral, or anal sex, or sex with an object by using force or threatening to hurt you?  
힘을 사용하거나 귀하에게 해를 입히겠다고 위협하여 강제로 원치 않는 질내 성교, 구강 성교, 항문 성교 또는 물체를 사용하는 성교를 하는 행위

**AJ66**

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

**PROGRAMMING NOTE QA07\_J30:**

IF QA07\_J22 TO QA07\_J29 = 1 (YES TO ANY 12 MONTH PHYSICAL OR SEXUAL VIOLENCE), CONTINUE WITH QA07\_J30; ELSE SKIP TO QA07\_J39;  
 IF QA07\_J22 - QA07\_J29 = MORE THAN ONE YES RESPONSE, DISPLAY, "ANY OF THESE THINGS";  
 ELSE IF QA07\_J22 - QA\_07\_29 = ONE YES RESPONSE, DISPLAY, "this";  
 IF 18 YEARS OLD, DISPLAY: "SINCE YOU TURNED 18";  
 ELSE IF > 18 YEARS OLD, DISPLAY, "IN THE PAST 12 MONTHS" AND "NUMBER OF TIMES IN PAST 12 MONTHS"

**QA07\_J30** How many times has any intimate partner done {this/any of these things} to you {since you turned 18/in the past 12 months}?

귀하가 18 세가 된 이후에 #모든\ 친밀한 파트너가 이러한 행위를 몇 번이나 했습니까?

**AJ67**

\_\_\_\_\_ Number of times past 12 months

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_J31;**

IF QA07\_J30 = 1, SKIP TO QA07\_J32;  
 ELSE CONTINUE WITH QA07\_J31 AND IF QA07\_J22 - QA07\_J29 = MORE THAN ONE YES RESPONSE, DISPLAY, "ANY OF THESE THINGS"; ELSE IF QA07\_J22 - QA\_07\_29 = ONE YES RESPONSE, DISPLAY, "THIS";  
 IF 18 YEARS OLD, DISPLAY: "SINCE YOU TURNED 18"; ELSE IF > 18 YEARS OLD, DISPLAY, "IN THE PAST 12 MONTHS" AND "NUMBER OF TIMES IN PAST 12 MONTHS"

**QA07\_J31** How many different partners have done {this/any of these things} to you {since you turned 18/in the past 12 months}?

귀하가 18 세가 된 이후에 몇 명의 다른 파트너들이 이러한 행위를 했습니까?

**AJ68**

\_\_\_\_\_ Number of partners past 12 months

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_J32:**

IF QA07\_J31 > 1 SAY: "IF MORE THAN ONE PERSON WAS INVOLVED, PLEASE TELL ME ALL OF THEM";

**QA07\_J32**

Thinking about the most recent incident, what was this person's relationship to you? {If more than one person was involved, please tell me all of them.}

가장 최근에 발생한 상황에 대해 생각해 볼 때, 그 사람은 귀하와 어떤 관계였습니까?

**AJ69**

[INTERVIEWER NOTE: IF R ASKS WHAT AN INCIDENT IS SAY: "An incident is an event or something that happened."]

[INTERVIEWER NOTE: IF R ASKS WHAT AN INCIDENT IS SAY: "상황이란 발생한 일이나 사건을 말합니다"]

CODE ALL THAT APPLY.]

|                           |    |
|---------------------------|----|
| CURRENT SPOUSE .....      | 1  |
| FORMER OR EX-SPOUSE ..... | 2  |
| CURRENT PARTNER .....     | 3  |
| FORMER PARTNER .....      | 4  |
| CURRENT BOYFRIEND .....   | 5  |
| FORMER BOYFRIEND .....    | 6  |
| CURRENT GIRLFRIEND .....  | 7  |
| FORMER GIRLFRIEND .....   | 8  |
| A DATE9                   |    |
| OTHER: SPECIFY:.....      | 91 |
| REFUSED .....             | -7 |
| DON'T KNOW .....          | -8 |

**PROGRAM NOTE QA07\_J33:**

IF QA07\_J32 = 5, 6, 7, 8, -7, -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), SKIP TO QA07\_J34;

ELSE IF QA07\_J32 = 1, 2, 3, 4, 9, 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN IF QA07\_D15 = 1 (HETEROSEXUAL, SKIP TO QA07\_J34

ELSE IF QA07\_D15 > 1 (NOT HETEROSEXUAL, CONTINUE WITH QA07\_J33, AND IF QA07\_J31 = 1 (ONE PARTNER), DISPLAY "WAS"/"PERSON" IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY 3 (BOTH);

IF QA07\_J31 > 1 (MORE THAN ONE PARTNER) OR -7 OR -8 (REF/DK), DISPLAY "WERE"/"PEOPLE"

**QA07\_J33**

{Were/Was} the {people/person} male{s} or female{s}?

그 사람은 남성이었습니까? 또는 여성이었습니까?

**AJ70**

|                  |    |
|------------------|----|
| MALE(S) .....    | 1  |
| FEMALE(S) .....  | 2  |
| BOTH .....       | 3  |
| REFUSED .....    | -7 |
| DON'T KNOW ..... | -8 |



**QA07\_J34** Was the most recent incident only physical, or was it also sexual?  
가장 최근에 발생한 상황은 단지 신체적인 것이었습니까? 또는 성적인 것도 포함되었습니까?

**AJ71**

PHYSICAL ONLY .....1  
BOTH PHYSICAL AND SEXUAL .....2  
REFUSED .....-7  
DON'T KNOW .....-8

**[PROGRAM NOTE QA07\_J35:**

IF QA07\_J31 > 1, DISPLAY "PEOPLE"; ELSE IF QA07\_J31 = 1, DISPLAY "PERSON";

**QA07\_J35** When this happened, did the {person/people} who did this to you appear to have been drinking?  
이러한 상황이 발생했을 때 귀하에게 이러한 행위를 한 사람이 음주를 한 것처럼 보였습니까?

**AJ72**

[INTERVIEWER NOTE: IF NEEDED SAY, "By drinking, I mean drinking alcohol."

[INTERVIEWER NOTE: IF NEEDED SAY, "음주란 술을 마시는 것을 말합니다."

IF MORE THAN ONE PERSON, AND R SAYS ONLY ONE PERSON APPEARED TO BE DRINKING, CODE "YES"]

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

**PROGRAM NOTE QA07\_J36;**

IF QA07\_J31 > 1, DISPLAY "PEOPLE"; ELSE IF QA07\_J31 = 1, DISPLAY "PERSON"

**QA07\_J36** When this happened, did the {person} {people} who did this to you appear to have been using drugs, such as cocaine, methamphetamines or other drugs?  
이러한 상황이 발생했을 때 귀하에게 이러한 행위를 한 사람이 코카인, 메탐페타민 등과 같은 약물에 취한 것처럼 보였습니까?

**AJ73**

[NOTE TO INTERVIEWER: IF MORE THAN ONE PERSON WAS INVOLVED, AND RESPONDENT SAYS ONLY ONE PERSON APPEARED TO BE USING DRUGS, CODE "YES"]

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

**QA07\_J37** Did you ever talk to anyone about what happened?  
발생한 상황에 대해 다른 사람에게 이야기한 적이 있으십니까?

**AJ74**

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

**QA07\_J38** Did you seek medical care for any injuries from this incident?  
 이러한 상황에서 발생한 부상에 대해 치료를 받으려고 하셨습니까?

**AJ75**

YES .....1  
 NO .....2  
 NO, DIDN'T NEED MEDICAL CARE .....3  
 DON'T KNOW ..... -7  
 REFUSED ..... -8

**PROGRAMMING NOTE QA07\_J39;**

IF 18 YRS OLD, DISPLAY, "Since you turned 18"; ELSE IF > 18 YRS OLD, DISPLAY "In the past 12 months."

**QA07\_J39** Now think about acquaintances. {Since you turned 18/In the past 12 months}, has an acquaintance forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

지금부터는 아는 사람에 대해 생각해 보십시오. 지난 12 개월 동안, 아는 사람이 힘을 사용하거나 귀하에게 해를 입히겠다고 위협하여 강제로 원치 않는 질내 성교, 구강 성교, 항문 성교 또는 물체를 사용하는 성교를 한 적이 있으십니까?

**AJ76**

*[INTERVIEWER NOTE: IF NEEDED SAY, "An acquaintance is someone you know or someone you barely know who isn't an intimate partner or stranger."]*

*[INTERVIEWER NOTE: IF NEEDED SAY, "아는 사람이란 귀하가 알고 있는 사람, 또는 친밀한 파트너나 모르는 사람이 아닌 약간 아는 사람을 말합니다."]*

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

## QA07\_J39b

AJ76b

**PROGRAMMING NOTE QA07\_J39b:**

**A.) IF QA07\_J20 OR QA07\_J21 = 1 (YES TO PHYSICAL OR SEXUAL VIOLENCE) OR IF 18 YEARS AND IF QA07\_J22 THROUGH QA0\_J29 = 1 (18 YRS AND YES TO ANY DOMESTIC VIOLENCE), INTERVIEWER SAYS:**

"We have a toll-free number you can call if you'd like to talk to someone about what happened to you or your personal safety. Someone is available 24 hours a day to provide information to help you. Would you like the toll-free number?"

귀하에게 발생한 상황이나 귀하의 개인적인 안전에 대해 누군가와 상의하기를 원하면 저희의 무료 전화번호로 전화하십시오. 담당자가 하루 24 시간 귀하에게 도움이 되는 정보를 제공해 드립니다. 무료 전화번호를 알려드릴까요?

[IF R SAY "YES", GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

**B.) ELSE IF QA07\_J20 OR QA07\_J21 OR QA07\_J39 = -7 (DON'T KNOW) OR -8 (REFUSED), OR IF 18 YEARS OLD AND IF -7 (DON'T KNOW) OR -8 (REFUSED) TO J22 THROUGH J29, INTERVIEWER SAYS:**

We have a toll free number you can call if you'd like to talk to someone about these issues. Someone is available 24 hours a day to provide local information that might be a help to you. Would you like the toll-free number?

[IF R SAYS "YES", GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

**C.) ELSE IF QA07\_J39 = 1 (YES), -7 (DON'T KNOW) OR -8 (REFUSED), AND J20 THROUGH J29 = 2 (NO) (YES TO ONLY ACQUAINTANCE SEXUAL VIOLENCE), INTERVIEWER SAYS:**

We have a toll-free number you can call if you'd like to talk to someone about what happened to you. Someone is available 24 hours a day to provide information to help you. Would you like the toll-free number? [IF R SAYS "YES", GIVE OUT 1-800-656-4673 TOLL-FREE NUMBER. THIS IS THE NATIONAL SEXUAL ASSAULT HOTLINE.]

## Section K – Employment, Income, Poverty Status, Food Security

### Hours Worked

#### PROGRAMMING NOTE QA07\_K1:

IF QA07\_G22 = 1 (WORKING AT JOB OR BUSINESS) OR QA07\_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA07\_K1;  
ELSE GO TO PROGRAMMING NOTE QA07\_K5;

**QA07\_K1** This is about the work you do.

How many hours per week do you usually work at all jobs or businesses?

직장 또는 업소에서 모두 합쳐 주로 1 주일에 몇시간을 일하십니까?

**AK3**

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

\_\_\_\_\_ HOURS

REFUSED ..... -7

DON'T KNOW ..... -8

**QA07\_K2** How long have you worked at your main job?

지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

**AK7**

[INTERVIEWER NOTE: IF NEEDED SAY, "That is, for your current employer?"]

[IF NEEDED, SAY: "그것은 지금 현재 다니시는 직장입니다." ]

\_\_\_\_\_ AMOUNT OF TIME

**AK7UNT**

\_\_\_\_\_ MONTHS .....1

\_\_\_\_\_ YEARS .....2

REFUSED ..... -7

DON'T KNOW ..... -8

#### PROGRAMMING NOTE QA05\_K3:

IF QA05\_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05\_K3 = 5 AND GO TO QA05\_K4;

IF QA05\_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05\_K3 AND DISPLAY "INCLUDING YOURSELF, ABOUT"; ELSE CONTINUE WITH QA05\_K3 AND DISPLAY "ABOUT";

**QA07\_K3** {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

지금 일하시는 직장의 경우, 소속 사무소나 사업장을 통틀어 전체 직원이 대략 몇 명이나 됩니까?

**AK8**

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

최선껏 생각하시는 대로 말씀해 주시면 됩니다"]

FEWER THAN 10 .....1

10-50 .....2

51-99 .....3

100-999 .....4

1,000 OR MORE .....5

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA05\_K4:**

QA07\_G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR  
 QA07\_G24 = 1 (USUALLY WORKS), CONTINUE WITH QA05\_K3  
 ELSE SKIP TO QA07\_K5

**Income Last Month****QA07\_K4**

What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

시간당 임금, 월급, 팁, 그리고 커미션을 포함해 모든 직장 and 비즈니스에서 번 소득을 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

**AK10**

[INTERVIEWER NOTE: IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$\_\_\_\_\_ AMOUNT

REFUSED..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_K5;**

IF QA07\_G27 = 1 (SPOUSE WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE WITH JOB OR BUSINESS BUT NOT AT WORK), CONTINUE WITH QA07\_K5 AND:

IF QA07\_G22 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB)] AND QA07\_G24 ≠ 1 (R DOES NOT USUALLY WORK), DISPLAY "THE NEXT QUESTION IS ABOUT YOUR SPOUSE'S EMPLOYMENT"

ELSE SKIP TO QA07\_K7;

**QA07\_K5**

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

배우자께서 한군데서 일하시는 경우도 있고, 잡(job)이 하나 이상 있는 경우도 있겠습니다만, 모든 잡(job)을 다 합쳐서 보통 일주일에 몇 시간씩이나 일하십니까?

**AK20**

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

\_\_\_\_\_ HOURS

REFUSED..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_K6;**

IF QA07\_K5 &gt; 0 CONTINUE WITH QA07\_K6;

ELSE GO TO QA07\_K7;

**QA07\_K6**

What is your best estimate of all your spouse's earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?  
 배우자의 소득에 관한 질문인데요. 시간당 임금, 봉급, 팁이나 수수료 등을 모두 포함해서 배우자의 경우 지난 달에 모든 직장 and 사업체에서 나온 수입이 모두 얼마나 되는지요? 최선으로 추정해 말씀해 주시겠습니까? 단, 세금을 공제하기 전의 액수입니다.

**AK10A**

[INTERVIEWER NOTE: IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$\_\_\_\_\_ AMOUNT

REFUSED..... -7

DON'T KNOW ..... -8

**Annual Household Income****QA07\_K7**

What is your best estimate of your household's total annual income from all sources before taxes in 2006?

세금을 공제하기 전에 여기저기서 번 돈이나 수입을 모두 포함할 때 2006 년도에 귀 가정의 1 년 총수입이 모두 얼마나 되는지요? 최선으로 추정해 말씀해 주시겠습니까?

**AK22**

[ IF NEEDED SAY, "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."

[ 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 현금 수입도 포함해 주십시오."

IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$\_\_\_\_\_ AMOUNT

REFUSED..... -7

DON'T KNOW ..... -8

[GO TO QA07\_K9]

[GO TO QA07\_K9]

**QA07\_K8**

I have entered that your annual household income is (AMOUNT). Is that correct?

\${XX,XXX}이하입니까, 이상입니까?

**AK22A**

YES.....1

NO.....2

REFUSED..... -7

DON'T KNOW ..... -8

[GO TO QA07\_K15]

[GO BACK TO QA07\_K7]

[GO TO QA07\_K15]

[GO TO QA07\_K15]

**PROGRAMMING NOTE QA07\_K15:**

IF QA07\_K7 = -7 or -8 CONTINUE WITH QA07\_K9;

ELSE GO TO PROGRAMMING NOTE QA07\_K15;

**QA07\_K9** We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?  
 맥의 세금 공제전 연간 가구당 총수입이 \$20,000 이상입니까, 이하입니까?

**AK11**

|                             |    |                  |
|-----------------------------|----|------------------|
| MORE .....                  | 1  | [GO TO QA07_K11] |
| EQUAL TO \$20K OR LESS..... | 2  |                  |
| REFUSED.....                | -7 | [GO TO QA07_K15] |
| DON'T KNOW .....            | -8 | [GO TO QA07_K15] |

**QA07\_K10** Is it ...  
수입이...

**AK12**

|                                |    |                  |
|--------------------------------|----|------------------|
| \$5,000 OR LESS, OR .....      | 1  | [GO TO QA07_K15] |
| \$5,001 TO \$10,000, OR .....  | 2  | [GO TO QA07_K15] |
| \$10,001 TO \$15,000, OR ..... | 3  | [GO TO QA07_K15] |
| \$15,001 TO 20,000? .....      | 4  | [GO TO QA07_K15] |
| REFUSED.....                   | -7 | [GO TO QA07_K15] |
| DON'T KNOW .....               | -8 | [GO TO QA07_K15] |

**QA07\_K11** Is it more or less than \$70,000 per year?  
수입이 연 \$70,000 이상입니까, 아니면 그 이하입니까?

**AK13**

|                             |    |                  |
|-----------------------------|----|------------------|
| MORE .....                  | 1  | [GO TO QA07_K13] |
| EQUAL TO \$70K OR LESS..... | 2  |                  |
| REFUSED.....                | -7 | [GO TO QA07_K15] |
| DON'T KNOW .....            | -8 | [GO TO QA07_K15] |

**QA07\_K12** Is it ...  
수입이...

**AK14**

|                                |    |                  |
|--------------------------------|----|------------------|
| \$20,001 TO \$30,000, .....    | 1  | [GO TO QA07_K15] |
| \$30,001 TO \$40,000, .....    | 2  | [GO TO QA07_K15] |
| \$40,001 TO \$50,000, .....    | 3  | [GO TO QA07_K15] |
| \$50,001 TO \$60,000, OR ..... | 4  | [GO TO QA07_K15] |
| \$60,001 TO \$70,000? .....    | 5  | [GO TO QA07_K15] |
| REFUSED.....                   | -7 | [GO TO QA07_K15] |
| DON'T KNOW .....               | -8 | [GO TO QA07_K15] |



**QA07\_K13** Is it more or less than \$135,000 per year?  
수입이 연 \$135,000 이상입니까, 이하입니까?

**AK15**

MORE .....1 [GO TO QA07\_K15]  
EQUAL TO \$135K OR LESS.....2  
REFUSED.....-7 [GO TO QA07\_K15]  
DON'T KNOW .....-8 [GO TO QA07\_K15]

**QA07\_K14** Is it...  
수입이...

**AK16**

\$70,001 TO \$80,000, .....1  
\$80,001 TO \$90,000, .....2  
\$90,001 TO \$100,000, OR .....3  
\$100,001 TO \$135,000? .....4  
REFUSED.....-7  
DON'T KNOW .....-8

**PROGRAMMING NOTE QA07\_K15:**

IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA07\_K17;  
ELSE CONTINUE WITH QA07\_K15;

**Number of persons supported**

**QA07\_K15** Including yourself, how many people living in your household are supported by your total household income?  
귀하를 포함해서 같이 살고 있는 분들 중, 귀하 가정의 총 가구당 소득으로 몇 명을 부양하십니까?

**AK17**

\_\_\_\_\_ NUMBER OF PEOPLE

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

**PROGRAMMING NOTE QA07\_K16:**

QA07\_K16 MUST BE LESS THAN QA07\_K15

IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA07\_K16;GO TO PROGRAMMING NOTE QA07\_K17;  
ELSE CONTINUE WITH QA07\_K16;

**QA07\_K16** How many of these {INSERT NUMBER FROM QA07\_K15} people are children under the age of 18?  
{K17의 인원수 입력} 중 몇 명이 18세 미만의 자녀분이십니까?

**AK18**

\_\_\_\_\_ NUMBER OF CHILDREN (UNDER AGE 18)

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

**Poverty level test****PROGRAMMING NOTE QA07\_K17:**

OBTAIN THE FEDERAL POVERTY 100%, 130% 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2006 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA07\_K15 AND QA07\_K16 RESPECTIVELY.

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2006 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2006" DOCUMENT FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA07\_K15 OR QA07\_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA07\_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS...

- 1) AT OR BELOW 100% FPL
- 2) ABOVE 100% FPL BUT AT OR BELOW 200% FPL
- 3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL
- 4) ABOVE 300% FPL
- 5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA07\_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07\_K10, QA07\_K12, OR QA07\_K14 OR QA07\_K9 = -7 OR QA07\_K11 = -7 OR QA07\_K13 = -7, ASK QA07\_K17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA07\_K20

**QA07\_K17**

I need to ask just one or two more questions about income.

마지막으로, 소득에 대해 구체적인 질문을 한 가지만 더 드리겠습니다.

Was your total annual household income before taxes less than or more than \${POVRT100}?  
세금을 공제하기 전에 연간 가구 총수입이 \${}보다 적었습니까, 많았습니까?

**AK18A**

|                        |    |                  |
|------------------------|----|------------------|
| EQUAL TO OR LESS ..... | 1  | [GO TO QA07_K21] |
| MORE .....             | 2  |                  |
| REFUSED .....          | -7 | [GO TO QA07_K21] |
| DON'T KNOW .....       | -8 | [GO TO QA07_K21] |

**PROGRAMMING NOTE QA07\_K18:**

IF QA07\_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07\_K10, QA07\_K12, OR QA07\_K14 OR IF QA07\_K9 = -7 OR QA07\_K11 = -7 OR QA07\_K13 = -7, CONTINUE WITH QA07\_K18 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);  
ELSE GO TO PROGRAMMING NOTE QA07\_K21;

**QA07\_K18** {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than \${POVRT200}?  
\${XX,XXX}이하입니까, 이상입니까?

**AK18B**

|                        |    |                  |
|------------------------|----|------------------|
| EQUAL TO OR LESS ..... | 1  |                  |
| MORE .....             | 2  | [GO TO QA07_K20] |
| REFUSED .....          | -7 | [GO TO QA07_K21] |
| DON'T KNOW .....       | -8 | [GO TO QA07_K21] |

**PROGRAMMING NOTE QA07\_K19:**

IF QA07\_K18 = 1 (YES), CONTINUE WITH QA07\_K19 USING POVRT130 (130% POVERTY CUTOFF DISPLAY AMOUNT);  
ELSE SKIP TO QA07\_K20

**QA07\_K19** {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than \${POVRT130}?  
\${XX,XXX}이하입니까, 이상입니까?

**AK18D**

|                        |    |                  |
|------------------------|----|------------------|
| EQUAL TO OR LESS ..... | 1  | [GO TO QA07_K21] |
| MORE .....             | 2  | [GO TO QA07_K21] |
| REFUSED .....          | -7 | [GO TO QA07_K21] |
| DON'T KNOW .....       | -8 | [GO TO QA07_K21] |

**PROGRAMMING NOTE QA07\_K20:**

IF QA07\_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07\_K10, QA07\_K12, OR QA07\_K14 OR IF QA07\_K9 = -7 OR QA07\_K11 = -7 OR QA07\_K13 = -7, CONTINUE WITH QA07\_K20 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT) AND IF NEITHER QA07\_K17 OR QA07\_K18 WAS ASKED, DISPLAY "I need to ask just one or two more questions about income. Was your total annual household income before taxes"; ELSE DISPLAY "Was it";  
ELSE GO TO QA07\_K21;

**QA07\_K20** {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than \${POVRT300}?  
\${XX,XXX}이하입니까, 이상입니까?

**AK18C**

|                        |    |                  |
|------------------------|----|------------------|
| EQUAL TO OR LESS ..... | 1  |                  |
| MORE .....             | 2  | [GO TO QA07_K21] |
| REFUSED .....          | -7 | [GO TO QA07_K21] |
| DON'T KNOW .....       | -8 | [GO TO QA07_K21] |

**Food Availability in Household****PROGRAMMING NOTE QA07\_K21;**

IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA07\_K21;  
ELSE GO TO QA07\_L1;

**QA07\_K21**

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

다음 질문들은 지난 12 개월 동안 집에서 드신 음식에 대해, 그리고 식비를 부담하실 수 있었는지의 경제적 형편에 관한 겁니다.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is: 사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 귀하 자신과 귀하 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

첫번째 문장은 "{ }이/가 산 음식은 금방 떨어졌고, { }은/는 더 살 돈이 없었다"입니다. 이 말이 지난 12 개월 동안의 귀하 자신과 귀하 가정의 경우에, 흔히 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

**AM1**

OFTEN TRUE .....1  
SOMETIMES TRUE.....2  
NEVER TRUE .....3  
REFUSED .....-7  
DON'T KNOW .....-8

**QA07\_K22**

The second statement is:

"(I/We) couldn't afford to eat balanced meals."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

두 번째 문장은 "(자신 또는 우리)가 골고루 영양분을 섭취할 수 있는 식사를 할 여유가 없었다"인데, 그런 일이 지난 12 개월 동안 귀하나 귀하의 가정에서 자주 있었습니까, 가끔 있었습니까, 아니면 전혀 있지 않았습니까?

**AM2**

OFTEN TRUE .....1  
SOMETIMES TRUE.....2  
NEVER TRUE .....3  
REFUSED .....-7  
DON'T KNOW .....-8

**QA07\_K23**

Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

귀하의 가정에서 귀하나 다른 성인이 지난 12 개월 동안 음식을 살 충분한 돈의 여유가 없었기 때문에 식사의 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오로 대답해주시시오.

**AM3**

YES.....1  
 NO.....2 [GO TO QA07\_K25]  
 REFUSED.....-7 [GO TO QA07\_K25]  
 DON'T KNOW .....-8 [GO TO QA07\_K25]

**QA07\_K24**

How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2 개월 동안만 있었습니까?

**AM3A**

ALMOST EVERY MONTH.....1  
 SOME MONTHS BUT NOT EVERY MONTH .....2  
 ONLY IN 1 OR 2 MONTHS .....3  
 REFUSED.....-7  
 DON'T KNOW .....-8

**Hunger****QA07\_K25**

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

지난 12 개월 동안 음식을 살 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

**AM4**

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

**QA07\_K26**

In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?

지난 12 개월 동안 귀하께서 음식을 살 충분한 돈이 없었기 때문에 배가 고팠지만 음식을 걸렀던 적이 있습니까?

**AM5**

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

## Section L - Public Program Participation

### TANF/CalWORKS

#### PROGRAMMING NOTE QA07\_L1:

IF HOUSEHOLD INCOME IS  $\leq$  300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L;  
ELSE GO TO PROGRAMMING NOTE QA07\_M1;

**QA07\_L1** Are you now receiving TANF or CalWORKS?  
현재 TANF 나 CalWORKS 를 받고 있습니까?

#### AL2

*[INTERVIEWER NOTE: IF NEEDED SAY, "TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.*

TANF 는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS 는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC 를 대체한 것입니다"]

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

#### PROGRAMMING NOTE QA07\_L2:

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA07\_L2;  
ELSE GO TO QA07\_L3;

**QA07\_L2** Is {TEEN} now receiving TANF, or CalWORKS?  
{청년, 남/여}(이)가 AFDC 나 TANF 나 칼워크스를 현재 받고 있습니까?

#### IAP1

*[INTERVIEWER NOTE: 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.*

*[INTERVIEWER NOTE: IF NEEDED SAY, "AFDC 는 부양해야 할 자녀가 있는 가족들을 위한 지원입니다. TANF 는 도움이 필요한 가족을 위한 임시 보조를 의미합니다. 그리고 칼워크스는 캘리포니아 프로그램으로서 부모의 취업과 어린 자녀의 양육을 아울러 지원하는 것입니다"]*

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

**Food Stamps****QA07\_L3**

Are you receiving Food Stamp benefits?

푸드스탬프를 받고 계십니까?

**AL5**

[INTERVIEWER NOTE: IF NEEDED SAY "You may receive benefits as stamps or through an EBT card." OR "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]

[IF NEEDED, SAY: "이 혜택은 푸드스탬프로, 또는 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약어이고 골든 스테이트 어드밴티지 카드라고도 합니다.]

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

**PROGRAMMING NOTE QA07\_L4:**

IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA07\_L4;

ELSE GO TO PROGRAMMING NOTE QA07\_L5;

**QA07\_L4**

Is {TEEN} receiving Food Stamp benefits?

{ }이/가 푸드스탬프를 받고 있습니까?

**IAP2**

[INTERVIEWER NOTE: IF NEEDED SAY "You may receive benefits as stamps or through an EBT card." OR "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]

[IF NEEDED, SAY: "이 혜택은 푸드스탬프로, 또는 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약어이고 골든 스테이트 어드밴티지 카드라고도 합니다.]

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

**Supplemental Security Income****QA07\_L5**

Are you receiving SSI?

SSI를 받고 계십니까?

**AL6**

[INTERVIEWER NOTE: IF NEEDED SAY, "SSI means Supplemental Security Income. This is different from Social Security."]

[INTERVIEWER NOTE: IF NEEDED SAY, "SSI는 생활보조금을 말합니다"]

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

**WIC****PROGRAMMING NOTE QA07\_L6:**

IF QA07\_A5 = 2 (FEMALE) AND [QA07\_E12 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]  
CONTINUE WITH QA07\_L6;  
ELSE GO TO QA07\_L7;

**QA07\_L6**

Are you on WIC?

WIC(윅) 혜택을 받고 계십니까?

**AL7**

[INTERVIEWER NOTE: IF NEEDED SAY, "WIC is the Supplemental Food Program for Women, Infants and children.

[INTERVIEWER NOTE: IF NEEDED SAY, "WIC는 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다"]

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

**Assets****PROGRAMMING NOTE QA07\_L7:**

IF AH43 = 1 (MARRIED), DISPLAY "YOUR FAMILY'S";  
ELSE DISPLAY "YOUR";

**QA07\_L7**

Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all your cash, savings, investments, and furniture together are worth more than \$5,000?

귀하 자신 명의의 된 주택이나 자동차의 가치를 제외한 자산, 즉, 귀하 자신의 현금, 저축예금, 투자금, 그리고 가구 등의 총 가치액이 \$5,000 이상입니까?

**AL9**

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

**Alimony/Child Support****PROGRAMMING NOTE QA07\_L8:**

IF QA07\_G10 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "YOU OR YOUR SPOUSE";  
IF QA07\_A16 = 2 (LIVING WITH PARTNER), DISPLAY "YOU OR YOUR PARTNER";  
ELSE DISPLAY "YOU";

**QA07\_L8**

Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child support, or money from a government or veteran program?

귀하 또는 귀하의 배우자는 지난달에 위자료나 자녀 양육비, 또는 정부나 퇴역군인 프로그램으로부터 보조금을 받았습니까?

**AL15**

YES .....1  
NO .....2 [GO TO QA07\_L10]  
REFUSED ..... -7 [GO TO QA07\_L10]  
DON'T KNOW ..... -8 [GO TO QA07\_L10]



**PROGRAMMING NOTE QA07\_L9:**

IF QA07\_L8 = 1 (YES), CONTINUE WITH QA07\_L9

IF QA07\_A16 = 1 (MARRIED) AND QA07\_G10 = 2 (SPOUSE NOT MEMBER OF HH), ASK QUESTION WITHOUT DISPLAYS; ELSE IF QA07\_A16 = 1 (MARRIED) AND QA07\_G10 = 1 (SPOUSE IN HH), DISPLAY, "COMBINED" AND "AND YOUR SPOUSE"; ELSE SKIP TO PROGRAMMING NOTE QA07\_L10;

**QA07\_L9**What was the {combined} total amount that you {and your spouse} received from all these sources last month?

귀하와 귀하의 배우자(부인/남편)께서 지난 달 받은 모든 종류의 보조금의 총 액수는 얼마나 되십니까?

**AL16**

[INTERVIEWER NOTE: IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$\_\_\_\_\_ AMOUNT [000001-999995]

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_L10:**

IF QA07\_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";

IF QA07\_G10 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";

ELSE DISPLAY "you.";

**QA07\_L10**Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?

귀하 또는 귀하의 배우자, 또는 두 분이 함께 지난 달 지불한 위자료나 자녀 양육비가 있습니까?

**AL17**

YES, RESPONDENT PAID .....1

YES, SPOUSE/PARTNER PAID .....2

YES, BOTH PAID .....3

NO .....4

REFUSED ..... -7

DON'T KNOW ..... -8

[GO TO QA07\_L12]

[GO TO QA07\_L12]

[GO TO QA07\_L12]

**QA07\_L11**What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?

귀하 또는 귀하의 배우자/동반자, 또는 두 분이 함께 지난달 지불한 위자료나 양육비 총 합계 액수는 얼마입니까?

**AL18**

[INTERVIEWER NOTE: IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\_\_\_\_\_ AMOUNT

REFUSED ..... -7

DON'T KNOW ..... -8

**Social security/Pension Payments****PROGRAMMING NOTE QA07\_L12:**

IF AGE IS 65 OR OLDER AND QA07\_A16 ≠ 1 (NOT MARRIED) CONTINUE WITH QA07\_L12 AND DISPLAY "YOU";

IF AGE ≥ 65 AND QA07\_A16 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA07\_L12 AND DISPLAY "YOU OR YOUR PARTNER";

IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA07\_14 = 1 (MARRIED) AND QA07\_G10 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA07\_L12 AND DISPLAY "YOU OR YOUR SPOUSE";  
ELSE GO TO PROGRAMMING NOTE QA07\_L14;

**QA07\_L12** Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month?

귀하가나 귀하의 배우자가 지난달 사회보장금 (Social Security)이나 연금 (Pension payments)을 받았습니까?

**AL18A**

|                  |    |                  |
|------------------|----|------------------|
| YES .....        | 1  |                  |
| NO .....         | 2  | [GO TO QA07_L14] |
| REFUSED .....    | -7 | [GO TO QA07_L14] |
| DON'T KNOW ..... | -8 | [GO TO QA07_L14] |

**QA07\_L13** What was the total amount received last month from Social Security and Pensions?  
지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?

**AL18B**

[INTERVIEWER NOTE: IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\_\_\_\_\_ AMOUNT

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

**Reasons for non-participation in Medi-Cal****PROGRAMMING NOTE QA07\_L14:**

IF ARMCAL = 1 R ENROLLED IN MEDI-CAL), GO TO QA07\_M1

ELSE CONTINUE WITH QA07\_L14;

**QA07\_L14** What is the one main reason why you are not enrolled in the Medi-Cal program?  
 귀하께서 메디칼(Medi-Cal)에 등록되어있지 않은 가장 큰 이유는 무엇입니까?

**AL19**

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

## Section M – Housing, Parks, Transportation

### Housing QA07\_M1

These next questions are about your housing and neighborhood.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

AK23

[INTERVIEWER NOTE: IF NEEDED SAY, "A duplex is a building with 2 units."]

[INTERVIEWER NOTE: IF NEEDED SAY, "두 가구가 사는 연립 주택은 영어로 듀플렉스라고 하는데 한 건물 안에 두 가구가 살 수 있도록 되어 있는 건물 구조입니다"]

HOUSE .....1  
 DUPLEX.....2  
 BUILDING WITH 3 OR MORE UNITS.....3  
 MOBILE HOME.....4  
 REFUSED.....-7  
 DON'T KNOW .....-8

### QA07\_M2

Do you own or rent your home?

집은 소유자이십니까, 아니면 렌트하십니까?

AK25

OWN .....1  
 RENT .....2  
 OTHER ARRANGEMENT .....3  
 REFUSED.....-7  
 DON'T KNOW .....-8

### QA07\_M3

About how long have you lived at your current address?

현재의 주소지에 대략 얼마나 오래 살았습니까?

AM14

\_\_\_\_\_ LENGTH OF TIME

### AM14UNT

MONTHS .....1  
 YEARS.....2  
 REFUSED.....-7  
 DON'T KNOW .....-8

### QA07\_M4

Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

귀하는 귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오.

AK28

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

**Park Use****QA07\_M5**

Is there a park, playground, or open space within walking distance of your home?

집에서 걸어갈 수 있는 거리에 공원이나 놀이터나 공터가 있습니까?

**AM18**

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

**QA07\_M6**

In the past 30 days, have you been to a park, playground, or public open space?

귀하는 지난 30 일 동안 공원, 놀이터 또는 공공 공지에 가본 적이 있으십니까?

**AM27***[INTERVIEWER NOTE: An open space refers to a beach, sports field, hiking trail or other recreation area.**Include public places for hiking, biking, golf, basketball, baseball, tennis, soccer, football, skateboarding, etc]*

YES .....1  
 NO .....2 [GO TO QA07\_M8]  
 REFUSED .....-7 [GO TO QA07\_M8]  
 DON'T KNOW .....-8 [GO TO QA07\_M8]

**QA07\_M7**

The last time you went to a park, playground or open space, were you physically active while you were there?

지난 번에 공원, 놀이터, 또는 공지에 갔을 때 그곳에서 신체 활동을 하하셨습니까?

**AM28**

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

**Transportation****QA07\_M8**

Do you or members of your household have a car for regular use?

귀하나 가족 구성원이 일상적으로 사용할 수 있는 차가 있습니까?

**AM29**

YES .....1 [GO TO QA07\_N1]  
 NO .....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QA07\_M9**

How do you usually get to the doctor's office or to other medical visits?

귀하는 보통 어떻게 의사의 진료소나 다른 의료 시설에 가십니까?

**AM30**

PERSONAL VEHICLE AS DRIVER .....1  
 PERSONAL VEHICLE AS PASSENGER .....2  
 PUBLIC TRANSPORTATION.....3  
 PARATRANISIT/TRANS PROVIDED BY HHS .....4  
 TAXICAB.....5

WALK OR RIDE BIKE .....6  
 OTHER (Specify).....91  
 REFUSED.....-7  
 DON'T KNOW .....-8

**QA07\_M10** How do you usually get to the grocery store?  
 귀하는 보통 어떻게 식료품점에 가십니까?

**AM31**

PERSONAL VEHICLE AS DRIVER .....1  
 PERSONAL VEHICLE AS PASSENGER .....2  
 PUBLIC TRANSPORTATION.....3  
 FOOD DELIVERED BY PUBLIC PROGRAM .....4  
 TAXICAB.....5  
 WALK OR RIDE BIKE .....6  
 OTHER (SPECIFY).....91  
 REFUSED.....-7  
 DON'T KNOW .....-8

## Section N –Demographic Information Part III and Closing

### County of Residence

QA07 \_N1

Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

주 전체에서 빠진 곳이 없게 하기 위해선데요, 어느 카운티에 거주하십니까?

AH42

|                      |    |
|----------------------|----|
| ALAMEDA .....        | 1  |
| ALPINE.....          | 2  |
| AMADOR.....          | 3  |
| BUTTE.....           | 4  |
| CALAVERAS.....       | 5  |
| COLUSA.....          | 6  |
| CONTRA COSTA .....   | 7  |
| DEL NORTE .....      | 8  |
| EL DORADO .....      | 9  |
| FRESNO .....         | 10 |
| GLENN.....           | 11 |
| HUMBOLDT .....       | 12 |
| IMPERIAL.....        | 13 |
| INYO .....           | 14 |
| KERN .....           | 15 |
| KINGS.....           | 16 |
| LAKE .....           | 17 |
| LASSEN.....          | 18 |
| LOS ANGELES .....    | 19 |
| MADERA.....          | 20 |
| MARIN.....           | 21 |
| MARIPOSA.....        | 22 |
| MENDOCINO .....      | 23 |
| MERCED.....          | 24 |
| MODOC.....           | 25 |
| MONO .....           | 26 |
| MONTEREY .....       | 27 |
| NAPA .....           | 28 |
| NEVADA.....          | 29 |
| ORANGE.....          | 30 |
| PLACER.....          | 31 |
| PLUMAS.....          | 32 |
| RIVERSIDE .....      | 33 |
| SACRAMENTO .....     | 34 |
| SAN BENITO.....      | 35 |
| SAN BERNARDINO ..... | 36 |
| SAN DIEGO.....       | 37 |
| SAN FRANCISCO .....  | 38 |
| SAN JOAQUIN .....    | 39 |
| 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 |

**Address confirmation, cross streets, zip code****PROGRAMMING NOTE QA07\_N2:**

IF ADVANCE LETTER SENT, ASK QA07\_N2;  
 IF R'S ADDRESS IS A P.O. BOX, GO TO QA07\_N3  
 ELSE GO TO QA07\_N3;

**QA07\_N2**

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

귀하의 전화 번호는 이 설문 조사를 위해 컴퓨터에서 무작위로 선정한 것입니다. 이 설문 조사의 목적을 설명하는 서신을 보내드리기 위해서 귀하의 전화 번호에 상응하는 주소를 찾아볼 수 있었습니다.

Do you now live at {R's address and street}?

귀하의 현재 주소가...

**AO1**

YES.....1      **[GO TO QA07\_N6]**  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW .....-8

**QA07\_N3**

What is your zip code?

귀하 거주지의 우편번호가 무엇입니까?

**AM7**

\_\_\_\_\_ (ZIP CODE)

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

**QA07\_N4**

To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

사시는 동네에 대해서, 그리고 주변 환경의 건강에 대한 영향을 저희가 더 잘 알 수 있도록, 지금 사시는 주소를 말씀해 주실 수 있습니까? 다시 말씀드리지만, 대담 내용에 대해서는 언제나 비밀이 유지됩니다.

**AO2**

\_\_\_\_\_ HOUSE ADDRESS NUMBER

\_\_\_\_\_ NAME OF STREET

**[GO TO QA07\_N6]**

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



**QA07\_N5** Can you tell me just the name of the street you live on?  
 사시는 곳의 길 이름만 말씀해 주실 수 있습니까?

**AM8**

\_\_\_\_\_ NAME OF STREET

REFUSED ..... -7 [GO TO CLOSE1]  
 DON'T KNOW ..... -8 [GO TO CLOSE1]

**QA07\_N6** And what is the name of the street down the corner from you that crosses your street?  
 사시는 곳의 거리에서 다음 교차하는 거리 이름은 무엇입니까?

**AM9**

\_\_\_\_\_ NAME OF CROSS STREET

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

**Cell phone use**

**QA07\_N6A** Do you have a working cell phone?  
 귀하는 작동하는 핸드폰이 있습니까?

**AM33**

YES .....1  
 NO .....2  
 SHARES CELL PHONE .....3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA07\_N6B:**

IF QA07\_N6B = 1 (YES) OR 3 (SHARES CELL PHONE, CONTINUE WITH QA07\_N6B;  
 ELSE SKIP TO AM10;

**QA07\_N6B** Of all the telephone calls that you receive, are...  
 걸려오는 전화를 어떻게 받으십니까?

**AM34**

All or almost all calls received on a cell phone  
 모든 또는 거의 모든 전화를 핸드폰으로 받는다.....1  
 Some on cell phones & some on regular phones  
 일부 전화는 핸드폰으로 받고 다른 일부  
 전화는 일반 전화기로 받는다. 또는 .....2  
 Very few or none on cell phones  
 전혀 또는 거의 핸드폰으로 받지 않는다.....3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**Follow-up Survey Permission****QA07\_N7**

Finally, do you think you would be willing to do a follow-up to this survey some time in the future?  
 마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

**AM10**

YES.....1  
 MAYBE/PROBABLY YES.....2  
 DEFINITELY NOT.....3  
 REFUSED.....-7  
 DON'T KNOW .....-8

**PROGRAMMING NOTE CLOSE1 and CLOSE2:**

IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;  
 ELSE CONTINUE WITH CLOSE1;

**CLOSE1**

Let me check to see if there is anyone else.

통화를 해야 하는 다른 분이 있는지 확인해 보겠습니다

[INTERVIEWER NOTE: GO TO HHSELECT]

**CLOSE2**

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

시간을 내 협조해 주셔서 대단히 감사합니다. 아주 중요한 건강 관련 설문 조사를 하는 데 큰 도움이 되었습니다. 이 연구에 대해 질문이 있으시면 책임 연구자인 E.Richard Brown 의사에게 연락하십시오. Brown 의사에게 연락하시려면 무료 전화 1-866-275-2447 로 전화하십시오.