

# CHIS 2023 Adult CATI Questionnaire

(Interviewer- administered) Version 3.03 May 15, 2024 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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## Guide to Questionnaire Formatting

The following are from the CHIS Adult questionnaire, slightly modified and in no given order.

#### Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).		
QID	Designates location of question, i.e. 'QA23_A1': Adult questionnaire, Section A,		
	question #1. The question # in the QID denotes question order. This may vary		
	between survey cycles.		
Var ID	Unique ID of each question. This generally stays the same between survey		
	cycles. This variable name correlates with the name found in the data file.		
Lowercase text	On CATI, this text is read to the respondent.		
Uppercase text	On CATI, this text is NOT read to the respondent.		
If Needed statement	On CATI, this text is only read if interviewer deems it helpful for respondent.		
Interviewer Note	On CATI, this serves as additional instruction for the interviewer and is not read		
	at loud.		
Range	On CATI, this text is not read. SR: indicates soft range- allowable entry but will		
	prompt verification message. HR: indicates hard range- not an allowable entry.		
Skip note	Defines skip patterns dependent on the responses of the current question.		
Dynamic text	{} and () Denotes that text is automatically filled based on previous		
	responses.		

# PROGRAMMING NOTE 'QA23\_A1': SET AADATE = CURRENT DATE (YYYYMMDD)

'QA23\_A1' What is your date of birth?

AA1

MONTH \_\_\_\_\_ [Range: 1-12]

JANUARY	1
FEBRUARY	
MARCH	3
APRIL	4
MAY	5
JUNE	6
JULY	
AUGUST	8
SEPTEMBER	9
OCTOBER	10
NOVEMBER	11
DECEMBER	12
REFUSED	7
DON'T KNOW	8
	FEBRUARY

DAY \_\_\_\_\_ [Range: 1-31] YEAR \_\_\_\_\_ [Range: 1907-2005] 'QA23\_G20'

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

AH44A

[IF NEEDED, SAY: "THIS INCLUDES HEAD START, DAY CARE CENTERS, BEFORE-OR AFTER-SCHOOL CARE PROGRAMS, AND ANY BABY-SITTING ARRANGEMENTS.]

•	YES1	
0	NO2	[GO TO 'QA23_A23']
•	REFUSED7	[GO TO 'QA23_A23']
•	DON'T KNOW8	[GO TO 'QA23 A23']

'QA23\_C37'

"During the past year, when has someone else smoked tobacco or vaped around you in California?

AC187

[INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE OR VAPE AROUND YOU", CODE AS 5]

•	IN THE PAST WEEK1	
0	IN THE PAST TWO WEEKS2	
•	IN THE PAST MONTH3	[GO TO 'QA23_C42']
•	LONGER THAN A MONTH AGO, BUT	
	WITHIN THE PAST YEAR4	[GO TO 'QA23_C42']
•	NO ONE HAS SMOKED TOBACCO OR	
	VAPED AROUND ME WITHIN	
	THE PAST YEAR5	[GO TO 'QA23_C42']
•	REFUSED7	[GO TO 'QA23_C42']
•	DON'T KNOW8	[GO TO 'QA23 C42']

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NOTE: Please consult the CHIS 2022 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

## Section A: Demographic Information, Part I

Age

	NG NOTE 'QA23_A1': = CURRENT DATE (YYYYMMDD)	
'QA23_A1'	What is your date of birth?	
	您的出生日期是什麼?	
AA1	MONTH [RANGE: 1-12]	
	O JANUARY	

YEAR \_\_\_\_ [RANGE: 1907-2004]

C C REFUSED.....-7

DON'T KNOW .....-8

PROGRAMMING NOTE 'QA23\_A2':

'QA23_A2'	What month ar	nd year were you born?
	您在哪年哪月出	出生?
AA1A		
	MONT	H [RANGE: 1-12]
	O	JANUARY1
	O	FEBRUARY2
	O	MARCH3
	•	APRIL4
	O	MAY5
	Ō	JUNE6
	O	JULY7
	O	AUGUST8
	O	SEPTEMBER9
	O	OCTOBER10
	0	NOVEMBER11 DECEMBER12
	YEAR	[RANGE: 1907-2004]
	•	REFUSED7
	•	DON'T KNOW8
'QA23_A3'	What is your a	ge please?
4. 120 10		
AA2	請告訴我您的年	
7.2.2		YEARS OF AGE [RANGE: 0-120]
	O	REFUSED7
	O	DON'T KNOW8
'QA23_A4'		en 18 and 29, between 30 and 39, between 40 and 44, between 45 and 0 and 64, or 65 or older?
	您的年齡是在'	18 到 29 歲、 30 到 39 歲、 40 到 44 歲、 45 到 49 歲、 50 到 64 歲之
		或 65 歲以上?
AA2A	,	
AAZA	•	BETWEEN 18 AND 291
	9	BETWEEN 30 AND 392
	9	BETWEEN 40 AND 44
	Ö	BETWEEN 45 AND 494
	ŏ	BETWEEN 50 AND 645
	Ö	65 OR OLDER6
	Ō	REFUSED7

POST NOTE 'QA23\_A4': AAGE ENUM.AGE CALCULATE VALUE OF AAGE BASED ON 'QA23\_A1', 'QA23\_A2', OR 'QA23\_A3' TO USE IN ALL

AGE-RELATED IF 'QA23_A1', ' ELSE USE ENU	<b>'QA23_A2'</b> , OR	'QA23_A3'= -7 OR -8 (REF/DK), THEN USE 'Q	A23_A4';
Gender Identity			
'QA23_A5'	What sex were	you assigned at birth, on your original birth certif	icate?
AD65E	在出生證明原件	上,您出生時被指定的性別是什麼?	
AD05E	O	Female2 女性	
	O	Male1 男性	
	•	Don't know3 不清楚	
	O	Prefer not to answer9 不願作答	
	O	REFUSED7	
'QA23_A6'	What is your cu	ırrent gender?	
AD66C	目前您自我認同	]的性別是什麼?	
7.5000	O	Female2 女性	[GO TO 'PN_QA23_A8']
	O	Male1 男性	[GO TO 'PN_QA23_A8']
	O	Transgender3 跨性别者	[GO TO 'PN_QA23_A8']
	•	Non-binary5 非二元性别者	[GO TO 'PN_QA23_A8']
	•	I use a different term: ()7 我使用其他術語 ()	
	•	Don't know8 不清楚	[GO TO 'PN_QA23_A8']
	•	Prefer not to answer9 不願作答	[GO TO 'PN_QA23_A8']
	O O	REFUSED7 DON'T KNOW8	
		S_A7': FFERENT TERM) CONTINUE;	
'QA23_A7'	What is your cu	ırrent gender identity?	
AD0=5	目前您認為自己	是什麼性別?	
AD67B	$\circ$	Specify: (	
	0	Specify: ()3 REFUSED7	
	0	DON'T KNOW8	

IF ['QA23_A5'	$QA23_A6' = 1,$	<b>23_A8':</b> BIRTH) AND <b>'QA23_A6'</b> = 2, 3, 5, 7] OR [ <b>'QA23</b> _3, 5, 7] THEN CONTINUE WITH <b>'QA23_A8';</b>	_ <b>A5</b> ' = 2 (FEMALE AT
'QA23_A8'	Just to confirm, you were assigned {INSERT RESPONSE FROM 'QA23_A5'} at be and now describe yourself as {INSERT RESPONSE FROM {'QA23_A6'}. Is that of		
AD68B		,您出生時是{INSERT RESPONSE FROM <b>'QA2</b> ESPONSE FROM AD66 OR <b>'QA23_A6'</b> }。	
	) ) )	YES	[GO TO 'QA23_A7']
POST NOTE: (	ON SECOND A	TTEMPT IF = 2, GO TO 'QA23_A7' AND FLAG	'QA23_A8' = 1
Ethnicity			
'QA23_A9'	Are you Latin	o or Hispanic?	
AA4	您是拉丁裔或		
	O O	YES	[GO TO 'PN_QA23_A11']
	O	REFUSED7	[GO TO
	•	DON'T KNOW8	'PN_QA23_A11'] [GO TO 'PN_QA23_A11']
'QA23_A10'		our Latino or Hispanic ancestry or origin? Such as uran and if you have more than one, tell me all c	
AA5	您的拉丁裔或	西裔祖籍或原國籍是哪里?	
AAU	[IF NECESSA	ARY, GIVE MORE EXAMPLES]	
	[CODE ALL T	HAT APPLY]	
		MEXICAN/MEXICAN AMERICAN/ CHICANO1	
		SALVADORAN4 GUATEMALAN5	
		COSTA RICAN6	
		HONDURAN7	
		NICARAGUAN8	
		PANAMANIAN9	
		PUERTO RICAN10	
		CUBAN11	
		SPANISH-AMERICAN (FROM SPAIN) 12	
		OTHER LATINO (SPECIFY:) 91	
	O	REFUSED7	

DON'T KNOW .....-8

Race

#### **PROGRAMMING NOTE 'QA23 A11':**

IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA23\_A11', CONTINUE WITH 'PN QA23 A14';

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_A9' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";

#### 'QA23\_A11'

{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, Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

{您說您是拉丁美洲裔或西班牙裔。另外,}請告訴我們您會使用以下哪一項或哪幾項來描述自己。您會否將自己形容為夏威夷原居民、太平洋島民、美國印第安人、亞拉斯加原居民、亞洲人、黑人、非裔美國人,還是白人?

#### AA5A

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

ш	WHIIE1	
	BLACK OR AFRICAN AMERICAN2	[GO TO
	ASIAN3	'PN_QA23_A13'] [GO TO
	AMERICAN INDIAN OR ALASKA NATIVE .4	'PN_QA23_A17'] [GO TO
_		PN_QA23_A14']
ш	PACIFIC ISLANDER5	[GO TO 'PN QA23 A18']
	NATIVE HAWAIIAN6	[GO TO
	OTHER (SPECIFY:)91	'PN_QA23_A19'] [GO TO
$\sim$	DEFLICED	'PN_QA23_A19']
0	REFUSED7	[GO TO 'QA23_A21']
<b>O</b>	DON'T KNOW8	[GO TO 'QA23_A21']

#### 'QA23\_A12' What are your white origin or origins?

您的白人血統源自何處?

AA5H

For example, German, Irish, English, Italian, Armenian, Iranian, etc.

例如:德國人、愛爾蘭人、英國人、意大利人、亞美尼亞人、伊朗人等。

$\mathbf{C}$	(SPECIFY:)	1
$\mathbf{c}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

IF 'QA23_A11	NG NOTE 'QA' ' = 2 (BLACK C 'PN_QA23_A1	DR AFRICAN AMERICAN), CONTINUE WITH 'QA	A23_A13';
'QA23_A13'	What are you	r Black origin or origins?	
AA5I	您的黑人血統	源自何處?	
AAVI	For example,	African American, Nigerian, Ethiopian, Jamaican	, Haitian, Ghanaian, etc.
	例如:非裔美	國人、尼日利亞人、埃塞俄比亞人、牙買加人、洛	<b>乒</b> 地人、加納人等。
	<b>O</b>	(SPECIFY:)1 REFUSED7	
	Ö	DON'T KNOW8	
IF 'QA23_A11	NG NOTE 'QA ' = 4 (AMERIC 'PN_QA23_A1	AN INDIAN OR ALASKA NATIVE), CONTINUE V	/ITH <b>'QA23_A14'</b> ;
'QA23_A14'		erican Indian or Alaska Native, and what is your t e tribe, tell me all of them.	ribal heritage? If you have
	您說您是美洲 請告訴我所有	印地安人或阿拉斯加原住民,您屬於哪一個部落? 這些部落。	如果屬於一個以上部落,
AA5B	[CODE ALL T	THAT APPLY]	
		APACHE	
'QA23_A15'	Are you an er	nrolled member in a federally or state recognized	tribe?
AA5C	您是不是聯邦	或州政府認可的部落的一名註冊成員?	
	•	YES1	
	O	NO2	[GO TO
	O	REFUSED7	'PN_QA23_A17'] [GO TO
	O	DON'T KNOW8	'PN_QA23_A17'] [GO TO

### 'PN\_QA23\_A17"]

### 'QA23\_A16' Which tribe are you enrolled in?

您在哪一個部落註冊?

AA5D

### [CODE ALL THAT APPLY]

		APACHE BLACKFOOT/BLACKFEET CHEROKEE CHOCTAW MEXICAN AMERICAN INDIAN NAVAJO POMO PUEBLO SIOUX YAQUI OTHER TRIBE (SPECIFY:) REFUSED DON'T KNOW	2 3 6 6 9 91
APACHE	0 0	MESCALERO APACHE, NMAPACHE (NOT SPECIFIED)OTHER APACHE (SPECIFY:)	2
BLACKFEET	Q	BLACKFOOT/BLACKFEET	4
CHEROKEE	0	WESTERN CHEROKEE CHEROKEE (NOT SPECIFIED) OTHER CHEROKEE (SPECIFY:	5 6
CHOCTAW	O O	CHOCTAW OKLAHOMA CHOCTAW (NOT SPECIFIED) OTHER CHOCTAW (SPECIFY:	9
NAVAJO	•	NAVAJO (NOT SPECIFIED)	11
POMO	O	HOPLAND BAND, HOPLAND	12
PUEBLO	) ) )	RANCHERIA SHERWOOD VALLEY RANCHERIA POMO (NOT SPECIFIED) OTHER POMO (SPECIFY:)	14
PUEBLO	O O	HOPI YSLETA DEL SUR PUEBLO	
SIOLIY	O O	OF TEXAS PUEBLO (NOT SPECIFIED) OTHER PUEBLO (SPECIFY:)	
SIOUX	O O	OGLALA/PINE RIDGE SIOUXSIOUX (NOT SPECIFIED)OTHER SIOUX (SPECIFY:)	21
YAQUI	•		<b></b> -

	O O O O O O O O O O O	
	= 3 (ASIAN) CC <b>PN_QA23_A18</b> '	ONTINUE WITH 'QA23_A17';
'QA23_A17'		, and what specific ethnic group are you, such as Chinese, Filipino, f you are more than one, tell me all of them.
AA5E		您指的是哪一個具體族裔,例如華裔、菲律賓裔、越南裔?如果屬於一個 計訴我所有這些族裔。
AASE	[CODE ALL TH	IAT APPLY]
<b>DDOGDAMMIN</b>		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
IF 'QA23_A11'	NG NOTE 'QA23 = 5 (OTHER PA PN QA23 A19'	ACIFIC ISLANDER) CONTINUE WITH 'QA23_A18';
'QA23_A18'	You said you a	re Pacific Islander. What specific ethnic group are you, such as Samoan, amanian? If you are more than one, tell me all of them.
AA5E1		# <b>群島人。 您具體屬於哪一個種族團體,例如薩摩亞人、湯加人或關島人</b> ? 聞以上種族團體,請告訴我所有的種族團體。
72.021	[CODE ALL TH	
		SAMOAN/AMERICAN SAMOAN1

	GUAMANIAN	2
	TONGAN	3
	FIJIAN	4
	OTHER PACIFIC ISLANDER	
	(SPECIFY: )	91
O	REFUSED	7
O	DON'T KNOW	8-

#### PROGRAMMING NOTE 'QA23 A19':

IF 'QA23\_A9' = 1 (LATINO) AND ['QA23\_A11' = 6 (NATIVE HAWAIIAN) OR 'QA23\_A11' = 5 (OTHER PACIFIC ISLANDER) OR 'QA23\_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA23\_A11' = 3 (ASIAN) OR 'QA23\_A11' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA23\_A11' = 1 (WHITE) OR 'QA23\_A11' = 91 (OTHER)], CONTINUE WITH 'QA23\_A19';

ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA23\_A11', 'QA23\_A17', OR 'QA23\_A18' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QA23\_A19'; ELSE SKIP TO 'QA23\_A21'

'QA23\_A19' You said that you are: {INSERT MULTIPLE RESPONSES FROM 'QA23\_A10', 'QA23\_A11', 'QA23\_A17' AND 'QA23\_A18'}.

您曾經說您是: {INSERT MULTIPLE RESPONSES FROM QA13\_A7, QA13\_A8, QA13\_A12 AND QA13\_A13}.

AA5G

Do you identify with any one race in particular?

您是否認同任何一個特定的種族?

$\mathbf{O}$	YES1	
O	NO2	[GO TO 'QA23_A21']
0	REFUSED7	[GO TO 'QA23_A21']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'QA23 A21']

#### PROGRAMMING NOTE FOR 'QA23 A20':

IF 'QA23\_A9' = 1 (YES, LATINO) AND 'QA23\_A10' ≠ ( -7 OR -8), DO NOT DISPLAY 'QA23\_A20' = 14 (LATINO):

IF 'QA23\_A11' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA23\_A18' (1 TO 4) OR 91], DO NOT DISPLAY 'QA23\_A20' = 17 (OTHER PACIFIC ISLANDER);

IF 'QA23\_A11' = 3 AND 'QA23\_A17' = [(1 TO 17) OR 91], DO NOT DISPLAY 'QA23\_A20' = 19 (ASIAN)

'QA23\_A20' Which do you most identify with?

您最認同的是哪一個族裔?

AA5F

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

O	MEXICAN/MEXICAN AMERICAN/	
	CHICANO	1
0	SALVADORAN	4
0	GUATEMALAN	5
0	COSTA RICAN	6
O	HONDURAN	7
$\bigcirc$	NICARAGIJANI	

	<b>O</b>	PANAMANIANPUERTO RICAN	. 10
	0	CUBAN	
	O O	SPANISH-AMERICAN (FROM SPAIN) LATINO, OTHER SPECIFY	
	ŏ	LATINOLATINO	
	Ö	NATIVE HAWAIIAN	
	Ö	OTHER PACIFIC ISLANDER	
	Ö	AMERICAN INDIAN OR	•
		ALASKA NATIVE	. 18
	O	ASIAN	. 19
	O	BLACK OR AFRICAN AMERICAN	. 20
	O	WHITE	
	O	RACE, OTHER SPECIFY	. 22
	O	BANGLADESHI	. 30
	O	BURMESE	. 31
	O	CAMBODIAN	. 32
	O	CHINESE	
	O	FILIPINO	_
	O	HMONG	
	0	INDIAN (INDIA)	
	•	INDONESIAN	
	Ō	JAPANESE	
	O	KOREAN	
	O	LAOTIAN	_
	<b>O</b>	MALAYSIAN	
	<b>O</b>	PAKISTANI	
	<b>O</b>	SRI LANKAN	
	0	TAIWANESETHAI	
	9	VIETNAMESE	
	9	ASIAN, OTHER SPECIFY	
	9	SAMOAN/AMERICAN SAMOAN	
	9	GUAMANIAN	
	o o	TONGAN	
	ŏ	FIJIAN	
	Ö	PACIFIC ISLANDER, OTHER SPECIFY	
	Q	BOTH/ALL/MULTIRACIAL	
	O	NONE OF THESE	
	O	REFUSED	7
	•	DON'T KNOW	8
Language Spok	en at Home		
'QA23_A21'	What languag	ges do you speak at home?	
AH36	您在家中用什	麼語言交談?	
Aliso	[CODE ALL T	THAT APPLY.]	
	[PROBE: "Ar	ny others?"]	
	[PROBE: ' [	還有其它語言嗎?」']	

ENGLISH .....1

O

O

的

		SPANISH2
		CANTONESE3
		VIETNAMESE4
		TAGALOG5 MANDARIN6
	ā	KOREAN7
		ASIAN INDIAN LANGUAGES8
		RUSSIAN9
		OTHER 1 (SPECIFY:) 91 OTHER 2 (SPECIFY:) 92
	0	REFUSED7
	ŏ	DON'T KNOW8
Additional Lan	guage Use	
IF 'QA23_A21	<b>NG NOTE 'QA</b> ' = 1 ONLY (EN NG NOTE <b>'QA</b>	IGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO
'QA23_A22' A	' > 1 (SPEAKS ND DISPLAY:	LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH other than English at home, we are interested in your own opinion of how
		DROP RESPONSE CATEGORY "Not at all?";
SET <b>'QA23_A</b> WAS ASKED	<b>22</b> ' ENGL = EN	IGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA23_A22'
'QA23_A22'		beak a language other than English at home, we are interested in your own w well you speak English
	{因為您在家中 英語說得	¬說的語言不是英文,我們很想了解您認為自己英語說得怎樣。 <b>} 您認為您的</b>
AH37		
	Q	Very well1
	0	Well2
	<b>O</b>	Not well, or
	Ö	REFUSED7
	O	DON'T KNOW8
Educational At	tainment	
'QA23_A23'	What is the hi	ighest grade of education you have completed and received credit for?
	您完成的最高	教育和獲得學分的最高年級是什麼?
AH47	$\sim$	NO FORMAL EDUCATION
	O O	NO FORMAL EDUCATION30 GRADE SCHOOL2
	9	HIGH SCHOOL OR EQUIVALENT3
	0	4-YEAR COLLEGE OR LINIVERSITY

2-YEAR JUNIOR OR

GRADUATE OR.....4 PROFESSIONAL SCHOOL.....5

	O	COMMUNITY COLLEGE6 VOCATIONAL, BUSINESS, OR TRADE SCHOOL7
	•	REFUSED7
	$\mathbf{O}$	DON'T KNOW (OUT OF RANGE)8
00405		
GRADE	O	1ST GRADE1
	0	2ND GRADE
	Ö	3RD GRADE
	•	4TH GRADE4
	•	5TH GRADE5
	•	6TH GRADE6
	0	7TH GRADE
HIGH	•	8TH GRADE8
TIIGH	•	9TH GRADE9
	O	10TH GRADE10
	•	11TH GRADE11
	O	12TH GRADE 12
COLLEGE	O	1ST YEAR OF COLLEGE OR
	•	UNIVERSITY (FRESHMAN)13
	0	2ND YEAR OF COLLEGE OR
		UNIVERSITY (SOPHOMORE) 14
	•	3RD YEAR OF COLLEGE OR
		UNIVERSITY (JUNIOR)15
	0	4TH YEAR OF COLLEG
		OR UNIVERSITY (SENIOR)(BA/BS) 16
	0	5TH YEAR OF COLLEGE OR UNIVERSITY 17
Graduate		UNIVERSITY17
O. addato	•	1ST YEAR OF GRADUATE OR
		PROFESSIONAL SCHOOL18
	0	2ND YEAR OF GRADUATE OR
		PROFESSIONAL SCHOOL (MA/MS) 19
	•	3RD YEAR OF GRADUATE OR
	$\circ$	PROFESSIONAL SCHOOL
	0	OR PROFESSIONAL SCHOOL (PHD) 21
		21 THO EGGIOTALE GOTTOGE (1716) 21
COMMUNITY		
	•	1ST YEAR OF JUNIOR OR
	_	COMMUNITY COLLEGE
	0	2ND YEAR OF JUNIOR OR
BUSINESS		COMMUNITY COLLEGE (AA/AS)23
DOUNTEDO	•	1ST YEAR OF VOCATIONAL,
		BUSINESS, OR TRADE SCHOOL 24
	•	2ND YEAR OF VOCATIONAL,
		BUSINESS, OR TRADE SCHOOL 25
	•	MORE THAN 2 YEARS OF
		VOCATIONAL BUSINESS, OR TRADE SCHOOL26
Marital Status		11ADE 301100E20

'QA23_A24'		arried, living with a partner in a marriage-like relarated, or never married?	ationship, widowed,
AH43	您現在是已婚、	與伴侶像婚姻關係一樣同居、喪偶、離婚、分居	還是從未結婚?
Allas	[IF R MENTION	NS MORE THAN ONE, CODE THE LOWEST N	UMBER THAT APPLIES]
	•	MARRIED1	
	O	LIVING WITH PARTNER2	
	0	WIDOWED3	[GO TO 'PN_QA23_A28']
	•	DIVORCED4	[GO TO 'PN_QA23_A28']
	•	SEPARATED5	[GO TO 'PN_QA23_A28']
	•	NEVER MARRIED6	[GO TO 'PN_QA23_A28']
	0	REFUSED7	[GO TO 'PN_QA23_A28']
	•	DON'T KNOW8	[GO TO 'PN_QA23_A28']
Spouse/Partne	r 		
PROGRAMMIN	NG NOTE 'QA23	3_A25':	
DISPLAY INST IF 'QA23_A24'	TRUCTIONS: ' = 1, THEN DISF	PLAY "spouse"·	
IF 'QA23_A24'	' = 2, THEN DISF	•	
'QA23_A24'	' = 2, THEN DISF	•	
'QA23_A25'	' = 2, THEN DISF	PLAY "partner"; e/partner} also living in your household?	
	r = 2, THEN DISF Is your {spouse 您的不是也住在 O	PLAY "partner"; e/partner} also living in your household? E您的住戶中? YES1	
'QA23_A25'	' = 2, THEN DISF Is your {spouse 您的不是也住在	PLAY "partner"; e/partner} also living in your household? E您的住戶中? YES	
'QA23_A25'	r = 2, THEN DISF Is your {spouse 您的不是也住在 O	PLAY "partner"; e/partner} also living in your household? E您的住戶中? YES1	
'QA23_A25' AH44	r = 2, THEN DISF Is your {spouse 您的不是也住在 O O O	PLAY "partner";  p/partner} also living in your household?  E您的住戶中?  YES	
'QA23_A25' AH44 'QA23_A26'	r = 2, THEN DISF Is your {spouse 您的不是也住在 O O O May I have you	PLAY "partner";  p/partner} also living in your household?  E您的住戶中?  YES	
'QA23_A25' AH44	r = 2, THEN DISE Is your {spouse 您的不是也住在 O O O May I have you 你是否能夠告訴	PLAY "partner";  p/partner} also living in your household?  E您的住戶中?  YES1 NO2 REFUSED	
'QA23_A25' AH44 'QA23_A26'	r = 2, THEN DISE Is your {spouse 您的不是也住在 O O O May I have you 你是否能夠告訴	PLAY "partner";  p/partner} also living in your household?  E您的住戶中?  YES	[SR: 18-120]
'QA23_A25' AH44 'QA23_A26'	r = 2, THEN DISE Is your {spouse 您的不是也住在 O O O May I have you 你是否能夠告訴	PLAY "partner";  p/partner} also living in your household?  E您的住戶中?  YES	[SR: 18-120]
'QA23_A25'  AH44  'QA23_A26'  SC11A	Is your {spouse 您的不是也住在 ② O O O O O O O O O O O O O O O O O O O	PLAY "partner";  p/partner} also living in your household?  E您的住戶中?  YES	[SR: 18-120]

Α	Ы	п	lt	R	<u></u>	S.	tρ	ı
$\overline{}$	u	u	IL	ı 🔪	u	•	ᅜ	

'PRE_ROSTE		rself (and your spouse/partner), are there other adults, age 18 or older, g in this household?
PRE-ROSTE	個家庭裡?	和您的配偶/伴侶)之外,是否還有其他 18 歲或以上的成年人目前住在這
	•	YES1
	0	NO2
	0	REFUSED
		23_A28': EADY COMPLETE, CONTINUE;
'QA23_A28'	How many ch household?	ildren, age 11 and younger including babies, normally live in this
SC7B	通常有幾個 1	1歲及以下的兒童,包括嬰兒,住在這個家庭?
33.2	•	CHILDREN UNDER 12
	0	REFUSED
	0	DON'T KNOW8
'QA23_A29'	And how man	y adolescents age 12-17, normally live in this household?
	而且,通常有	幾個 12 至 17 歲的青少年居住在這個家庭?
SC8B		CHILDREN 12 -17
	0	REFUSED
	O	DON'T KNOW8
POST NOTE '	QA23 A29': SE	ET KIDCNT = 'QA23_A28' + 'QA23_A29'
'QA23_A30'	<del>-</del>	th the <u>oldest</u> } What is (the child's/this child's/the next child's} first name or
SC13A1	{從年紀最大的	的開始} (兒童/這名兒童/下一名兒童}的姓名或姓名縮寫是什麼?
	•	Name/ Initials given (SPECIFY)
	0	REFUSED7 DON'T KNOW8
	0	DON 1 KNOW
'QA23_A31'	What is (the c	child's/this child's) age?
SC13A2	(兒童/這名兒童	童)年紀多大?
0010/12	•	AGE
	•	REFUSED7
	O	DON'T KNOW8
PROGRAMMI	NG NOTE 'QA2	23_A32':

SC14B

_	INSERT "the ch	
'QA23_A32'	What is {the ch	uild's/this child's} gender?
GENDER6	{兒童/這名兒童	}的性別是什麼?
GLINDLING	O	MALE1
	Ö	FEMALE2
	O	REFUSED7
	O	DON'T KNOW8
PROGRAMMI	NG NOTE 'QA2	3 A33'·
IF AGE IS REF	FUSED FOR AN	Y CHILD ROSTER MEMBER, ASK 'QA23_A33' FOR EACH ROSTER
	HOUT AN AGE	F THE CHILD ROSTER (IF 'QA23_A31' = -7, -8. ASK 'QA23_A33'
		ILD BEFORE ROSTERING NEXT CHILD)
(IF 'QA23_A3'	1' = -3 AND <b>'QA</b> 2	23_A30' = -7, -8 AND 'QA23_A31' = -7, -8 INSERT "the child"
AND DO NOT	DISPLAY CHILE	D NAME/SEX)
'QA23_A33'	Is {CHILD NAM	ME/ the child} (READ LIST. ENTER ONE ONLY)
	(CHILD NAME	/ the child }是
SC15A4		
	•	0 to 5 years old1
		0至5歲
	•	6 to 11 years old2 6 至 11 歲
	O	12 to 17 years old3 12 至 17 歲
	O	REFUSED7
	•	DON'T KNOW8
PROGRAMMI	NG NOTE 'QA2	3 A34':
	INSERT "the ch	
IF KIDCNT > 1	INSERT "all the	children"
'QA23_A34'	Are you the pa	rent or legal guardian of (the child/all the children) in your household?
SC14B4	您是家庭內(兒	童/所有兒童)的家長或法定監護人嗎?
001.121	•	YES1
	•	NO2
	O	REFUSED7
	•	-DON'T KNOW8
	NG NOTE 'QA23 ' = 2 ASK 'QA23	3_A35': s_A35' FOR EACH CHILD IN THE ROSTER
'QA23_A35'	Are you the pa	rent or legal guardian of {CHILD NAME/AGE/SEX}?
	您是{CHILD N/	AME/AGE/SEX}的家長或法定監護人嗎?

	0	YES1
	0	NO2 REFUSED
	ŏ	-DON'T KNOW8
_		
	NG NOTE 'QA2	23_A36': A26' INSERT ' <b>QA23_A26</b> ' NAME
		AME/AGE/SEX's spouse/partner)
	I INSERT "the c	
	INSERT "all th	
'QA23_A36'		AME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal
	guardian of (ti	he child/all the children) in your household?
	{SC11A NAM	E/ AR ADULT NAME/AGE/SEX 的配偶/伴侶)是您家庭內(兒童/所有兒童)的
	家長或法定監	
SC14C1	7,7 C. 7, C. III.	
	O	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8
DOOT NOTE	0400 4001 15	(OACO ACO) A ALITO DODINI ATE (OACO ACTI ACIVECI FOR ALI
CHILDREN IN		'QA23_A36' = 1 AUTO POPULATE 'QA23_A37' AS 'YES' FOR ALL
CHILDREN IN	ПП	
	<b>NG NOTE 'QA2</b> 3' = 2 ASK <b>'QA2</b>	
		23_A37': 23_A37' FOR EACH CHILD IN THE ROSTER
	' = 2 ASK ' <b>QA2</b>	
IF 'QA23_A36	' = 2 ASK ' <b>QA2</b> Is (INSERT A	23_A37' FOR EACH CHILD IN THE ROSTER
IF 'QA23_A36	i' = 2 ASK 'QA2 Is (INSERT A guardian of (F	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?
'QA23_A36	i' = 2 ASK 'QA2 Is (INSERT A guardian of (F	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal
IF 'QA23_A36	Is (INSERT A guardian of (F	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)? GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?
'QA23_A36	Is (INSERT A guardian of (F (AR NAME/A)	RADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)? GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎? YES1
'QA23_A36	Is (INSERT A guardian of (F  (AR NAME/AC	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
'QA23_A36	Is (INSERT A guardian of (F (AR NAME/A)	RADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)? GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎? YES1
IF 'QA23_A36 'QA23_A37' SC14C2	Is (INSERT A guardian of (F  (AR NAME/AC	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
'QA23_A37'  SC14C2  PROGRAMMI	Is (INSERT A guardian of (F  (AR NAME/AC	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
'QA23_A36'  'QA23_A37'  SC14C2  PROGRAMMI IF 'QA23_A35	Is (INSERT A guardian of (F)  (AR NAME/AC)  O O O O O O O O O O O O O O O O O O	RADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
'QA23_A37'  SC14C2  PROGRAMMI IF 'QA23_A35 CHILD1CNT =	Is (INSERT A guardian of (F)  (AR NAME/AC)  O O O O O O O O O O O O O O O O O O	RADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
PROGRAMMI IF 'QA23_A35  CHILD1CNT = CHILD2CNT =	Is (INSERT A guardian of (F)  (AR NAME/AC)  O O O O O O O O O O O O O O O O O O	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
PROGRAMMI IF 'QA23_A35 CHILD1CNT = CHILD2CNT = TEENCNT = C	Is (INSERT A guardian of (F)  (AR NAME/AC)  O O O O O O O O O O O O O O O O O O	RADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
PROGRAMMI IF 'QA23_A35 CHILD1CNT = CHILD2CNT = TEENCNT = C	Is (INSERT A guardian of (F)  (AR NAME/AC)  (AR NAME/AC)  O  O  O  O  O  O  O  O  O  O  O  O  O	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
PROGRAMMI IF 'QA23_A35'  SC14C2  PROGRAMMI IF 'QA23_A35 CHILD1CNT = CHILD2CNT = TEENCNT = C # Child selective IF CHILD2CN' IF CHILD1CN'	Is (INSERT A guardian of (F)  (AR NAME/AC)  O  O  O  O  O  O  O  O  O  O  O  O  O	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
PROGRAMMI IF 'QA23_A35'  CHILD1CNT = CHILD2CNT = TEENCNT = 0 # Child selectiv IF CHILD1CN' ELSE IF CHIL	Is (INSERT A guardian of (F)  (AR NAME/AC)	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
PROGRAMMI IF 'QA23_A35'  SC14C2  PROGRAMMI IF 'QA23_A35 CHILD1CNT = CHILD2CNT = CHILD1CNT	Is (INSERT A guardian of (F  (AR NAME/AG  (A	RADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES
PROGRAMMI IF 'QA23_A35'  SC14C2  PROGRAMMI IF 'QA23_A35 CHILD1CNT = CHILD2CNT = CHILD2CNT = CHILD2CNT = CHILD2CNT = CHILD2CNT = CHILD1CNT	Is (INSERT A guardian of (F  (AR NAME/AG  (A	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal PERSON NAME/AGE/SEX)?  GE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?  YES

EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 x CHILD1CNT / (2 x CHILD1CNT + CHILD2CNT) FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CHILD2CNT) SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

# Teen selection from only those with 'QA23\_A35' = 1
IF TEENCNT = 1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN],
ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

'QA23\_A38' We have recorded 1 child 17 or younger in this household. Have we missed anyone aged 17 or younger who usually lives here but is temporarily away?

我們紀錄有{CHILD1CNT+CHILD2CNT+TEENCNT}個 17 歲或以下兒童住在這個家庭。我們是否漏掉任何 17 歲或以下,通常居住在這裡但暫時離家的兒童?

#### SC13A

0	NO, NO ONE MISSED1	
0	YES2	[GOTO
		'QA23 A30' LOOP
O	REFUSED7	<b>-</b> -
0	DON'T KNOW8	

POST NOTE 'QA23\_A38': DO CHILD AND TEEN SELECTION BASED ON CRITERIA CHILD\_INDEX HOLDS THE VALUE OF THE SELECTED CHILD TEEN\_INDEX HOLDS THE VALUE OF THE SELECTED TEEN SET\_CHILD IS SET TO 1 IF A CHILD IS SELECTED SET\_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'QA23\_A39' What is your relationship to {CHILD NAME/ AGE/SEX}?

您與{CHILD NAME/ AGE/SEX}之間是什麼關係?

#### SC17B

0	MOTHER (BIRTH/ADOPTIVE/STEP)	1
0	FATHER (BIRTH/ADOPTIVE/STEP)	2
0	SISTER (BIRTH/ADOPTIVE/STEP)	3
O	BROTHER (BIRTH/ADOPTIVE/STEP) .	4
0	GRANDMOTHER	5
0	GRANDFATHER	6
O	AUNT	7
$\mathbf{O}$	UNCLE	8
O	COUSIN	9
O	OTHER RELATIVE	10
O	NONRELATIVE	11
$\mathbf{O}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	8

**POST NOTE 'QA23\_A39':** IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C "We would now like to ask you some questions about (CHILD). This section of the interview takes about 15 minutes."

AB42

#### **Section B: Health Conditions** General Health 'QA23 B1' Would you say that in general your health is excellent, very good, good, fair, or poor? 總體而言, 您認為您的健康狀況是極好、很好、好、一般還是很差? AB1 0 EXCELLENT ......1 VERY GOOD ......2 $\mathbf{O}$ 0 $\mathbf{O}$ FAIR ......4 $\mathbf{O}$ POOR......5 $\mathbf{O}$ REFUSED ......-7 O DON'T KNOW.....-8 Asthma 'QA23 B2' Has a doctor ever told you that you have asthma? 有沒有醫生曾經告訴過您患有哮喘(氣喘)病? AB17B YES......1 $\mathbf{O}$ [GO TO $\mathbf{O}$ NO 2 'PN\_QA23\_B9'] REFUSED ......-7 $\mathbf{O}$ [GO TO 'PN\_QA23\_B9'] O DON'T KNOW .....-8 [GO TO 'PN\_QA23\_B9'] 'QA23 B3' Do you still have asthma? 你是否依然患有哮喘(氣喘)病? AB40 0 YES......1 $\mathbf{O}$ NO......2 REFUSED .....--7 $\mathbf{O}$ DON'T KNOW .....-8 'QA23\_B4' During the past 12 months, have you had an episode of asthma or an asthma attack? 在過去 12 個月中, 您是否曾經有過哮喘(氣喘)發作? AB41 $\mathbf{O}$ YES......1 NO......2 0 $\mathbf{O}$ REFUSED .....-7 DON'T KNOW .....-8 'QA23 B5' During the past 12 months, how many days of work did you miss due to asthma? 在過去的 12 個月中,您因為哮喘(氣喘)而缺勤了多少天?

DAYS (0 - 365)

REFUSED......7

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

	0	DON'T KNOW8	
'QA23_B6'	Are you now tak given to you by	king a <u>daily</u> medication to control your asthma the a doctor?	nat was prescribed or
AD40	您目前是否每天	服用醫生開給您的或是醫生提供給您的控制哮喘	片(氣喘)的藥物?
AB18	[IF NEEDED, S. inhalers used for	AY: "This includes both oral medicine and inhalor quick relief."]	ers. This is different from
	包括口服藥和吸	入劑,但不是用於快速緩解症狀的吸入劑。	
	0 0 0	YES	
'QA23_B7'		ors or other medical providers worked with you of take care of your asthma?	to develop a plan so that
	是否曾經有醫生的哮喘(氣喘)?	或其他醫療服務提供者與您一起制定一項計劃,	以便您瞭解如何控制自己
AB43	O O O	YES	[GO TO 'PN_AB22'] [GO TO 'PN_AB22'] [GO TO 'PN_AB22']
'QA23_B8'	Do you have a	written or printed copy of this plan?	
	您是否有一份這	項計劃的書面或打印版本?	
AB98	[IF NEEDED, S.	AY: "THIS CAN BE AN ELECTRONIC OR HAR	D COPY."]
	電子版本或印刷	<i>上本均可。</i>	
	0 0 0	YES	
Diabetes			
IF 'QA23_A5' =	IG NOTE 'QA23 = 2 (FEMALE AT DISPLAY WITH "I	_ BIRTH) DISPLAY "Other than during pregnand	y, has";
'QA23_B9'	{Other than duri	ing pregnancy, has/Has} a doctor <u>ever</u> told you	that you have diabetes or
AB22	{除了懷孕期間,	}是否有醫生曾經告訴您患有糖尿病?	
	O	YES1	

	) ) )	NO	[GO TO 'QA23_B16'] [GO TO 'QA23_B16'] [GO TO 'QA23_B16'] [GO TO 'QA23_B16']
'QA23_B10'	Are you now to	aking insulin?	
AB24	您目前在使用原	胰島素嗎?	
	) ) )	YES	
'QA23_B11'	Do you now ta	ake diabetic pills to lower your blood sugar?	
ADOS	您目前在服用	降血糖的糖尿病藥物嗎?	
AB25	[IF NEEDED:	"These are sometimes called oral agents or oral	hypoglycemic agents."]
	有時稱作口服	藥劑或口服降血糖藥劑。	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'QA23_B12'		any times in the last 12 months has a doctor or ot or hemoglobin 'A one C'?	her health professional
AB27		图月中,醫生或其他健康專業人員大約為您進行過 A one C')測定?	多少次糖化血色素(
ABZI	) )	NUMBER OF TIMES REFUSED7 DON'T KNOW8	[HR: 0-52]
'QA23_B13'		st 12 months, has a doctor, nurse, or health profe 1C level is less than 9%	essional told you your
AB450	過去 12 個月內	內, 是否有醫生、護士或健康專業人士告訴您, 您	的血紅素 A1C 低於 9%?
AB150	•	NORMAL LEVEL IS UNDER 5.7%; PREDIABET ES IS OVER 6.5; AND UNCONTROLLED DIAB	
	正常水平指低。 的糖尿病超過	於 5.7%;糖尿病前期在 5.7% 和 6.4% 之間;糖》 9%。	录病超過 6.5%;不受控制
	) ) )	YES	

'QA23_B14'	When was the last time you had an eye exam in which the pupils were dilated?		
AB63	您最近一次接受	是瞳孔放大眼科檢查是什麼時候?	
AB03	This would hav	re made your eyes sensitive to bright light for a sh	ort time.
	瞳孔放大會使您	感的眼睛在短時間內對亮光敏感。	
	<b>O</b>	WITHIN THE PAST MONTH1 WITHIN THE PAST YEAR	
	•	(1-12 MONTHS AGO)2 WITHIN THE PAST 2 YEARS	
	Q	(1-2 YEARS AGO)3 2 OR MORE YEARS AGO4	
	ŏ	NEVER5	
	Ö	REFUSED7	
	O	DON'T KNOW8	
'QA23_B15'		tors or other medical providers worked with you to to take care of your diabetes?	develop a plan so that
	您的醫生或其他自己的糖尿病?	也醫療服務提供者是否曾經與您一起制定一項計劃,	以便讓您瞭解如何護理
AB112			
	Q	YES1	
	O	NO2	
	O	REFUSED7	
	•	DON'T KNOW8	
Hypertension			
'QA23_B16'	Has a doctor e	ver told you that you have high blood pressure?	
	是否有醫生曾經	至告訴過您患有高血壓?	
AB29			
	•	YES1	
	•	NO2	[GO TO 'QA23_B20']
	O	HIGH NORMAL/BORDERLINE/	
		PRE-HYPERTENSION3	[GO TO 'QA23_B20']
	O	REFUSED7	[GO TO 'QA23_B20']
	0	DON'T KNOW8	[GO TO 'QA23_B20']
'QA23_B17'	Are you now ta	king any medications for high blood pressure?	
	您目前是否在服	B用任何治療高血壓的藥物?	
AB30			
	•	YES1	
	•	NO2	
	•	REFUSED7	
	O	DON'T KNOW8	
'QA23_B18'		ou had your blood pressure checked by a doctor, the past 12 months, was it under control (less tha	

AB152	過去 12 個月內 控制(低於 140	,您上一次由醫生、護士或健康專業人士檢查您的 0/90)?	为血壓時,血壓是否得到 
ABIJZ	0 0 0	YES	
'QA23_B19'	_	: 12 months, did you reduce the salt in your diet to	o help control your high
AB153	過去 12 個月內	,您是否減少了飲食中的鹽分以幫助控制高血壓?	?
AD100	) ) )	YES	
'QA23_B20'		: 12 months, has a doctor, nurse, or health profest nolesterol (high cholesterol is defined as a total cl	
AB154	過去 12 個月內 定義為總膽固醑	,是否有醫生、護士或健康專業人士告訴您,您有 事大於 <b>240</b> )?	<b>育高膽固醇(高膽固醇的</b>
	) ) )	YES	[GO TO 'QA23_B22'] [GO TO 'QA23_B22'] [GO TO 'QA23_B22']
'QA23_B21'	The last time a than <b>200</b> ?	doctor, nurse, or health professional checked yo	ur cholesterol, was it less
AB155	您上一次由醫生	E、護士或健康專業人士檢查您的膽固醇時,膽固	醇是否低於 <b>200</b> ?
/\S.100	) ) )	YES	
Heart Disease			
'QA23_B22'	Has a doctor ev	ver told you that you have any kind of heart disea	se?
AB34	有沒有醫生告訴	F過您患有任何一種心臟病?	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'QA23_B23'	Has a doctor, n	urse, or other health professional ever told you th	nat you had a <b>stroke</b> ?
	是否有醫生、護	t 专士或健康專業人士曾告訴您,您曾 <b>中風</b> ?	

AC6

$\mathbf{C}$	YES	1
$\mathbf{c}$	NO	2
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	

## **Section CV: COVID-19**

'QA23_CV1'	Did you ever r	eceive a positive test result for COVID-19?	
CV5B	您是否曾被確	診感染新型冠狀病毒(COVID-19)?	
CASE	) ) )	YES	[GO TO 'QA23_CV4'] [GO TO 'QA23_CV4'] [GO TO 'QA23_CV4']
'QA23_CV2'	_	get your positive test result for COVID-19?	[00 10 QA20_014]
CV23	您是如何獲得	新型冠狀病毒肺炎 (COVID-19) 陽性檢測結果的?	
CV23	• • • • • • • • • • • • • • • • • • •	From a clinic, hospital, lab or other testing site	
'QA23_CV3'	to taste or sm	COVID-19 symptoms could include tiredness, short ell, finding it hard to concentrate, or any other symptoning. Did you experience any of these symptom	otoms that impact on
CV15		炎症狀可能包括疲倦、呼吸短促、味覺或嗅覺改變、 常機能的症狀。您是否在 2 個月內(或更長時間內)	
	) ) )	YES	
'QA23_CV4'	Have you exp COVID-19 par	erienced any of the following situations because of ndemic?	the Coronavirus or
CV7B	您曾否由於新	冠肺炎或疫情爆發而遇到以下任何情況?	
CV/B	[CHECK ALL	THAT APPLY]	
		I've quit my regular job to take care of myself or a family member due to COVID-19 illness7	
		l've had difficulty in obtaining childcare, or had an increase in childcare expenses8	
		l've had financial difficulties with paying rent or mortgage9	
		l've been treated unfairly because of my race/ethnicity11	
		I have had financial difficulties with paying Covid-19 medical bills14	
		None of these	

	O	DON'T KNOW8	
'QA23_CV5'	Have you con	npleted the primary vaccine series for COVID-19?	•
	您是否已接種	新型冠狀病毒肺炎 (COVID-19) 疫苗的初始系列?	
		SAY: Completed primary vaccine series means of shots of the Pfizer or Moderna vaccine, a single tine.]	
CV16A	己接種疫苗初	始系列是指下列情形之一,接種過兩劑輝瑞或莫德	寫納疫苗、一劑強生疫苗。
OVIOA	•	YES1	
	O	NO2	[GO TO 'QA23_CV7']
	O	REFUSED7	[GO TO 'QA23_CV7']
	•	DON'T KNOW8	[GO TO 'QA23_CV7']
'QA23_CV6'	Have you rec	eived any additional doses or boosters after your	primary vaccine series?
CV16B	在接種疫苗的	初始系列之後,您是否接受了額外劑量或加強劑?	
01.02	O	YES1	[GO TO 'QA23_CV8']
	O	NO2	[GO TO 'QA23_CV8']
	O	REFUSED7	[GO TO 'QA23_CV8']
	•	DON'T KNOW8	[GO TO 'QA23_CV8']
'QA23_CV7'	What are the COVID-19?	reasons why you have not completed the primary	vaccine series for
	您尚未完成新	型冠狀病毒肺炎 (COVID-19) 疫苗初始系列的原因	是什麼?
CV17	[CHECK ALL THAT APPLY]		
		I AM WORRIED ABOUT SIDE EFFECTS1	
		I THINK THE VACCINE	
		WAS DEVELOPED TOO QUICKLY2	
		I DON'T KNOW ENOUGH ABOUT	
		THE VACCINE TO MAKE THE DECISION TO GET IT3	
		I THINK A VACCINE FOR COVID-19	
	_	IS UNNECESSARY4	
		I DON'T BELIEVE IN VACCINES	
		IN GENERAL5	
		I DO PLAN TO GET FULLY VACCINATED6	
		SOMETHING ELSE, (SPECIFY:) 91	
	<u> </u>	REFUSED	
	O	DON'T KNOW8	
'QA23_CV8'	If health guidelines recommend additional COVID-19 vaccine doses will you get them?		
CV24	如果健康指南	建議額外接種新型冠狀病毒肺炎(COVID-19)疫苗	i,您是否會接種?
V.27	•	YES1	[GO TO 'QA23_CV10']
	Ö	NO2	

	0	REFUSED7 DON'T KNOW8	[GO TO 'QA23_CV10'] [GO TO 'QA23_CV10']
'QA23_CV9'	What would m	nake you more likely to get the additional COVID-	19 vaccine doses?
CV25	有什麼因素會	讓您更有可能接種新型冠狀病毒肺炎 (COVID-19)	疫苗額外劑量?
	) ) )	91   92   93   94   95   95   95   96   96   97   97   98   99   99   99   99   99	
'QA23_CV10'	Do you have a	an N95, KN95 or KF94 mask?	
CV26	您是否有 N95	、KN95 或 KF94 口罩?	
	) ) )	YES	[GO TO 'SECTION C'] [GO TO 'SECTION C']
'QA23_CV11'	Can you get a from COVID-1	an N95, KN95, or KN94 mask if public health reco 19?	mmended it to protect you
CV27		部門建議您使用 N95、KN95 或 KN94 口罩來保護 媒染,您是否能獲取這類口罩?	您免遭新型冠狀病毒肺炎
GVZI	) ) )	Yes       1         No       2         I would not wear one       3         Don't know       4         REFUSED       -7	[GO TO 'SECTION C'] [GO TO 'SECTION C'] [GO TO 'SECTION C']
'QA23_CV12'	Why are you not able to get an N95, KN95, or KF94 mask?		
CV28	您為何無法獲	取 N95、KN95 或 KF94 口罩?	
	0	They are too expensive	
	O	REFUSED7	

## **Section C: Health Behaviors**

'QA23_C1'	Moderate physical activities make you breathe somewhat harder than normal. Think about moderate physical activities you do in your <u>free time</u> , like walking, bicycling, dancing, swimming, and gardening. During the past 7 days, did you do any moderate physical activity for a total of 150 minutes (2.5 hours)?		
		协會使您呼吸比平時更加困難。請想想您在空閒時 性舞、游泳和園藝。過去 <b>7</b> 天內,您是否進行了網 协?	
AC212	_		
	O	YES1	
	<b>O</b>	NO2	
	O O	REFUSED7 DON'T KNOW8	
Cigarette Use	9	DON I KNOW	
'QA23_C2'	Altogether, hav	re you smoked at least 100 or more cigarettes in	vour entire lifetime?
_	3 · · · · ·	. ,	,
AE15	在您的一生中,	您抽煙的總量是否至少有 100 支或 100 支以上	
	O	YES1	
	O	NO2	[GO TO
			<sup>'</sup> PN_QA23_C5']
	•	REFUSED7	[GO TO
			'PN_QA23_C5']
	O	DON'T KNOW8	[GO TO 'PN_QA23_C5']
'QA23_C3'	Do vou now sm	noke cigarettes every day, some days, or not at	
	_ , ,		
AE15A	您現在是每天、	某些天抽煙還是完全不抽煙?	
ALIJA	•	EVERY DAY1	[GO TO 'PN_QA23_C5']
	O	SOME DAYS2	[GO TO 'PN_QA23_C5']
	O	NOT AT ALL3	
	•	REFUSED7	
	O	DON'T KNOW8	
	NG NOTE 'QA23 = 3 THEN CONT PN_QA23_C5'		
'OA23 CA'	How long has i	t hoon since you last smoked a cigarette, even o	one or two puffe?

**'QA23\_C4'** How long has it been since you last smoked a cigarette, even one or two puffs?

距離您上次吸煙已有多長時間了(即使只是吸一或兩口)?

AC173

[INTERVIEWER NOTE: IF R SAYS, "10 YEARS OR LONGER", CODE THIS AS 10 YEARS]

		AMOUNT OF TIME	[IF 'QA23_C4'> 30 DAYS OR > 5 WEEKS OR > 1 MONTH OR = - 7, -8, GO TO 'PN_QA23_C11']	
		UNIT OF TIME		
	) ) ) )	DAYS       1         WEEKS       2         MONTHS       3         YEARS       4         REFUSED       -7         DON'T KNOW       -8	[HR: 0-365] [HR: 0-52] [HR: 0-12] [HR: 0-AAGE]	
IF 'QA23_C2'	<b>!</b> '<= 1 MONTH, C	3_C5': QA23_C3' = 1, 2 OR 'QA23_C4'<= 30 DAYS OF CONTINUE WITH 'QA23_C5';	₹ <b>'QA23_C4</b> '<= 5 WEEKS	
'QA23_C5'	During the pas	t 30 days, on how many days did you smoke ciç	garettes?	
	在過去的 30 天	中,您有多少天抽過煙?		
AC174	[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED", CODE THIS AS 0 DAYS]			
		NUMBER OF DAYS	[HR: 0-30]	
	<b>o</b>	REFUSED7 DON'T KNOW8		
PROGRAMMING NOTE 'QA23_C6':  IF 'QA23_C3' = 1 (SMOKE EVERY DAY), CONTINUE WITH 'QA23_C6';  ELSE IF 'QA23_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER), GO TO 'QA23_C7';  ELSE GO TO 'QA23_C9';				
'QA23_C6'	On average, h	ow many cigarettes do you now smoke a day?		
	目前您每天平均抽多少支煙?			
AD32	[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]			
		NUMBER OF CIGARETTES	[HR: 0-120]	
	O O Any answer,	REFUSED7 DON'T KNOW8 goto 'AC54B'		
	C7';	3_C7': ME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY	SMOKER), CONTINUE	

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'QA23_C7'	In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?				
AE16	在過去 30 天中您抽煙的日子裡,您每天抽多少支煙?				
ALIU	[IF NEEDED, SAY: "If you did not smoke everyday in the past 30 days, consider the days you did smoke."				
	如果您在過去 30 天內沒有每天吸煙,請細想您過去吸煙的日子				
	AND IF R SAYS "A PACK", CODE THIS AS 20 CIGARETTES]				
		NUMBER OF CIGARETTES	[HR: 0-120]		
	<b>O</b>	REFUSED			
PROGRAMMING NOTE 'QA23_C8':  IF 'QA23_C3' = 1 (SMOKE EVERY DAY), THEN READ "How";  ELSE IF 'QA23_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER), THEN READ "On days when you smoke, how";					
'QA23_C8'	Yon days when you smoke, how/How soon after you are awake do you usually smok your first cigarette?				
AC54B	{在您抽煙的日子裡,您}在您醒來後,通常隔多久才會吸第一支煙?				
AC54B	[INTERVIEWER NOTE: IF R SAYS, "IMMEDIATELY", CODE THIS AS 0] [INTERVIEWER NOTE: IF R SAYS, "I DON'T SMOKE AFTER WAKING UP", CODE THIS AS 999]				
		AMOUNT OF TIME	[ 0-24 HOURS]		
	O	MINUTES			
	0	HOURS	7		
	0	DON'T KNOW	3		
	NG NOTE 'QA2' = 1 (SMOKE EV	<mark>3_C9':</mark> ERY DAY) OR 2 (SMOKE SOME DAYS), CO	NTINUE WITH 'QA23_C9'		
'QA23_C9'	Were any of the cigarettes you smoked menthol flavored?				
AC175B	您有否吸食過薄荷醇味的香煙?				
7.0.705	•	YES	1		
	O	NO2			
	O	REFUSED			
	O	DON'T KNOW	3		

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'QA23_C10'	How old were	you when you smoked your first whole cigarette?	
	您首次吸完整	支香煙時是幾歲?	
AC176			
		AGE IN YEARS	[HR: 1 THRU AAGE (OR 105 IF AAGE = -7, -8)]
	0	REFUSED7 DON'T KNOW8	-0/1
IF 'QA23_C3' (PAST 30-DA)	/ SMOKER) OR ONTINUE WITH	'ERY DAY) OR ' <b>QA23_C3</b> ' = 2 (SMOKE SOME D ' <b>QA23_C4</b> ' <= 365 DAYS OR ' <b>QA23_C4</b> ' <= 52	
'QA23_C11'	Were you smo	king cigarettes at all around this time 12 months	ago?
AC177	在 12 個月前的	]這段時間,您是否在吸煙?	
	O O	YES	
	•	DON'T KNOW8	
		<b>3_C12':</b> 'ERY DAY) OR <b>'QA23_C3'</b> = 2 (SMOKE SOME D	AYS), CONTINUE WITH
'QA23_C12'		st 12 months, have you stopped smoking for one og to quit smoking?	day or longer because
AC49	在過去十二個)	月中,您是否曾因嘗試戒煙而停止抽煙一天或更長	時間?
7.0.0	O O O	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_C14'] [GO TO 'QA23_C14'] [GO TO 'QA23_C14']
'QA23_C13'		ask you about the last attempt you made to quit so ong did you go without smoking a cigarette?	moking. During that
AC178	就您最近一次管	嘗試戒煙,我們希望問一些問題。在那次嘗試中,	您有多長時間沒有抽煙?
	0	AMOUNT OF TIME UNIT OF TIME	
	0 0 0	DAYS       1         WEEKS       2         MONTHS       3         YEARS       4         REFUSED       -7	[HR: 0-365] [HR: 0-52] [HR: 0-12] [HR: 0-10]
	<u> </u>	DON'T KNOW -8	

'QA23_C14'	In the past 12 months, did a doctor or other health professional advise you to quit smoking?				
AC77	在過去十二個。	月內,是否曾有醫生或其他健康專業人員建議您戒	过煙?		
ACT	<b>O</b>	YES			
	0	REFUSED7 DON'T KNOW8			
'QA23_C15'	Are you thinking	ng about quitting smoking in the next six months?			
AC50	您是否在考慮在	在今後六個月內戒煙?			
7.000	) ) )	YES			
E-cigarette Use	е				
'QA23_C16'	Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?				
AC81C	您是否曾經使用過電子煙和其他電子煙產品,即使一生只用過一次?				
ACOIC	Do not include products used only for marijuana.				
	不包括僅用於明	吸大麻的產品。			
	) ) )	YES	[GO TO 'QA23_C28'] [GO TO 'QA23_C28'] [GO TO 'QA23_C28']		
'QA23_C17'	In the past 30 vaping produc	days, on how many days did you use an e-cigaret?	ette or other electronic		
AC82C	在過去 30 天內	內,您曾有多少天使用電子煙和其他電子煙產品?			
	) )	Number of days [HR: 0 - 30] REFUSED7 DON'T KNOW8			
'QA23_C18'	Were any of th	ne e-cigarettes you used in flavors such as mint,	fruit, candy, or wine?		
AC134	您使用的電子	香煙中,是否有薄荷、水果,糖果或酒的口味?			
AUIUT	0	YES1 NO2	[GO TO 'PN_QA23_C27']		
	O	REFUSED7	[GO TO		

		0	DON'T KNOW8	PN_QA23_C27'] [GO TO 'PN_QA23_C27']
'QA23_C19'	Which	flavor di	d you use in e-cigarettes or other electronic vapi	ng products? Was it
AC179	水果味	(例如:	車厘子/櫻桃、提子/葡萄、芒果等)?	
7.0.70	Fruit fla	avored (e	e.g., cherry, grape, mango)?	
DON'T KNOW	-8	O O	YES	
'QA23_C20'	Which	flavor di	d you use in e-cigarettes or other electronic vapi	ng products? Was it
AC180			味的電子煙或其他電子煙產品?這類產品是否	?
	Candy	or swee	t flavored (e.g., chocolate, vanilla)?	
	擁有糖	果或甜味	(例如:朱古力/巧克力、雲呢拿/香草等)?	
		O O O	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'QA23_C21'	Which	flavor di	d you use in e-cigarettes or other electronic vapi	ng products? Was it
	您使用過哪種口味的電子煙或其他電子煙產品?這類產品是否?			
AC181	Alcohol or liquor flavored (e.g., wine, Russian cream, honey bourbon, cognac)?			
	擁有酒	精或烈酒	f味(例如:葡萄酒、俄羅斯忌廉、蜂蜜波旁威士	忌、干邑等)?
		O O O	YES	
'QA23_C22'	Which	flavor di	d you use in e-cigarettes or other electronic vapi	ng products? Was it
AC182A	您使用:	過哪種口	中的電子煙或其他電子煙產品?這類產品是否	?
ACTOZA	Mint fla	vored (e	e.g., arctic ice, wintergreen)?	
	擁有薄	荷味(例	]如:北極冰、、冬青油等)?	
		O O O	YES	
'QA23_C23'	Which	flavor di	d you use in e-cigarettes or other electronic vapi	ng products? Was it

A C400D	您使用過哪種口味的電子煙或其他電子煙產品?這類產品是否?			
AC182B	Menthol flavored?			
	擁有薄荷味?			
	) ) )	YES		
'QA23_C24'	Which flavor did	d you use in e-cigarettes or other electronic vaping products? Was it		
AC183	您使用過哪種口	味的電子煙或其他電子煙產品?這類產品是否?		
AC 103	Tobacco flavore	ed?		
	擁有煙草口味?			
	) ) )	YES		
'QA23_C25'	Which flavor did	d you use in e-cigarettes or other electronic vaping products? Was it		
AC184	您使用過哪種口	味的電子煙或其他電子煙產品?這類產品是否?		
ACTOT	Some other flav	vor?		
	擁有其他口味?			
	) ) )	YES		
	NG NOTE 'QA23 = 1 TO 30 CON 'QA23_C28'			
'QA23_C26'		lays, have you stopped using e-cigarettes or other electronic vaping e day or longer because you were trying to quit?		
AC214	過去 30 天內,	您是否因為想要戒煙而停止使用電子煙或其他電子煙產品一天或更長時間?		
7.0217	•	YES1		
	Ö	NO2		
	O	NOT APPLICABLE3		
	O	REFUSED7		
	O	DON'T KNOW8		

	NG NOTE 'QA		
	', THEN CONTI	NUE;	
ELSE SKIP TO	) 'QA23_C28'		
'QA23_C27'	Do you plan t	o quit using e-cigarette or other electronic vaping	products for good?
	您是否計劃永	久戒除電子煙或其他電子煙產品?	
AC185			
	O	In the next 30 days1	
	O	In the next 3 months2	
	O	In the next 6 months3	
	O	In the next year4	
	O	Do not have a plan to quit5	
	O	REFUSED7	
	•	DON'T KNOW8	
'QA23_C28'	During the pa	st 30 days, on how many days did you use chewi	ng tobacco, snuff, or
AC135	在過去30天	內,有多少天您曾使用過嚼用煙草、濕鼻烟粉、或	乾鼻烟粉?
A0100	0	0 DAYS1	[GO TO 'QA23_C30']
	ŏ	1-2 DAYS2	[0010 QA20_000]
	Ŏ	3-5 DAYS3	
	Ō	6-9 DAYS4	
	O	10-19 DAYS5	
	O	20-29 DAYS6	
	O	30 DAYS7	
	O	REFUSED7	[GO TO 'QA23_C30']
	O	DON'T KNOW8	[GO TO 'QA23_C30']
'QA23_C29'	Were any of t	he chewing tobacco you used in flavors such as r	mint, fruit, candy, or wine?
	您使用過的嚼	用煙草中,是否有例如薄荷、水果,糖果或酒之類	前的口味?
AC136			
110100	0	YES1	
	Ö	NO2	
	Õ	REFUSED7	
	Ö	DON'T KNOW8	
'QA23_C30'	During the pa	st 30 days, on how many days did you smoke cig	arillos, or little cigars?
	在過去30天	內,有多少天您曾抽過小雪茄?	
AC137			
	Q	0 DAYS1	[GO TO 'QA23_C32']
	O	1-2 DAYS2	
	O	3-5 DAYS3	
	<b>O</b>	6-9 DAYS4	
	<b>O</b>	10-19 DAYS5	
	0	20-29 DAYS6	
	0	30 DAYS7 REFUSED7	[GO TO 'QA23_C32']
	9	DON'T KNOW8	[GO TO 'QA23_C32']
	•	DOI: 1 10:40 VV0	10010 3740 0041

'QA23_C31'	Were any of	Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?			
AC138	您所抽過的小	雪茄是否有例如薄荷、水菓、糖	果或是酒之類的口	味?	
AC130	•	YES	1		
	Ö	NO			
	Ö	REFUSED			
	Ö	DON'T KNOW			
'QA23_C32'	During the pa	ast 30 days, on how many days o	did you smoke big	cigars?	
10400	在過去 30 天	理,有多少天您曾抽過大雪茄?			
AC139		0.0476	4	[CO TO (OA22 C24)]	
	0	0 DAYS		[GO TO 'QA23_C34']	
	<b>O</b>	1-2 DAYS			
	<b>O</b>	3-5 DAYS	_		
	0	6-9 DAYS			
	0	10-19 DAYS			
	0	20-29 DAYS			
	0	30 DAYS		100 TO (0 100 00 4)	
	O O	REFUSED DON'T KNOW		[GO TO 'QA23_C34'] [GO TO 'QA23_C34']	
'QA23_C33'	Were any of	the cigars you smoked in flavors	such as mint, fruit		
_	•	- '		•	
	您使用過的雪	·茄是否有例如薄荷、水菓、糖果	:或是酒之類的口味	?	
AC140					
	O	YES	1		
	O	NO	2		
	•	REFUSED	7		
	O	DON'T KNOW	8		
'QA23_C34'	During the past 30 days, on how many days did you use a hookah water pipe?				
AC141	在過去30天	理,有多少天您曾使用過'胡卡'力	<b>火烟?</b>		
AC141	O	0 DAYS	1	[GO TO 'QA23_C36']	
	9	1-2 DAYS		[GO 10 QA25_C50]	
	ŏ	3-5 DAYS			
	9	6-9 DAYS			
	ŏ	10-19 DAYS			
	Ö	20-29 DAYS			
	Ö	30 DAYS			
	9	REFUSED		[GO TO 'QA23_C36']	
	Ö	DON'T KNOW		[GO TO 'QA23_C36']	
'QA23_C35'	Were any of	the hookahs you smoked in flav	ors such as mint, f	ruit, candy, or wine?	
10110	您使用過的'a	胡卡'水烟是否有例如薄荷、水菓	、糖果或是酒之類的	的口味?	
AC142	•	YES	4		
	9	NO			
	0	REFUSED			
	9	DON'T KNOW			
	•		<b>-</b> 0		

IF 'QA23_C3'	32'> 1 OR 'QA2	23_C36': 23_C5' > 0 OR 'QA23_C17' > 0 OR 'QA23_C28' 23_C34' > 1, CONTINUE WITH 'QA23_C36';	> 1 OR <b>'QA23_C30</b> '> 1	
'QA23_C36'	When you first started using tobacco products, did you start with a flavored tobacco product, such as those flavored with mint or menthol, fruit, candy or wine?			
AC186	在剛開始使用於	煙草產品時,您是否先嘗試帶有調味的煙草產品, 的煙草產品?	例如薄荷或薄荷醇、水果	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8		
'QA23_C37'	"During the past year, when has someone else smoked tobacco or vaped around you california?			
AC187	在過去的一年間,當您身處加州的時候,何時有人在您您周圍吸食香煙或電子煙產品? [INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE OR VAPE			
		U", CODE AS 5]	SWORL OR VALL	
	) ) )	IN THE PAST WEEK	[GO TO 'QA23_C42']	
	O	WITHIN THE PAST YEAR4 NO ONE HAS SMOKED TOBACCO OR VAPED AROUND ME WITHIN	[GO TO 'QA23_C42']	
	O O	THE PAST YEAR	[GO TO 'QA23_C42'] [GO TO 'QA23_C42'] [GO TO 'QA23_C42']	
'QA23_C38'	In the past two vapor	o weeks, were you exposed to secondhand tobace	co smoke or e-cigarette	
AC 100	on the sidewa	ılks?		
	過去兩星期,	您是否曾在路邊暴露於煙草或電子煙的二手煙裡?		
	) )	YES		

'QA23\_C39'

{In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor?} Were you exposed...

DON'T KNOW .....-8

AC189

Inside your home?

 $\mathbf{O}$ 

過去兩星期, 您是否在自己家中暴露於煙草或電子煙的二手煙裡?

	) ) )	YES		
QA23_C40'	{In the past two vapor?} Were y	weeks, were you exposed to secondhand tobac	cco smoke or e-cigarette	
AC190		kplace (do not include home-based workplace)? past two weeks.	Please indicate if you did	
		ß是否在工作場所暴露於煙草或電子煙的二手煙裡 過去兩星期沒有工作,請註明。	(請不要包括家居工作	
	0 0	YES       1         NO       2         DID NOT WORK IN THE PAST         TWO WEEKS       3         REFUSED       -7         DON'T KNOW       -8		
QA23_C41' AC191	vapor?} Were y	o weeks, were you exposed to second hand toba	cco smoke or e-cigarette	
	At a public park 過去兩週,您是 〇 〇	Kor beach? 是否暴露於公共公園或海灘的二手煙或電子煙的環 YES	境裡?	
Marijuana Use				
QA23_C42'	hashish, and of	y methods for consuming marijuana, also called ther products containing THC. Methods for consug, vaporizing, dabbing, eating, or drinking.		
AC115	接下來的問題是關於大麻,又稱大麻或大麻草、哈希什及其他含有四氫大麻酚的產品。使用這些產品有多種方法,包括吸食、蒸氣抽吸、塗抹、進食或進飲。			
ACTIO	Have you ever, even once, tried marijuana or hashish in any form?			
	您曾否使用(艮	7使只是一次)大麻或哈希什?		
	[IF NEEDED: T	HC is the active ingredient in marijuana.]		
	) )	YES	[GO TO 'QA23_C57'] [GO TO 'QA23_C57']	

	•	DON'T KNOW	8	[GO TO 'QA23_C57']
'QA23_C43'	How long has it	t been since you last used marijuana or h	ashish i	n any form?
AC116	自您上次使用大	宋 麻或哈希什起有多久了?		
ACTIO	[INTERVIEWEI HASHISH, EN	R NOTE: IF LESS THAN ONE DAY SINC [ER 0]	E LAST	USED MARIJUANA OR
	) ) )	DAYS [HR: 0-365]	2 3 7	
IF 'QA23_C43'	IG NOTE 'QA23 > 30 DAYS OR UE WITH 'QA23	-1 MONTH, THEN GO TO 'QA23_C57';		
'QA23_C44'	During the past THC product?	t 30 days, on how many days did you use	marijua	na, hashish, or another
AC447	過去 30 天内,	您有多少天使用過大麻、哈希什或其他含	有四氫	大麻酚的產品?
AC117		0.541/0		
	O	0 DAYS		[GO TO 'QA23_C57']
	O	1-2 DAYS		
	•	3-5 DAYS		
	•	6-9 DAYS		
	O	10-19 DAYS		
	•	20-29 DAYS	6	
	•	30 DAYS	7	
	$\mathbf{O}$	REFUSED	7	
	O	DON'T KNOW	8	
'QA23_C45'	How often have	e you used tobacco and marijuana at the	same tir	ne? Would you say
AC118	您同時抽煙及抽	由大麻的頻率為何?		
710110	O	USUALLY	1	
	Ö	SOMETIMES		
	Ö	NEVER		
	Ö	REFUSED		
	O	DON'T KNOW		
'QA23_C46'	During the past	: 30 days, how did you use marijuana? Di	d you	
AC119	過去 30 天內,	您如何使用大麻?您曾否		
7.01.0	Smoke it in a jo	nint, bong, or pipe?		
	用煙卷、水煙壺	直或煙斗吸食?		
	O O	YES		

	<b>O</b>	REFUSED DON'T KNOW		
'QA23_C47'	During the past 30 days, how did you use marijuana? Did you			
AC120	過去 30 天內,	您如何使用大麻?您曾否		
AC120	Smoke part or	all of a cigar with marijuana in it	, which is sometimes called a blunt?	
	吸食內含部分詞	<b>文全部大麻的雪茄(有時稱為小</b> 雪	雪茄煙)?	
	) ) )	YES NOREFUSEDDON'T KNOW	2 7	
'QA23_C48'	[During the pas	st 30 days, how did you use ma	rijuana?] Did you	
AC121	過去 30 天內,	您如何使用大麻?您有否		
ACIZI	Eat it?			
	進食大麻?			
	[IF NEEDED S	AY: FOR EXAMPLE, IN BROW	NIES, CAKES, COOKIES OR CANDY]	
	例如布朗尼、鱼	蛋糕、曲奇/餅乾或糖果形式		
	O O	YES		
	<u> </u>	REFUSEDDON'T KNOW	7	
'QA23_C49'	[During the pas	st 30 days, how did you use ma	rijuana?] Did you	
10400	過去 30 天內,	您如何使用大麻?您有否		
AC122	Drink it?			
	進飲大麻?			
	[IF NEEDED S	AY: FOR EXAMPLE, IN TEA, C	OLA, ALCOHOL OR OTHER DRINKS]	
	例如茶、可樂、	酒或其他飲品形式		
	• • •	YES NO REFUSED	2	
	Ö	DON'T KNOW		

'QA23_C50'	During the pas	st 30 days, how did you use marijuana?] Did you		
AC123	過去 30 天內,	您如何使用大麻?您有否		
	Vaporize it?			
	蒸氣抽吸大麻	?		
	[IF NEEDED S	SAY: FOR EXAMPLE, IN AN E-CIGARETTE TYPE VAPORIZER]		
	例如電子煙式	<i>蒸發器</i>		
	) ) )	YES		
'QA23_C51'	During the pas	st 30 days, how did you use marijuana?] Did you		
AC124	過去 30 天內,	您如何使用大麻?您有否		
AC124	Dab it?			
	塗抹大麻?			
	[IF NEEDED S CONCENTRA	SAY: FOR EXAMPLE, USING BUTANE HASH OIL, WAX OR TES]		
	例如塗抹丁烷	大麻油、蠟或精華		
	) ) )	YES		
'QA23_C52'	[During the pa	st 30 days, how did you use marijuana?] Did you		
AC425	過去 30 天內,	您如何使用大麻?您有否		
AC125	Use it some other way?			
	以其他方式使	用大麻?		
	) ) )	YES		
'QA23_C53'	Was <u>any</u> of yo health care pro	our marijuana use in the past month recommended by a doctor or other ovider?		
AC42C	上月您使用大风	麻,是醫生或其他醫護人員建議的嗎?		
AC126	•	YES1		

	) )	NO	[GO TO 'QA23_C55']
'QA23_C54'	Was <u>all</u> of you health care pro	r marijuana use in the past month recommended ovider?	l by a doctor or other
AC127	上月您使用大阪	床,是醫生或其他醫護人員建議的嗎?	
AUIZI	•	YES1	
	•	NO2	
	<b>O</b>	REFUSED7	
	0	DON'T KNOW8	
METHOD USE	> 30 DAYS OR D IN <b>'QA23_C4</b> PTIONS WHER	3_C55': > 1 MONTH, THEN GO TO 'QA23_C57' IF US 6' – 'QA23_C52' CONTINUE WITH 'QA23_C55 E = 1 FOR 'QA23_C46'-'QA23_C52';	
'QA23_C55'	During the pas	t 30 days, how did you use marijuana or cannab	is most often?
	在過去的 30 天	中,您最常是如何使用大麻的?	
AC193			
	•	SMOKE IT IN A JOINT, BONG, OR PIPE1	
	•	SMOKE PART OR ALL OF A CIGAR	
	•	WITH MARIJUANA IN IT2 EAT IT3	
	9	DRINK IT4	
	ŏ	VAPORIZE IT5	
	O	DAB IT6	
	O	OTHER, SPECIFY: ()91	
	O	REFUSED7	
	O	DON'T KNOW8	
'QA23_C56'	Where did you	get the marijuana or cannabis you used in the	past 30 days?
AC194	在過去的 30 目	,您是從何處取得大麻的?	
		LICENSED CANNABIS DISPENSARY1	
		VAPE OR SMOKE SHOP2	
		ANOTHER TYPE OF SHOP3	
		CANNABIS DELIVERY SERVICE4	
		WEBSITE5	
		POP-UP SHOP6	
		FAMILY OR FRIEND7 ANOTHER PERSON8	
		I GROW OR MAKE IT MYSELF9	
		OTHER, SPECIFY91	
	<u> </u>	REFUSED7	
	Ö	DON'T KNOW8	
'QA23_C57'	During the pas	t year, when has someone else smoked marijua	na around you in

	在過去的一年間	,當您身處加州的時候,何時有人在您周圍吸食	大麻?
AC192	[INTERVIEWEF AROUND YOU'	R NOTE: IF R SAYS, "NEVER HAD SOMEONE", CODE AS 5]	SMOKE MARIJUANA
	0 0 0	IN THE PAST WEEK	
CBD Use	•	DOINT MINOW	
CBD 0se			
'QA23_C58'	people use for r	oidiol, is a chemical found in both marijuana and medicinal purposes. CBD does not make the use s specifically ask about products that contain CE	er high.
AC195	CBD 或大麻二配 CBD 並不會讓例	份,是在大麻和大麻植物中發現的一種化學物質, 使用者感到興奮。	許多人用於藥用目的。
710100	Have you ever,	even once, tried CBD in any form?"	
	您曾否以任何形	式吸食 CBD?	
	0 0 0	YES	[GO TO 'QA23_C70'] [GO TO 'QA23_C70'] [GO TO 'QA23_C70']
'QA23_C59'	How long has it	been since you last used CBD in any form?	
AC196	距離您上次以任	何形式使用大麻二酚 (CBD) 已有多長時間了?	
	[INTERVIEWER	R NOTE: IF LESS THAN ONE DAY SINCE LAST	USED CBD, ENTER 0]
	•	DAYS [HR: 0-365]1	
	O O	MONTHS [HR: 0-12]2 YEARS [0-99]	
	9	REFUSED7	
	O	DON'T KNOW8	
	<b>QA23_C59':</b> CON SE > 30, GO TO	MPUTE CBDLASTUSE = (YEAR*365) + (MONT	H*30) + (DAY)
	,		
'QA23_C60'	During the past	30 days, on how many days did you use CBD o	r CBD product?
	在過去的30日,	您有多少天有使用大麻二酚 (CBD) 或大麻二酚	(CBD) 產品?
AC197	•	0 DAYS1	[GO TO 'QA23_C70']

		1-2 DAYS       2         3-5 DAYS       3         6-9 DAYS       4         10-19 DAYS       5         20-29 DAYS       6         30 DAYS       7         REFUSED       -7         DON'T KNOW       -8			
'QA23_C61'	During the pa	st 30 days, how did you use CBD? Did you…			
	過去 30 天, 9	您怎樣吸食大麻二酚(CBD)?您是否將其口服?			
AC198	Take it orally	?			
	[FOR EXAME	PLE, SUBLINGUAL TINCTURES, PILLS, CAPSUL	LES, OR DROPS]		
	例如:舌下酊	劑、藥丸、膠囊、滴劑等			
	) ) )	YES	[GO TO 'QA23_C70'] [GO TO 'QA23_C70'] [GO TO 'QA23_C70']		
'QA23_C62'	During the pa	st 30 days, how did you use CBD? Did you			
	您是否將其進	食?			
AC199	Eat it?				
	[FOR EXAMF	PLE, EDIBLES, LIKE COOKIES OR GUMMIES]			
	例如:加入茶	類或汽水中			
	O O O	YES			
'QA23_C63'	During the pa	st 30 days, how did you use CBD? Did you			
10000	您是否將其飲	用?			
AC200	Drink it?				
	[FOR EXAMP	PLE, IN A TEA OR SODA]			
	例如:加入茶	類或汽水中			
	) ) )	YES			

'QA23_C64'	During the pa	st 30 days, how did you use CBD? Did you…			
	您是否將其塗	在皮膚上?			
AC201	apply it on yo	ur skin?			
	[FOR EXAMP	PLE, IN A CREAM, LOTION, OR OIL THAT IS APPLIED TO THE SKIN.]			
	例如:塗在皮	層上的乳霜、乳液或油之中			
	) ) )	YES			
'QA23_C65'	During the pa	st 30 days, how did you use CBD? Did you			
A C C C C C	您是否將其吸	入?			
AC202	Smoke it?				
	[FOR EXAMPLE, IN A JOINT, BONG, CIGAR (BLUNT), OR PIPE]				
	例如:用捲煙	了一大麻煙捲、煙槍或煙斗的方式吸入			
	) ) )	YES			
'QA23_C66'	During the pa	st 30 days, how did you use CBD? Did you			
	您是否將其霧化吸取?				
AC203	vaporize it?				
	[FOR EXAMPLE, IN AN E-CIGARETTE TYPE VAPORIZER.]				
	例如:加在電	子煙式霧化器中			
	) ) )	YES			
'QA23_C67'	During the pa	st 30 days, how did you use CBD? Did you			
10004	您是否用煙筒	吸取?			
AC204	dab it?				
	[FOR EXAMPLE, INHALING THE SMOKE MADE FROM HEATING CONCENTRATED CBD WAX, RESIN, OR OILS.]				

	例如:吸入由	加熱濃縮大麻二酚(CBD)的蠟、樹脂或油而產生的煙霧
	O	YES1
	Ö	NO2
	•	REFUSED7
	O	DON'T KNOW8
'QA23_C68'	During the pa	st 30 days, how did you use CBD? Did you
	您是否以其他	方式使用?
AC205	,_,,,,,_	
	use it some o	ther way?
	O	YES (SPECIFY:)1
	•	NO2
	O	REFUSED7
	O	DON'T KNOW8
PROGRAMMI	NG NOTE 'QA	23_C69':
		THOD USED IN 'QA23_C61' - 'QA23_C68' CONTINUE WITH 'QA23_C69'
AND DISPLAY	ONLY RESPO	NSE OPTIONS WHERE 'QA23_C61' - 'QA23_C68' = 1;
ELSE GO TO	QA23_C70'	
'QA23_C69'	During the pa	st 30 days, how did you use CBD most often?
	在過去的 30	日,您通常是如何使用大麻二酚 (CBD) ?
AC206		
	•	TAKE IT ORALLY1
	•	EAT IT2
	O	DRINK IT3
	O	APPLY IT ON YOUR SKIN4
	O	SMOKE IT5
	$\mathbf{O}$	VAPORIZE IT6
	$\mathbf{O}$	DAB IT7
	$\mathbf{O}$	USE IT ANOTHER WAY 91
	$\mathbf{O}$	REFUSED7
	O	DON'T KNOW8
'QA23_C70'	Have you use	ed heroin in the past 12 months?
	過去 12 個月	內,您曾否使用海洛英?
AC128		VEQ
	O	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8
'QA23_C71'	Have you use	ed methamphetamines in the past 12 months?
	在過去 12 個	月內您是否使用過甲基安非他命?
AC166		
	O	YES1
	$\circ$	NO2

	O O	REFUSED	
Prescription pa	inkiller Use		
'QA23_C72'	Percocet® and	rescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, d Methadone. Have you used prescription painkillers in the past 12 se include prescription painkillers, whether or not a doctor prescribed	
10045	Hydrocodone)	T(Vicodin)、奧施康定(OxyContin)、耐而可(Norco)、氫可酮( 、波考賽特(Percocet)、以及美沙冬(Methadone)。您是否在過去 12 處方止痛藥?請包括所有處方止痛藥,無論其是否由醫生開立處方。	2
AC215	) ) )	YES	
'QA23_C73'	Think about the this prescription	e prescription painkiller you took in the last 12 months. Why did you take on painkiller?	
AC222	請想想您在過 [CHECK ALL	去 12 個月內服用過的處方止痛藥,您為何服用這種處方止痛藥?  「HAT APPLY]	
		Dental work/dental pain	
'QA23_C74'	Think about th from?	e prescription painkiller you took in the last 12 months. Where did you get	it
AC217		去 12 個月內服用過的處方止痛藥,您是在哪裡獲取這種處方止痛藥的?	
	[CHECK ALL	THAT APPLY]	
		A prescription from my doctor1 A prescription from someone else's doctor (a friend, a family friend)2	
		Not from a prescription (bought or received from elsewhere)3	
	<b>O</b>	REFUSED7 DON'T KNOW8	

PROGRAMMING NOTE 'QA23_C75':  IF 'QA23_C72' = 1 CONTINUE;  ELSE SKIP TO 'QA23_C78'			
'QA23_C75'	In the past 12 m	nonths, have you used any prescription pa or's directions?	ainkiller in a way that did not
10400	過去 12 個月內,	您曾否未按醫囑而服用任何處方止痛藥	?
AC129	(IF NEEDED: EXAMPLES OF PRESCRIPTION PAINKILLERS ARE VICODIN®, OXYCONTIN®, NORCO®, HYDROCODONE, PERCOCET® AND METHADONE)		
		(Vicodin)、奧施康定(OxyContin)、 、波考賽特(Percocet)、以及美沙冬(	
	) ) )	YES NOREFUSEDDON'T KNOW	2 <b>[GO TO 'QA23_C78']</b> 7
'QA23_C76'	Did you get the	prescription(s) from one doctor or from m	ore than one doctor?
您有否獲一位或多位醫生處方? AC131			
	) ) ) )	ONE DOCTOR MORE THAN ONE DOCTOR DIDN'T GET IT FROM A DOCTOR REFUSED DON'T KNOW	2 3 7
'QA23_C77'	What condition	or conditions have you taken the medicin	e for?
AC133	在什麼狀況或多	種狀況下,您曾經 服用該藥?	
[CHECK ALL THAT APPLY]		HAT APPLY]	
		DENTAL WORK/ DENTAL PAINSURGERY, NOT ACCIDENT RELATED	2
		CHRONIC PAIN, REGARDLESS	
	□ ⊙ ⊙	OF CAUSEOTHER (SPECIFY)REFUSEDDON'T KNOW	_ 91 7

Alcohol Use

'QA23 C78'

In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

這些問題所指的一份飲品是指一罐或一樽啤酒;冰鎮果酒或一杯葡萄酒、香檳或雪利酒;一杯烈酒、混合飲品或雞尾酒。

#### AC207

$\mathbf{O}$	YES1	
0	NO2	[GO TO 'QA23 C83']
O	REFUSED7	[GO TO 'QA23_C83']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'QA23_C83']

'QA23\_C79' How long has it been since you last drank an alcoholic beverage?

距離您上次喝酒精飲品已有多長時間了?

### AC208

O O	WITHIN THE PAST 30 DAYS1 MORE THAN 30 DAYS AGO, BUT	
	WITHIN THE PAST 12 MONTHS2	[GO TO 'QA23_C83']
•	MORE THAN 12 MONTHS AGO3	[GO TO 'QA23_C83']
$\mathbf{O}$	REFUSED7	[GO TO 'QA23_C83']
O	DON'T KNOW8	[GO TO 'QA23_C83']

**'QA23\_C80'** Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

特別回想過去 30 天,直至並包括今日。過去 30 日內,有多少日您飲了一份或以上的酒精飲品?

### AC209

In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

這些問題所指的一份飲品是指一罐或一樽啤酒;冰鎮果酒或一杯葡萄酒、香檳或雪利酒;一杯烈酒、混合飲品或雞尾酒。

$\mathbf{O}$	NUMBER OF DAYS1	[RANGE 1-30]
O	REFUSED7	
•	DON'T KNOW8	

'QA23\_C81' On the days that you drank during the past 30 days, how many drinks did you usually have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

在過去的 30 日,如果您曾喝過酒,您每天通常飲用的份量是多少?一份飲品是指一罐或一瓶啤酒;冰鎮果酒或一杯葡萄酒、香檳或雪利酒;一杯烈酒、混合飲品或雞尾酒。

## AC210

O	NUMBER OF DRINKS1	[SR: 1-20, HR: 0-99]
O	REFUSED7	
$\mathbf{O}$	DON'T KNOW8	

IF 'QA23_A5' =	NG NOTE 'QA23_C82': = 2 THEN DISPLAY "4 or more"; 3_A5' = 1 THEN DISPLAY "5 or more"			
'QA23_C82'	During the past 30 days, on how many days did you have {4/5} or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hour each other.	e s of		
	在過去的 30 日,您有多少天在同一場合喝過 4 份或以上 5 份或以上份或以上的酒精的?	钦品		
AC211	<ul> <li>NUMBER OF DAYS</li></ul>			
Gambling				
'QA23_C83'	Gambling is an activity where you bet (or place a wager) on an uncertain outcome. take many forms for example, casino games, playing the lottery or scratch-offs, betti sports, fantasy leagues, bingo, loteria, and some online games such as slots or card	ing on		
	賭博是一種針對不確定的結果下注的活動。賭博可以採取多種形式,例如:賭場遊戲 票或刮刮咭、投注體育比賽、賓果遊戲、墨西哥賓果,以及一些線上遊戲,如老虎板 牌。			
AC218	Have you gambled in the past 12 months?			
	您是否在過去 12 個月內賭博過?			
	O YES	V1']		
	NG NOTE AC219: ' = 1 CONTINUE; QA23_GV1'			
'QA23_C84'	During the past 12 months, have you become restless, irritable or anxious when try stop/ cut down on gambling?	ing to		
AC219	過去 12 個月內,您是否在嘗試停止賭博/減少賭博次數時變得煩躁、易怒或焦慮?			
AGZIO	[IF NEEDED READ: FOR EXAMPLE, PLAYING THE LOTTERY, BUYING SCRATCH OFFS, PLAYING BINGO, PLAYING CASINO GAMES, PLAYING SLOTS OR CARDS ON LINE, BETTING ON SPORTS]			
	例如,玩彩票、購買刮刮咭、玩賓果遊戲、玩賭場遊戲、在線上玩老虎機或卡牌、投育比賽。	注體		
	O YES			

'QA23_C85'	During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?	
AC220	過去 12 個月內, 〇 〇 〇	您是否嘗試向您的家人或朋友隱瞞您賭博的次數?  YES
'QA23_C86'		12 months, did you have such financial trouble as a result of your gambling get help with living expenses from family, friends, or welfare?
	過去 12 個月內, 費用方面的幫助	您是否因賭博而陷入財務困境,不得不向家人、朋友或福利機構尋求生活 ?
AC221	) ) )	YES

# **Section GV: Gun Violence**

'QA23_GV1'	How many fir	earms are kept in or around your home?			
AGV1	您有多少枝槍存放在家中或附近?				
ACT		Include weapons such as pistols, shotguns, and rifles. Include those kept in a garage, outdoor storage area, or motor vehicle. Do not count BB guns, starter pistols, or guns that cannot fire.			
	包括存放在車 的槍。	庫、室外儲存區域或車輛中的槍械。請不要包括	BB 槍、起步槍或無法射擊		
	[IF NEEDED, firearm-relate	SAY: "We are asking these in a health survey be d injuries."]	ecause of our interest in		
	我們之所以在	一項健康問卷調查中詢問槍械,是因為我們對槍至	支相關傷害感興趣。		
		Number of firearms [0-999]	[IF 'QA23_GV1'= 0, GO TO 'QA23_GV5'] [IF 'QA23_GV1'= 1, GO TO 'QA23_GV3'] [IF 'QA23_GV3']		
	<b>O</b>	REFUSED7 DON'T KNOW8	'QA23_GV2'] [GO TO 'QA23_GV5'] [GO TO 'QA23_GV5']		
'QA23_GV2'	How many of these firearms are handguns?				
	您有多少枝槍	存放在家中或附近?			
AGV2		Number of handguns [0-999]	[IF 'QA23_GV2'> 1, GO TO 'QA23_GV4']		
	<b>O</b>	REFUSED7 DON'T KNOW8			
'QA23_GV3'	Is that firearm a handgun?				
AGV3	槍械是手槍嗎	?			
	O O O	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8			
'QA23_GV4'	Are any of your firearms kept loaded and unlocked?				
	您是否有任何	槍械已裝填彈藥且未鎖定?			
AGV9	[IF NEEDED, SAY: UNLOCKED MEANS NOT USING A TRIGGER LOCK, CABLE LOCK, OR LOCK BOX OR CABINET/CONTAINER]				

	未鎖定係指未使	用扳機鎖、線纜槍鎖或帶鎖槍盒或槍櫃/保險櫃。
	•	YES1
	O	NO2
	O	REFUSED7
	•	DON'T KNOW8
	NG NOTE 'QA23 EARS THEN CO SECTION D'	<del>-</del>
'QA23_GV5'	If you wanted a	firearm, do you think you would be able to get one within 2 days?
A CVO	您是否認為想要	的話,自己可以在兩天內就能拿到槍械?
AGV8	) ) )	YES

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

Height and V	∕eiaht
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'QA23_D1'		estions are about your height and weight. How ta feet and inches or centimeters"	ll are you without shoes?
AE17		關您的身高和體重的問題。您不穿鞋時身高是多少 如英 <i>寸、或公尺和公分長度單位來回答</i>	?
	[IF NEEDED, S	SAY: "ABOUT HOW TALL?"]	
	) ) )	FEETINCHESCENTIMETERS REFUSED7 DON'T KNOW8	
PROGRAMMIN	IG NOTE 'QA2	3_D2':	
	= 2 (FEMALE AT DISPLAY "Whe	FBIRTH) AND [AAGE < 50 OR 'QA23_A4'< 5 (Yn not pregnant, how";	OUNGER THAN 50
'QA23_D2'	{When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms		
	{不懷孕時,}悠	不穿鞋時體重是多少?	
AE18	[IF NEEDED, SAY: "About how much?"]		
	您可以用磅或么	公斤重量單位來回答。	
Disability	O O O	POUNDSKILOGRAMS REFUSED7 DON'T KNOW8	
'QA23_D3'	Are you blind o	or deaf, or do you have a severe vision or hearing	problem?
AD50	您是盲人或聾力	、,或有嚴重視力或聽力障礙嗎?	
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_D5'] [GO TO 'QA23_D5'] [GO TO 'QA23_D5']
'QA23_D4'	Are you legally	blind?	
AL8	您是不是法律認	恩可的盲人?	
ALO			

	O O O	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8		
'QA23_D5'		physical, mental, or emotional condition, do you heremembering, or making decisions?	nave serious difficulty	
AL10	您是否因身體、	精神或情緒病況而非常難以集中注意力、記起事	情或做出決定?	
ALIO	•	Yes1		
	Ö	No2		
	Ö	REFUSED7		
	Ö	DON'T KNOW8		
'QA23_D6'	Do you have d	ifficulty dressing or bathing?		
	您是否在穿衣專	艾洗澡方面有困難?		
AL11		V		
	0	Yes1		
	<b>O</b>	No2 REFUSED		
	<b>O</b>	DON'T KNOW8		
'QA23_D7'		ohysical, mental, or emotional condition, do you h such as visiting a doctor's office or shopping?	ave difficulty doing	
AL12	您是否因身體、	精神或情緒病況而難以獨自處理日常事務,例如	看醫生或購物?	
	O	Yes1		
	Ö	No2		
	O	REFUSED7		
	O	DON'T KNOW8		
Sexual Partner	S			
'QA23_D8'	We are asking kept private.	a few questions about people's sexual experience	ces. All answers will be	
AD43B	我們會提出幾個	固有關性經歷的問題。所有的答案都會予以保密。		
AD43B	In the past 12 months, how many sexual partners have you had?			
	在過去十二個月	月中,您有過幾位性伴侶?		
		NUMBER OF PARTNERS [HR: 0-99,	[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D10']	
		SR: 0-20]	<del>-</del>	
	O	REFUSED7	[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D9']	
	O	DON'T KNOW8	[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D9']	

'QA23_D9'	Can you give n past 12 months	ne your best guess of the number of sexual partr <u>s</u> ?	ners you have had <u>in the</u>
AD44B	您能不能儘量信	<b>片計有幾個人?</b>	
	[IF R PROVIDE CATEGORIES	ES EXACT NUMBER, ENTER AS GIVEN. OTHE PROVIDED]	ERWISE, CODE INTO
		NUMBER OF PARTNERS	[HR: 0 - 99, SR: 0 - 20]
	OR		
		0 PARTNERS       1         1 PARTNER       2         2-3 PARTNERS       3         4-5 PARTNERS       4         6-10 PARTNERS       5         MORE THAN 10 PARTNERS       6         REFUSED       -7         DON'T KNOW       -8	
Sexual Orientat	tion		
IF 'QA23_D8' = PROGRAMMIN	IG NOTE 'QA23 = 0 (NO SEXUA IG NOTE 'QA23 UE WITH 'QA23	L PARTNERS IN LAST 12 MONTHS) OR <b>'QA2</b> 3 3 <b>_D11</b> ';	<b>3_D9'</b> =0, GO TO
male or female'	OR <b>'QA23_D9'</b> = ';	= 1 (ONE PARTNER IN LAST 12 MONTHS), DIS	·
'QA23_D10'		male or female/In the past 12 months, have you or both male and female}?	r sexual partners been
ADAFD	{您的性伴侶是 又有女}?	男性還是女性/在過去十二個月中,您的性伴侶是	男性、女性還是既有男性
AD45B	) ) )	MALE       1         FEMALE       2         BOTH MALE AND FEMALE       3         REFUSED       -7         DON'T KNOW       -8	
'QA23_D11'	Which of the fo	ollowing best represents how you think of yoursel	lf?
AD46C	您認為自己是		
	0	Lesbian or gay2 女同性戀或男同性戀	[GO TO PN_QA23_D13]
	0	Straight, that is, not lesbian or gay1	[GO TO

		異性戀,非女同性戀或男同性戀	PN_QA23_D13]
	O	Bisexual or pansexual6 雙性戀或泛性戀	[GO TO PN QA23 D13]
	•	Use a different term: ()7 我使用其他術語(請註明)	PN_QAZ3_D13]
	O	衣使用来他州苗(雨芷叻) Don't know8	[GO TO
		不清楚	PN_QA23_D13]
	O	Prefer not to answer9	[GO TO
	O	不願作答 REFUSED	PN_QA23_D13] [GO TO
	_		PN_QA23_D13]
'QA23_D12'	What term do	you use?	
	您使用什麼術	語?	
AD86			
	O	Specify: ()	
	O	請註明:() REFUSED	
	Ö	DON'T KNOW8	
Registered Don	nestic Partner		
	= 1 (IDENTIFII	<b>23_D13':</b> ES AS MALE) AND <b>'QA23_D10'</b> = 1 (MALE)] OR ND <b>'QA23_D10'</b> = 2 (FEMALE)] OR [ <b>'QA23_D10</b>	
'QA23_D8' ≠1]	CONTINUE V	VITH 'QA23_D13';	
ELSE GO TO '	QA23_D14'		
'QA23_D13'	Are you legal	ly married to someone of the same sex?	
AD60B	您是否與同性	別的人合法登記結婚?	
7.2002		CLUDE LEGAL DOMESTIC PARTNERSHIP. INC PERFORMED IN CALIFORNIA AND OTHER ST	
	不包括合法的	, 问同居伴侶關係(domestic partnership)。包括在	加州和其他州履行的合法同
	性婚姻(sam	e-sex marriage)	
	•	YES1	[GO TO 'PN_QA23_D15']
	O	NO2	
	<b>O</b>	REFUSED7 DON'T KNOW8	
'QA23_D14'		gnized by the state of California as a legally regist he same sex?	ered domestic partner to
AD61B	您與同性別的	人合法登記為同居伴侶是否獲得加利福尼亞州政府	所的認可?
ADVID	O	YES1	
	<b>O</b>	NO2 REFUSED7	

	•	DON'T KNOW8	
Pre-Exposure F	Prophylaxis		
F ['QA23_A5' = 1 OR 3 (SEX QA23_D14'; ELSE IF ('QA2 CONTINUE WI ELSE IF 'QA23	UAL PARTNERS 3_A6' = 1 AND ' TH 'QA23_D14' 3_A6' = 3 (IDEN' 3_A6' = 1 AND '(	A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS M S MALE OR BOTH FEMALE AND MALE), THEN 'QA23_A5' = 2) OR ('QA23_A6' = 2 AND 'QA23	CONTINUE WITH A5' = 1), THEN
QA23_D15'		not have HIV can take one pill a day to lower the posure prophylaxis, or PrEP. The pill is also calle	
		(人類免疫缺乏病毒)的人可每天服用一粒藥丸, 5性用藥或 PrEP ,而藥丸亦稱為特魯瓦達(Truva	
	At any time in t	he past 30 days, have you taken PrEP or Truvad	a®?
AD79	過去 30 天內任	何時刻,您曾否服用預防性用藥或特魯瓦達?	
	O O O	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_D19']
QA23_D16'	In the past 12 r	months, have you taken any PrEP or Truvada®?	
AD80	過去 12 個月內	,您曾否服用任何預防性用藥或特魯瓦達?	
	) ) )	YES	[GO TO 'QA23_D19']
QA23_D17'	Have you ever	taken any PrEP or Truvada®?	
AD81	您有否試過服用	月任何預防性用藥或特魯瓦達?	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_D19']
QA23_D18'	Before today, h	nave you ever heard of PrEP or Truvada®?	
100	今天前,您有否	· · · · · · · · · · · · · ·	
AD82	<b>O</b>	YES	

	) )	REFUSED -7 DON'T KNOW -8	
HIV Testing			
'QA23_D19'	Have you eve	er been tested for HIV, the virus that causes AIDS	?
AD83	您是否曾經接	受過艾茲病病毒 HIV 測試?	
	) ) )	YES	[GO TO 'QA23_D21'] [GO TO 'QA23_D21'] [GO TO 'QA23_D21']
'QA23_D20'	For your mos	t recent HIV test, were you offered the test or did	you ask for the test?
AD84	您最近一次接	受愛滋病毒測試,是獲提供測試,還是自己主動要	求接受測試?
	0 0 0 0 0	I WAS OFFERED THE TEST	[GO TO 'QA23_F1'] [GO TO 'QA23_F1'] [GO TO 'QA23_F1'] [GO TO 'QA23_F1'] [GO TO 'QA23_F1'] [GO TO 'QA23_F1']
'QA23_D21'	Were you eve	er offered an HIV test?	
AD85	您曾否獲提供	愛滋病毒測試?	
	) ) )	YES	

# **Section F: Mental Health**

Version 3.03

'QA23_F1' The following questions ask about how you have been feeling during the past 30 da
---

以下是關於在過去30天內您的感覺的問題。

AJ29

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

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

$\mathbf{O}$	All of the time	
O	Most of the time,	2
O	Some of the time	3
O	A little of the time	4
O	None of the time	5
O	REFUSED	7
O	DON'T KNOW	8

'QA23\_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?

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

AJ30

1
2
3
4
5
7
8-

'QA23\_F3' During the past 30 days, about how often did you feel restless or fidgety?

在過去30天內。您大約每隔多久會感到不安或煩躁?

AJ31

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

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

0	ALL	1
0	MOST	2
0	SOME	3
0	A LITTLE	4
0	NONE / NEVER	5
0	REFUSED	7
O	DON'T KNOW	8

'QA23\_F4' How often did you feel so depressed that nothing could cheer you up?

您每隔多久會感到極為憂鬱,以致任何事都無法讓您高興起來?

AJ32	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the or none of the time?"]	e time
	[IF NEEDED, SAY: '所有的時間、大多數時間、部份時間、較少的時間還是從來沒不	有?']
	O ALL	
'QA23_F5'	During the past 30 days, about how often did you feel that everything was an effort	t?
	在過去 30 天內,您大約每隔多久會感到做每件事都非常吃力?	
AJ33	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the or none of the time?"]	e time
	[IF NEEDED, SAY: '所有的時間、大多數時間、部份時間、較少的時間還是從來沒不	有?']
	O ALL	
'QA23_F6'	During the past 30 days, about how often did you feel worthless?	
	在過去 30 天內,您大約每隔多久會感到自己毫無價值?	
AJ34	[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the or none of the time?"]	e time
	[IF NEEDED, SAY: '所有的時間、大多數時間、部份時間、較少的時間還是從來沒不	有?']
	O ALL	
Repeated K6		
'QA23_F7'	Please tell me yes or no. Was there ever a month in the past 12 months when thes feelings occurred more often than they did in the past 30 days?	se

AFCO	在過去十二個月	中,是否曾經有任何-	一個月這種感覺出現的頻	率比過去 30 天更頻繁?
AF62	0 0 0	NOREFUSED	1 2 7 8	[GO TO 'QA23_F14']
'QA23_F8'	your worst emo		ime month, how often di	onths when you were at d you feel nervous- all of
AF63				題。在那個月中,您感到精 、少數時間還是根本沒有?
		MOST SOME A LITTLE NONE / NEVER REFUSED		
'QA23_F9'	During that sam little, or none of		d you feel hopeless- all	of the time, most, some, a
AF64	在那個月中,您 數時間還是根本		可多高?是所有的時間、	大多數時間、某些時間、少
	0 0 0 0 0 0	MOST SOME A LITTLE NONE / NEVER REFUSED		
'QA23_F10'	How often did y	ou feel restless or fidg	ety?	
AF65			ost of the time, some of	the time, a little of the time
	[IF NEEDED, S	AY: '所有的時間、大多	<b>5</b> 數時間、部份時間、較	少的時間還是從來沒有? ']
		MOSTSOMEA LITTLENONE / NEVERREFUSED		
'QA23_F11'	How often did y	ou feel so depressed	that nothing could cheer	you up?

你咸到非党厭抑以	致任何事情都無法	讓你喜願起來的船	百家右名真?
心心対力上由性が	以以上的手用的無法		供干什 沙间!

### AF66

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

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

$\circ$	ALL	1
O	MOST	2
O	SOME	3
O	A LITTLE	4
0	NONE / NEVER	5
	REFUSED	
0	DON'T KNOW	8

# 'QA23\_F12' How often did you feel that everything was an effort?

您感到做每件事都很費力的頻率有多高?

#### AF67

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

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

$\mathbf{O}$	ALL	1
O	MOST	2
O	SOME	3
O	A LITTLE	4
	NONE / NEVER	
	REFUSED	
	DON'T KNOW	

# 'QA23\_F13' How often did you feel worthless?

您感到自己毫無用處的頻率有多高?

# AF68

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

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

0	ALL	
0	MOST	2
0	SOME	3
	A LITTLE	
0	NONE / NEVER	5
O	REFUSED	7
O	DON'T KNOW	8

Sheehan Scale

# PROGRAMMING NOTE 'QA23\_F14':

```
IF 'QA23_F1'-'QA23_F6' > 0 THEN,
IF 'QA23 F1'-'QA23 F6' = 1 THEN 'QA23 F1' R-'QA23 F6' R = 4:
ELSE IF 'QA23 F1'-'QA23 F6' = 2 THEN 'QA23 F1' R-'QA23 F6' R = 3;
ELSE IF 'QA23_F1'-'QA23_F6' = 3 THEN 'QA23_F1'_R-'QA23_F6'_R = 2;
ELSE IF 'QA23 F1'-'QA23 F6' = 4 THEN 'QA23 F1' R-'QA23 F6' R = 1:
ELSE IF 'QA23 F1'-'QA23 F6' = 5 THEN 'QA23 F1' R-'QA23 F6' R = 0;
ELSE 'QA23_F1'_R-'QA23_F6'-R = 'QA23_F1'-'QA23_F6';
IF 'QA23 F8'-'QA23 F13' > 0 THEN,
IF 'QA23_F8'-'QA23_F13' = 1 THEN 'QA23_F8'_R-'QA23_F13'_R = 4;
ELSE IF 'QA23_F8'-'QA23_F13' = 2 THEN 'QA23_F8'_R-'QA23_F13'_R = 3;
ELSE IF 'QA23 F8'-'QA23 F13' = 3
                                  THEN 'QA23 F8' R-'QA23 F13' R = 2;
ELSE IF 'QA23 F8'-'QA23 F13' = 4 THEN 'QA23 F8' R-'QA23 F13' R = 1;
ELSE IF 'QA23 F8'-'QA23 F13' = 5 THEN 'QA23 F8' R-'QA23 F13' R = 0;
ELSE 'QA23 F8' R-'QA23 F13' R = 'QA23 F8'-'QA23 F13';
IF ('QA23 F1' R - 'QA23 F6' R) >= 0 (NON-MISSING) THEN DO;
IF ('QA23_F1'_R + 'QA23_F2'_R + 'QA23_F3'_R + 'QA23_F4'_R + 'QA23_F5'_R + 'QA23_F6'_R) > 8
OR
('QA23 F8' R + 'QA23 F9' R + 'QA23 F10' R + 'QA23 F11' R + 'QA23 F12' R + 'QA23 F13' R) >
8, THEN CONTINUE WITH 'QA23_F15' INTRO;
IF ('QA23 F8' R - 'QA23 F13' R) 7 OR
('QA23_F8'_R + 'QA23_F9'_R + 'QA23_F10'_R + 'QA23_F11'_R + 'QA23_F12'_R + 'QA23_F13'_R) >
7, THEN CONTINUE WITH 'QA23 F15' INTRO;
IF 'QA23 F7' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'QA23_F20';
```

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'QA23\_F14' Think {again, please,} about the month in the past 12 months when you were at your worst emotionally.

請想一想過去十二個月中您的情緒處於最差狀況的一個月。

# AF69B\_INTRO

# PROGRAMMING NOTE 'QA23\_F15': IF AGE > 70 GO TO 'QA23\_F16'; ELSE CONTINUE WITH 'QA23\_F15';

'QA23\_F15' Did your emotions interfere a lot, some, or not at all with your performance at work/school?

您的情緒對您在工作中的表現是影響很大、有一些影響還是根本沒有影響?

AF69B

$\mathbf{O}$	A LOT	1
O	SOME	2
0		
0	I DO NOT WORK	4
0	REFUSED	-7
O	DON'T KNOW	-8

'QA23 F16' Did your emotions interfere a lot, some, or not at all with your household chores?

您的情緒對您做家務是影響很大、有一些影響還是根本沒有影響?

AF70B

O A LOT......1

	) ) )	SOME NOT AT ALL REFUSED DON'T KNOW		3 7	
'QA23_F17'	Did your emotion	ons interfere a lot, some	e, or not at all w	ith your soc	cial life?
AF71B	您的情緒對您的	的社交生活是影響很大、	有一些影響還是	是根本沒有影	<b>/響</b> ?
	O O O	A LOTSOMENOT AT ALLREFUSEDDON'T KNOW		2 3 7	
'QA23_F18'	Did your emotion and family?	ons interfere a lot, some	e, or not at all w	ith your rela	ationship with friends
AF72B	您的情緒對您與	具朋友及家人的關係是影	響很大、有一些	<b>と影響還是</b> 材	艮本沒有影響?
	) ) ) )	A LOTSOMENOT AT ALLREFUSEDDON'T KNOW		2 3 7	
'QA23_F19'	were you totally	ut the past 12 months. y unable to work or cari ssed, or emotionally st	y out your norm		of the past 365 days because of your feeling
AF73B		一二個月的情況。在過去 7而完全無法工作或從事		大約有多少多	天因為您感到精神緊張、
	O O	REFUSED DON'T KNOW		7	
Access & Utiliza	ation				
'QA23_F20'		r a time during the past anal because of problen ahol or drugs?			
A F.O.4	在過去十二個月需要約見專業人		的精神健康、情	<b>ந感、神經、</b>	酗酒或吸毒的問題感到
AF81	) ) )	YES NO REFUSED DON'T KNOW		2 7	[GO TO 'QA23_F22'] [GO TO 'QA23_F22'] [GO TO 'QA23_F22']
'QA23_F21'	Does your insu	rance cover treatment in psychiatrist?	for mental healt	h problems	, such as visits to a

	您的保險是否為	· 特神健康疾病治療提供保賠?例如,心理學家或	精神病學家門診。
AJ1		VEQ 1	
	0	YES	
	<b>O</b>	DON'T HAVE INSURANCE3	
	0	REFUSED7 DON'T KNOW8	
	_		
'QA23_F22'		months have you seen your primary care physicia ith your mental health, emotions, nerves, or your	
AF74	在過去十二個月過您的主治醫生	日中,您是否曾經因為您的精神健康、情感、神經 E或全科醫生?	、酗酒或吸毒的問題約見
AF74	0	YES1	
	Q	NO2	
	) )	REFUSED         -7           DON'T KNOW         -8	
'QA23_F23'		months have you seen any other professional, su social worker for problems with your mental heal ohol or drugs?	
		日中,您是否曾經因為您的精神健康、情感、神經 美人員,例如心理諮詢師、精神病醫生或社會工作	
AF75	0	YES1	
	Q	NO2	
	0	REFUSED7 DON'T KNOW8	
		<b>3_F24':</b> <b>F23'</b> = 1, THEN CONTINUE;	
'QA23_F24'		ur problems with mental health, emotions, nerves st 12 months. Did you receive care from an in-pe ?	
AF114		云 12 個月內出現的精神健康、情緒、神經問題或何 而就診、視像就診或電話就診的方式獲得護理?(	
ALTIT	[CHECK ALL T	HAT APPLY]	
		IN-PERSON VISIT	[GO TO 'QA23_F25']
		VIDEO VISIT	[GO TO 'QA23_F26'] [GO TO 'QA23_F27']
	O	NO4	[GO TO
	O	REFUSED7	'PN_QA23_F28'] [GO TO
	•	DON'T KNOW8	'PN_QA23_F28'] [GO TO 'PN QA23 F28']

'QA23_F25'	How satisfied	are you with the in-person visi	t?	
	您對透過當面原	就診獲得的護理滿意程度為何的	?	
AF115				
	O	Very satisfied 非常滿意	1	
	O	Somewhat satisfied	2	
	•	較滿意		
	•	Somewhat dissatisfied 較不滿意	3	
	O	Very dissatisfied	4	
		非常不滿意		
	O	REFUSED	-7	
	Ö	DON'T KNOW		
'QA23_F26'	How satisfied	are you with the video visit?		
	你對透過相像	就診獲得的護理滿意程度為何的	?	
AF116	心力及過几個	此的技术可以全面总统(A)	•	
71.0	O	Very satisfied 非常滿意	1	
	O	Somewhat satisfied 較滿意	2	
	O	Somewhat dissatisfied 較不滿意	3	
	O	Very dissatisfied 非常不滿意	4	
	O	REFUSED	-7	
	Ö	DON'T KNOW		
'QA23_F27'	How satisfied	are you with the telephone vis	it?	
	您對透過電話原	就診獲得的護理滿意程度為何:	?	
AF117				
	O	Very satisfied 非常滿意	1	
	•	Somewhat satisfied 較滿意	2	
	O	Somewhat dissatisfied 較不滿意		
	O	Very dissatisfied 非常不滿意	4	
	O	REFUSED	7	
	O	DON'T KNOW		
PROGRAMMIN IF 'QA23_F22' ELSE SKIP TO	= 1 OR 'QA23	<b>3_F28</b> ': _ <b>F23</b> ' = 1 THEN CONTINUE \ _	NITH <b>'QA23_F28'</b> ;	
	Z, (=0_1 00			
'ΩΔ23 F28'	Did vou seek l	neln for your mental or emotion	nal health or for an alcohol or drug	a problem?

Did you seek help for your mental or emotional health <u>or</u> for an alcohol or drug problem?

您是否曾經因為精神或情感健康、酗酒或吸毒的問題尋求幫助?

AF76

	O	MENTAL-EMOTIONAL HEALTH1	
	0	ALCOHOL-DRUG PROBLEM2 BOTH MENTAL &	
	9	ALCOHOL-DRUG PROBLEMS3	
	O	REFUSED7	
	Ö	DON'T KNOW8	
	NO NOTE (OA)		
	NG NOTE 'QA2	23_F29': nental or emotional health";	
		ise of alcohol or drugs";	
		nental or emotional health and your use of alcoho	l or drugs":
ELSE SKIP TO			
'QA23_F29'		months, how many visits did you make to a profe	
		or emotional health/use of alcohol or drugs/menta	or emotional health and
	your use of all	cohol or drugs}?	
	<b>左過去十</b> 一個	月中,您{因為精神或情感健康/酗酒或吸毒/精神情	成健康以及耐洒武吸害的
	問題}約見專業		态使尿丛及面白鸟及母的
AF77	问题}까?允夺未	(八貝多少仇!	
AITT	Do not count	overnight hospital stays.	
	Do not count	overnight hospital stays.	
	請勿包括住院	的次數。	
	17,73 (2,12 (2,17))	NUMBER OF VISITS	[HR: 0-365, SR:0-52]
	O	REFUSED7	•
	•	DON'T KNOW8	
(OA22 E20)	Are you etill re	and wing treatment for those problems from one or	mara of these providers?
'QA23_F30'	Are you still re	eceiving treatment for these problems from one or	more or triese providers?
	您現在仍然因	為這些問題在約見其中的一位或多位服務提供者嗎	?
AF78			•
	•	YES1	[GO TO 'QA23_F33']
	Ö	NO2	[66:6 @
	O	REFUSED7	[GO TO 'QA23_F33']
	•	DON'T KNOW8	[GO TO 'QA23_F33']
'QA23_F31'	Did you comp	lete the recommended full course of treatment?	
	你旦不已經空	成了建議的全部療程?	
AF79	心足百口紅兀	以 】 连峨山土印凉住!	
AF19	$\circ$	YES1	[CO TO (OA22 E22]
	O O	NO2	[GO TO 'QA23_F33']
	0	REFUSED7	[GO TO 'QA23_F33']
	Ö	DON'T KNOW8	[GO TO 'QA23_F33']
			[00:00]
'QA23_F32'	What is the <u>m</u>	ain reason you are no longer receiving treatment	?
,	您不再接受治	療的主要原因是什麼?	
AF80			
	<b>O</b>	GOT BETTER/NO LONGER NEEDED1	
	O	NOT GETTING BETTER2	
	•	WANTED TO HANDLE PROBLEM	
		ON OWN3	
	•	HAD BAD EXPERIENCES WITH	

	) ) ) )	TREATMENT	
'QA23_F33'		st 12 months, did you take any prescription medications, such as an it or sedative, almost daily for two weeks or more, for an emotional or lem?	
AJ5		月中,您是否曾經因情感或個人問題連續兩週或以上幾乎每天服用任何處方         鬱藥或鎮靜劑?         YES	
Stigma	•	DON'T KNOW8	
IF 'QA23_F20	CONTINUE WI	_F34': 23_F22'≠ 1 AND 'QA23_F23'≠ 1) (PERCEIVED NEED, BUT NO TH 'QA23_F34';	
'QA23_F34'	Here are some reasons people have for not seeking help even when they think they might need it. Please mark 'yes' or 'no' for whether each statement applies to why you did not see a professional.		
AF82		感到需要尋求幫助時沒有尋求幫助的一些原因。請對以下每一項陳述回答「 說明您沒有約見專業人員的原因。	
7 02	You were con	cerned about the cost of treatment.	
	您擔心治療的	費用。	
	您擔心治療的 〇 〇 〇	費用。  YES	
'QA23_F35'	) ) )	YES1 NO2 REFUSED7	
'QA23_F35' AF83	O O O You did not fe	YES	
'QA23_F35' AF83	O O O O You did not fe 您與專業人員	YES	
	O O O You did not fe 您與專業人員i	YES	
	O O O O You did not fe 您與專業人員	YES	

	您擔心如果有力	人知道了您的問題後會出現什麼情況。
AF84	) ) )	YES
'QA23_F37'	You had a hare	d time getting an appointment.
AF85	您在預約時遇到	<b>到了困難。</b>
	) ) )	YES
Climate Chang	ge	
		3_F38': LCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS
'QA23_F38'		ngerous weather-related events are increasing in California. These include waves, flooding, wildfires, and smoke from wildfires.
[AE440D]	在加州,與天氣 、野火產生的短	氣相關的潛在危險事件發生頻率正在上升。其中包括極端熱浪、洪水、野火 型霧。
AF110B	In the past two extreme heat v	years, have you or members of your household personally experienced wave?
	過去兩年間,怎	您或家庭成員是否曾親身經歷極端熱浪?
	0 0 0	YES
'QA23_F39'	Wildfire?	
AF110C	野火?	
	) ) )	YES
'QA23_F40'	Smoke fro	m wildfire?
AF110D	野火產生的	为煙霧?
	<b>O</b>	YES1 NO2

	<b>O</b>	REFUSED7 DON'T KNOW8	
'QA23_F41'	Flood/risir	ng sea levels/mudslide?	
AF110E	洪水/海平面上升/山泥傾瀉?		
-	) ) )	YES	
PROGRAMMII	NG NOTE 'QA2	3_F42':	
PHYSICAL HE IF 'QA23_F38' 'QA23_F39' = OR 'QA23_F4 OR 'AF112E' =	>= 2 OR (ADU) EALTH OF MEM ' = 1 THEN CONT 1 THEN CONT 0' = 1 THEN CONT PLAY 'Not applic	LCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE BERS OF YOUR HOUSEHOLD" NTINUE AND DISPLAY "Yes, from extreme heat waves', OR INUE AND DISPLAY "Yes, from wildfire" OR DNTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR TINUE AND DISPLAY, "Yes, from flooding" cable'	
'QA23_F42'	Was your physical health {or the physical health of members of your household} harmed by any of these events?		
	您的身體健康	或您家庭成員的身體健康}情況在這些事件中有否受到傷害?	
AF111B	[DISPLAY ON	LY SELECTED RESPONSES FROM EARLIER QUESTION]	
		YES, FROM EXTREME HEAT WAVES1	
		YES, FROM FLOODING2	
		YES, FROM WILDFIRES3	
		YES, FROM SMOKE FROM WILDFIRES4	
	0	NOT APPLICABLE5	
	0	REFUSED7 DON'T KNOW8	
PROGRAMMII	NG NOTE 'QA2	3_F43':	
HEALTH OF M IF 'QA23_F38' 'QA23_F39' = OR 'QA23_F4' OR 'AF112E' =	S >= 2 OR (ADU) MEMBERS OF Y ME	LCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL OUR HOUSEHOLD" NTINUE AND DISPLAY "Yes, from extreme heat waves', OR INUE AND DISPLAY "Yes, from wildfire" OR ONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR TINUE AND DISPLAY, "Yes, from flooding" cable'	

'QA23_F43'	Was your mental health {or the mental health of members of your household} harmed by any of these events?		
AF112B	您的心理健康	{或您家庭成員的心理健康}情況在這些事件中有受到傷害嗎?	
AFIIZB	[DISPLAY ON	ILY SELECTED RESPONSES FROM EARLIER QUESTION]	
		Yes, from extreme heat waves1 是,極端熱浪	
		Yes, from flooding2 是,洪水	
		Yes, from wildfires3 是,野火	
		Yes, from smoke from wildfires4	
	_	是,野火產生的煙霧	
	•	Not Applicable5 不適用	
	Q	REFUSED7	
	0	DON'T KNOW8	
PROGRAMMI	NG NOTE 'QA2	'3_F44':	
	' = 1 CONTINUI		
ELSE SKIP I	PROGRAMIMI	NG NOTE 'QA23_G1' IN 'SECTION G'	
'QA23_F44'	When you experienced wildfire smoke in your community, did you access a space that provided filtered air?		
AF118	當您在社區中	遇到野火煙霧時,您是否進入了提供過濾空氣的空間?	
ALTIO		Yes, my home1 是,我自己的家	
		Yes, a friend or neighbour's home2 是,朋友或鄰居家	
		Yes, a community cleaner air shelter3 是, 社區清潔空氣庇護所	
		Yes, a commercial building (mall, movie theater, etc.)	
	O	No5 否	
	•	Not applicable6 不適用	
	_	—	
	0	REFUSED	

# Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

# PROGRAMMING NOTE 'QA23\_G1':

#### **DISPLAY INSTRUCTIONS:**

IF CHILD INTERVIEW COMPLETED AND 'QA23\_A39' = 1 AND 'CH12' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services." OR IF CHILD INTERVIEW COMPLETED AND 'QA23\_A39' = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

'QA23\_G1' Now a few more questions about your background. {Your answers are confidential and will not be reported to Immigration Services.}

現在,我想問幾個有關您的背景的問題,你的回答會得到保密,不會向移民局報告。}

# PROGRAMMING NOTE 'QA23 G2':

IF CHILD INTERVIEW COMPLETED AND 'QA23\_A39' = 1, MARK 'QA23\_G2' = 'CH11' AND GO TO 'QA23\_G3';

IF CHILD INTERVIEW COMPLETED AND 'QA23\_A39' = 2, MARK 'QA23\_G2' = 'CH14' AND GO TO 'QA23\_G3';

ELSE CONTINUE WITH 'QA23\_G2';

'QA23\_G2' In what country were you born?

您是在哪一個國家出生的?

#### AH33

# [SELECT FROM MOST LIKELY COUNTRIES]

$\mathbf{O}$	UNITED STATES	1
$\mathbf{O}$	AMERICAN SAMOA	2
O	CANADA	3
O	CHINA	4
$\mathbf{O}$	EL SALVADOR	5
$\mathbf{O}$	ENGLAND	6
O	FRANCE	7
O	GERMANY	8
$\mathbf{O}$	GUAM	9
O	GUATEMALA	10
O	HUNGARY	11
O	INDIA	12
$\mathbf{O}$	IRAN	13
O	IRELAND	14
O	ITALY	15
O	JAPAN	16
O	KOREA	17
O	MEXICO	18
O	PHILIPPINES	19
O	POLAND	20
O	PORTUGAL	21
O	PUERTO RICO	22
O	RUSSIA	23

$\mathbf{O}$	TAIWAN	24
O	VIETNAM	25
O	VIRGIN ISLANDS	26
O	OTHER (SPECIFY:	) 91
0	•	
$\mathbf{O}$	DON'T KNOW	-8

# PROGRAMMING NOTE 'QA23\_G3':

IF 'QA23\_G2'≠ 1, (NOT BORN IN US) GO TO 'PN\_QA23\_G5';

'ELSE IF 'QA23\_G2' = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH 'QA23\_G3':

IF CHILD INTERVIEW COMPLETED ['QA23\_A39' = 1, 2 AND 'QA23\_G2' = 1 DISPLAY "You previously mentioned you were born in the United States."];

ELSE DISPLAY "In what country was your mother born"

**'QA23\_G3'** {You previously mentioned you were born in the United States}. In what country was your mother born?

{您先前提到過您出生於美國。}您的母親是在哪個國家出生的?

# AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

# 'QA23\_G4' In what country was your father born?

您的父親是在哪一個國家出生的?

# AH35

# [SELECT FROM MOST LIKELY COUNTRIES]

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

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

Citizenship and Immigration

# PROGRAMMING NOTE 'QA23\_G5':

IF 'QA23\_G2' = 1 (USA) OR 9 ( $\overline{G}$ UAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [ IF CHILD INTERVIEW COMPLETED AND [('QA23\_A39' = 1 AND 'CH11A' = 1) OR ('QA23\_A39' = 2 AND 'CH14A' = 1)], CODE 'QA23\_G5' = 1 AND GO TO 'PN\_QA23\_G11'; ELSE CONTINUE WITH 'QA23\_G5'

'QA23\_G5' Are you a citizen of the United States?

您是美國公民嗎?

AH39

$\mathbf{O}$	YES	1
O	NO	2
O	APPLICATION PENDING	3

	O REFUSED		
IF 'QA23_G5'	NG NOTE 'QA23_G6': = 2, 3 CONTINUE ELSE GOTO 'QA23_G7' = 2 (AMERICAN SAMOA), GO TO 'PN_QA23_G9'		
'QA23_G6'	Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.		
AH40	您是持有綠卡的永久居民嗎?您的回答會得到保密,不會向移民局報告。		
AH40	[IF NEEDED, SAY: "PEOPLE USUALLY CALL THIS A "GREEN CARD" BUT THE COLOR CAN ALSO BE PINK, BLUE, OR WHITE.]		
	人們通常把它稱作「綠卡」,但卡的顏色可能是粉紅色、藍色或白色。		
	YES       1         NO       2         APPLICATION PENDING       3         REFUSED       -7         DON'T KNOW       -8		
'QA23_G7'	About how many years have you lived in the United States?		
AH41	您在美國已經居住了大約多少年?		
Allti	[FOR LESS THAN A YEAR, ENTER 1 YEAR]		
	NUMBER OF YEARS YEAR (FIRST CAME TO LIVE IN US) ORFUSED		
IF 'QA23_G5'	NG NOTE 'QA23_G9': = 1 (NATURALIZED) OR 'QA23_G6' = 1 (HAS GREEN CARD), GO TO 'QA23_G11'; IUE WITH 'QA23_G9'		
'QA23_G9'	Are you currently here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?		
ACOCD	您目前是否通過持有下列任何一項文件而在美國:旅遊簽證、學生簽證、工作簽證或許可、或其他允許您在美國有限期居留的 的證件?		
AG36B	[INTERVIEWER: CHECK FIRST MENTION.] [INTERVIEWER: CIRCLE "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]		
	O TOURIST VISA		

	O	PERMITS STAY FOR LIMITED TIME6 REFUGEE/ASYLUM STATUS8	[GO TO 'QA23_G11']	
	O	OTHER (SPECIFY:)91		
	O O	REFUSED	[GO TO 'QA23_G11'] [GO TO 'QA23_G11']	
	9	DON 1 KNOW8	[GO TO QA25_GTT]	
'QA23_G10'	Is this visa or	document still valid or has it expired?		
AG37B	該簽證或證件	是否仍然有效還是已過期?		
AG3/B	O	VALID1		
	ŏ	EXPIRED2		
	Ö	APPLICATION PENDING3		
	O	REFUSED7		
	O	DON'T KNOW8		
Living with Par	ents			
IF [AAGE < 30 HH) AND 3 OR DIVORCED, S CONTINUE W	R MORE ADULT	= 1 (AGE 18-29)] AND [' <b>QA23_A25</b> ' = 1 (SPOU 'S LIVE IN HH OR ' <b>QA23_A24</b> ' = 3, 4, 5, 6, -7, C EVER MARRIED, REF, DK) AND 2 OR MORE AI I';	R -8 (WIDOWED,	
'QA23_G11'	Are you now living with either of your parents?			
ALLADA	您目前有沒有與您的父母之中一人住在一起?			
AH43A	[INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]			
	O	YES1		
	0	NO2 REFUSED7		
	0	DON'T KNOW8		
	•	DOI 1 1440V		
Teen Permission	on			
'QA23_G12'	We would like	entioned you had at least one adolescent age 12 to survey {ADOLESCENT'S FIRST NAME OR IN EDESIGNATION} for our study. It is a web surve	NITIALS OR	

{him/her} about 15 minutes to complete.

Your teen's answers may help other teens in your community and across California.

{您之前提到過, 您家裡至少有一位 12 至 17 歲的青少年。} 我們的研究想要對 {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}進行 調查。這是一項網上調查,{他/她}可能需要花費大約15分鐘完成。您孩子的答案可能會 對您社區和整個加州的其他青少年有幫助。

TP1

As a token of our appreciation, we will send your teen a \$10 gift card for completing the survey.

我們將寄送 10 美元的禮券以酬謝您的孩子完成這項調查。

We will mail the survey information to your home with instructions on how your teen can complete the survey.

我們會將調查資訊郵寄到您家中,其中附有指導您的孩子完成調查的操作指南。

# 1. Click here to see the types of questions we will ask

按一下這裡杳看我們將提出的問題類型

[Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issues including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, and using drugs. There are also some questions about bullying, violence, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need.

{青少年調查中的問題非常類似您正在回答的問題,但長度要短得多。其中涵蓋了一系列健康問題,包括一般健康、飲食、運動,以及其他健康和不健康的習慣,如吸煙、飲酒、吸毒等。還有一些關於霸凌、暴力、和性行為的問題。有幾個關於自殺想法或企圖的問題,因為這是相當嚴重的健康問題。對任何需要幫助的青少年,我們提供諮詢和援助資訊。}

Your teen can skip any question they want or stop the survey at any time.]

您的孩子可以隨時跳過任何一個問題,並可以隨時終止調查。

#### <u>2.</u> <u>Click here to learn about how we intend to contact your teen</u>

按一下這裡了解我們將如何聯絡您的孩子

[We will send a letter to your home asking you to provide a sealed envelope to your teen. This envelope will include the study link and their unique secure access code. With your permission, we will also obtain a best phone number to try and complete the survey over the phone in the event your teen does not complete the survey on the web. Your teen's name and any contact information we have will be erased from our records after the study is complete.]

我們將寄一封信到您家裡,要求您給您的孩子一封密封信封。這信封會包含研究連結及其獨有的安全存取碼。在您同意之下,如果您的青少年沒有完成線上調查,我們還希望向您取得最方便的聯絡電話號碼,儘量透過電話完成調查。研究完成之後,您孩子的名字和聯絡方式都會從我們的紀錄中刪除。

#### 3. Click here for our privacy protection policy

按一下這裡查看我們的隱私權保護政策

[Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete. For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.]

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}可以 跳過任何{他/她}想跳過的問題,或者可以隨時停止調查。就如同您的答案一樣,我們將 嚴格保密{他/她}的答案,並將其與其他青少年的答案相結合,僅供研究之用。{他/她}的名字不會與這些答案相關連。{他/她}的名字和我們所擁有的聯絡方式將在研究完成後從我們的記錄中刪除。}

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?

我們是否有您的許可與{他/她}聯絡,並請{他/她}參加調查?

O	Yes	1
O	No	2
O	REFUSED	7
$\circ$	DON'T KNOW	-8

#### PROGRAMMING NOTE 'QA23 G13':

IF 'QA23 G12' = 2, -7, -8 SKIP TO 'QA23 G14';

ELSE CONTINUE WITH 'TP 1A':

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA23\_G12', DO NOT DISPLAY "Questions in teen survey....in need.;

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA23\_G12', DO NOT DISPLAY "Like your answers, {his/her} answers....8714."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA23\_G12'=1, SKIP TO 'QA23\_G15'

'QA23\_G13' Thank you. Your teen's answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

謝謝您的合作。您孩子的答案可能會對您社區和整個加州的其他青少年有幫助。{在繼續進行之前,我們需要向您展示一些文本。}

# TP1\_A

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. He/she} can skip any questions {he/she} wants or stop the survey at any time}

{青少年調查中的問題非常類似您正在回答的問題,但長度要短得多。其中涵蓋了一系列健康問題,包括一般健康、飲食、運動,以及其他健康和不健康的習慣,如吸煙、飲酒、吸毒等。還有一些關於霸凌、暴力、和性行為的問題。有幾個關於自殺想法或企圖的問題,因為這是相當嚴重的健康問題。對任何需要幫助的青少年,我們提供諮詢和援助資訊。}

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.

{青少年調查中的問題非常類似您正在回答的問題,但長度要短得多。其中涵蓋了一系列健康問題,包括一般健康、飲食、運動,以及其他健康和不健康的習慣,如吸煙、飲酒、吸

毒等。還有一些關於霸凌、暴力、和性行為的問題。有幾個關於自殺想法或企圖的問題, 因為這是相當嚴重的健康問題。對任何需要幫助的青少年,我們提供諮詢和援助資訊。}

For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

要進一步了解有關研究對象權利的資訊,請聯絡研究對象保護辦事處(Office for the Protection of Research Subjects),電話號碼是 310-825-8714

To confirm, do we have your permission to contact {him/her} and ask {him/her} to participate in the survey?

確認一下,我們是否有您的許可與{他/她}聯絡,並請{他/她}參加調查?

$\mathbf{O}$	Yes	1
O	No	2
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	

#### PROGRAMMING NOTE 'QA23 G14':

IF 'QA23\_G12'\_A = 2, -7, -8 CONTINUE WITH 'QA23\_G14' AND DISPLAY "However,....interview"; ELSE IF 'QA23\_G12'=2, CONTINUE WITH 'QA23\_G14' AND DISPLAY "Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 8714."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA23\_G12', DO NOT DISPLAY "Questions in teen survey.... any time."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA23\_G12', DO NOT DISPLAY "Like your answers, {his/her} answers ....8714."

ELSE SKIP TO 'QA23\_G15'

'QA23\_G14' We understand that you would prefer that your teen not participate in the survey.

#### TP1 BRC

choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.}

{然而,加州正面臨這些重要的公共健康問題。某些父母選擇不讓他們的孩子參與,因為讓孩子回答有關毒品或性行為的問題,他們會感覺不自在。如果您希望我不要問關於吸毒或性行為的問題,我可以確定在訪談中不會提這些問題。}

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counselling and support information for any teen in need. {He/she} can skip any questions {he/she} wants or stop the survey at any time.}

{青少年調查中的問題非常類似您正在回答的問題,但長度要短得多。其中涵蓋了一系列健康問題,包括一般健康、飲食、運動,以及其他健康和不健康的習慣,如吸煙、飲酒、吸毒等。還有一些關於霸凌、暴力、和性行為的問題。有幾個關於自殺想法或企圖的問題,因為這是相當嚴重的健康問題。對任何需要幫助的青少年,我們提供諮詢和援助資訊。}

These are important public health issues facing California. Some parents choose to not

let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.

加州正面臨這些重要的公共健康問題。某些父母選擇不讓他們的孩子參與,因為讓孩子回答有關毒品或性行為的問題,他們會感覺不自在。如果您希望我不要問關於吸毒或性行為的問題,我可以確定在訪談中不會提這些問題。

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.} For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}可以 跳過任何{他/她}想跳過的問題,或者可以隨時停止調查。就如同您的答案一樣,我們將 嚴格保密{他/她}的答案,並將其與其他青少年的答案相結合,僅供研究之用。{他/她}的 名字不會與這些答案相關連。{他/她}的名字和我們所擁有的聯絡方式將在研究完成後從 我們的記錄中刪除。}

Given this information, would you reconsidering giving us your permission to contact {him/her} and ask {him/her} if {he/she} will participate in the survey?

根據這些訊息,您是否會重新考慮允許我們聯繫{他/她}並詢問{他/她}是否願意參加這項調查嗎?

$\mathbf{O}$	Yes1	[GO TO 'QA23_G15']
•	Yes, if no questions on drugs2	[GO TO 'QA23_G15']
•	Yes, if no questions on sexual behavior3	[GO TO 'QA23_G15']
•	Yes, if no questions on drugs and	
	sexual behavior4	[GO TO 'QA23_G15']
•	No5	[GO TO 'QA23_G18']
•	REFUSED7	
•	DON'T KNOW8	[GO TO 'QA23_G18']

'QA23 G15'

Thank you for permitting your teen to participate in this important study. In order to properly contact your teen, please provide {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} first and last name. Remember {his/her} name is never connected with {his/her} answers.

感謝您同意讓您的青少年參與這項重要的研究。為了以適當方式聯絡您的孩子,請提供 {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}的名字和姓氏。請記住,{他的/她的}名字不會和回答聯繫起來。

TP	NAME

First name	
名字	
ъ т	
Last name	
姓氏	

In the event your teen does not complete the web survey, we would like your permission to try and call your teen and have {him/her} complete the survey over the phone. Because it is important that we contact {ADOLESCENT'S FIRST NAME} to complete the survey, it would be helpful if you could provide the best phone number to try and contact {him/her}. This phone number will be erased from our records after the study is complete. This may be a home, landline, or cell phone number.

如果您的孩子沒有完成線上調查,我們希望取得您的同意,儘量聯絡您的孩子讓{他/她} 透過電話完成調查。因為我們必須聯繫{ADOLESCENT'S FIRST NAME}來完成本調查, 如果您能提供{他/她}的最佳聯絡電話號碼以儘量聯絡到他{他/她},將會很有幫助。研究 完成後,這個電話號碼將從我們的記錄中刪除。這可以是住家、有線(固網)或手機號碼

Would you please provide a home, landline, or other cell phone number that we may call to contact {ADOLESCENT'S FIRST NAME}?

可以請您提供我們聯繫(ADOLESCENT'S FIRST NAME)的住家、有線(固網)或手機號

	碼嗎?	,	, , , , , , , , , , , , , , , , , , , ,
		Landline	[GO TO 'QA23_G16']
'QA23_G16'	Is the cell pho	one number you just provided your teen's persona	al phone number?
TP2_CELL2	) 0 0	手機號碼是您孩子的私人電話號碼嗎?  Yes	
'QA23_G17'	•	DON'T KNOW8 g to let us send your teen a text message reminde	er to participate in the
TP3	survey? 您是否同意我	們向您的孩子發送簡訊,以提醒參與調查?	
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_G19'] [GO TO 'QA23_G19'] [GO TO 'QA23_G19'] [GO TO 'QA23_G19']
'QA23_G18'	We understar	nd that you would prefer your teen not participate ideration.	in the survey. Thank you
TP6	我們理解您不	希望您的孩子參與調查。非常感謝您的體諒。	

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PROGRAMMING NOTE 'QA23_G19':
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IF 'QA23\_G12' = 1 OR 'QA23\_G12'\_RC = 1,2,3, CONTINUE WITH 'QA23\_G19'; ELSE SKIP TO 'QA23\_G20'

'QA23\_G19' Thank you for allowing your teen to participate. We have some more questions for you.

感謝您允許您的孩子參加。我們還有一些問題要問您。

# TP\_END

Paid Child care

#### PROGRAMMING NOTE 'QA23 G20':

ANY CHILDREN IN 'QA23\_A38' ARE AGE 13 OR LESS, CONTINUE WITH 'QA23\_G20'; ELSE GO TO 'QA23\_A23';

IF ANY CHILD IN ROSTER 'QA23\_A38' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children under age 14":

IF 'QA23\_A24' = 1 (MARRIED) AND 'QA23\_A25' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";

ELSE IF 'QA23\_A25' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner"; ELSE DISPLAY "you"

# 'QA23\_G20'

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

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

# AH44A

[IF NEEDED, SAY: "THIS INCLUDES HEAD START, DAY CARE CENTERS, BEFORE-OR AFTER-SCHOOL CARE PROGRAMS, AND ANY BABY-SITTING ARRANGEMENTS.]

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

$\mathbf{O}$	YES1	
O	NO2	[GO TO 'QA23_A23']
O	REFUSED7	[GO TO 'QA23_A23']
0	DON'T KNOW8	[GO TO 'QA23 A23']

'QA23 G21' In the past month, how much did you pay for all child care arrangements and programs?

在上個月中, 您為所有的幼兒看護安排及計劃支付了多少費用?

#### AH44B

[IF NEEDED, SAY: "IF IT IS EASIER FOR YOU, YOU CAN TELL ME WHAT YOU PAID IN A <u>TYPICAL WEEK</u> LAST MONTH. YOU OR ANY OTHER ADULT IN YOUR HOUSEHOLD."]

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

0	<pre>\$ AMOUNT LAST MONTH \$ AMOUNT IN TYPICAL WEEK</pre>	[HR: 0-8,000] [HR: 0-3,000]
O	NO PAYMENT IN LAST	
•	MONTH OR WEEK	

	•	DON'T KNOW8	
Veteran Status			
'QA23_G22'	Did you ever	serve on active duty in the Armed Forces of the U	nited States?
AG22	您是否曾經在	美國軍隊當過現役軍人?	
	) ) )	YES	[GO TO 'QA23_G27'] [GO TO 'QA23_G27'] [GO TO 'QA23_G27']
'QA23_G23'	When did you	u serve?	
AG23	您是什麼時候	在軍隊服役的?	
AGZS	• • •	FROM TO STILL SERVING, OR	
	[CHECK ALL	THAT APPLY]	
		WORLD WAR II (SEPT 1940 TO JULY 1947)1	
		KOREAN WAR (JUNE 1950 TO JAN 1955)2	
		VIETNAM WAR (AUG 1964 TO APRIL 1975)3	
		GULF WAR/ OPERATION DESERT STORM (1990 TO 1991)4	
		AFGHANISTAN/ OPERATION ENDURING FREEDOM (2001 TO 2021)5	
		IRAQ WAR/ OPERATION IRAQI FREEDOM	
	<b>O</b>	(2003 TO 2021)	
'QA23_G24'	Altogether, ho	ow long did you serve?	
AG24	您總共服役多	長時間?	
	0	YEARSMONTHS REFUSED7 DON'T KNOW8	
'QA23_G25'	Do you have	a VA service-connected disability rating?	
AG31	您是否有美國	退伍軍人服役殘疾(VA service-connected disabil	ity)評分?
7031	0	YES1	

	<b>O</b>	NO2 REFUSED7	[GO TO 'QA23_G27'] [GO TO 'QA23_G27']			
	0	DON'T KNOW8	[GO TO 'QA23_G27']			
'QA23_G26'	What is your	service-connected disability rating?				
AG32	您與服役相關	而造成殘疾的等級是多少?				
	O	0 PERCENT1				
	O	10 OR 20 PERCENT2				
	0	30 OR 40 PERCENT				
	0	50 OR 60 PERCENT4 70 PERCENT OR HIGHER5				
	0	REFUSED7				
	Ö	DON'T KNOW8				
Employment						
'QA23_G27'	Which of the	following were you doing last week?				
AK1	您上週曾經從	事以下哪些工作,是				
ANI		[IF NEEDED: IF R MENTIONS 'WORKING REMOTELY', CODE AS 'WORKING AT A JOB OR BUSINESS']				
	如果您以遠程	<b>是方式在家工作,請選擇您是為了一項工作或一間</b> 么	<i>司工作。</i>			
	O	Working at a job or business1	[GO TO 'PN_QA23_G31']			
	O	With a job or business but not at work2				
	O	Looking for work, or3				
	O	Not working at a job or business?4	100 TO			
	0	REFUSED7	[GO TO			
	O	DON'T KNOW8	'PN_QA23_G31'] [GO TO 'PN_QA23_G31']			
'QA23_G28'	What is the m	nain reason you did not work last week?				
AVO	您上週沒有工	作的主要原因是什麼?				
AK2	[IF NEEDED, SAY: "MAIN REASON IS THE MOST IMPORTANT REASON."]					
	主要原因指最	重要的原因。				
	0	TAKING CARE OF HOUSE OR FAMILY1				
	O O	ON PLANNED VACATION2 COULDN'T FIND A JOB3				
	9	GOING TO SCHOOL/STUDENT4				
	9	RETIRED5	[GO TO 'QA23_G30']			
	Ö	DISABLED6	[GO TO 'QA23_G30']			
	O	UNABLE TO WORK TEMPORARILY7	- · · · · · · ·			
	O	ON LAYOFF OR STRIKE8				
	0	ON FAMILY OR MATERNITY LEAVE9				

	O	OFF SEASON10	)
	O	SICK11	l
	O	OTHER 91	l
	•	REFUSED	7
	•	DON'T KNOW	3
'QA23_G29'	Do you usually	work?	
AG10	您通常工作嗎?		
ACIO	•	YES1	1
	Ö	NO	
	ŏ	LOOKING FOR WORK	
	Ö	REFUSED7	
	Ö	DON'T KNOW	
556554444		0001	
IF [AAGE = -7 ( 'QA23_G28' =		5_ <b>G30':</b>   < 65] AND [ <b>'QA23_G29'</b> = 2 (DOES NOT US  R 6 (DISABLED)] CONTINUE WITH <b>'QA23_G</b>	
'QA23_G30'	Are you receivi	ng Social Security Disability Insurance or SSE	)!?
	您是否在領取社	:會安全殘障保險(Social Security Disability Ins	urance, 簡稱 SSDI)?
AL22		VE0	
	O	YES1	•
		NO	'PN_QA23_G35']
	O	NO2	
	•	REFUSED	'PN_QA23_G35']
	9	KEFUSED1	7
	•	DON'T KNOW	
	9	DOIN I KINOW	PN_QA23_G35']
			1 N_QA20_000 ]
IF 'QA23_G27' works), CONTI	<b>NG NOTE 'QA23</b> ' = 1, 2, -7, OR -8 NUE WITH <b>'QA2</b> <b>PN_QA23_G35</b> '	G (working, with job, don't know, or refused) O	R 'QA23_G29' = 1 (usually
'QA23_G31'		ob, are you employed by a private company, t or are you working without pay in a family bus	
		作的僱主是: 私人公司、政府部門、還是您是 業或農場內不付薪水的工作	自行經營者(個體經營者)
AK4	[IF NEEDED, S	AY: "WHERE DID YOU WORK MOST HOUF	₹\$?"]
	您工作時間最長	的是您的主要工作	
	O	PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION	1
	O	GOVERNMENT2	
	9	SELF-EMPLOYED	
	9	FAMILY BUSINESS OR FARM	

$\mathbf{c}$	REFUSED	7
$\mathbf{C}$	DON'T KNOW	8

# PROGRAMMING NOTE 'QA23\_G32':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_G31' = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G. BUDGET OFFICE, POLICE, ETC.]"; ELSE DISPLAY "WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?" AND [IF NEEDED, SAY: WHAT DO THEY MAKE OR DO AT THIS BUSINESS?']

[	· · · · · · · · · · · · · · · · · · ·			
'QA23_G32'	{What kind of agency or department is this? / What kind of business or industry is this?}			
AK5	{這是屬於什么	樣的機構或部門?/這是屬於什么樣的企業或行業?}		
ANS	{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.]}			
	[IF NEEDED, S	SAY: "What do they make or do at this business?"]		
	{[包括政府級別 甚麼或做甚麼'	](如州或地方)和職能(如預算辦公室、警察等)。/在這企業中他們製造 ? }]		
	R: ENTER DESCRIPTION]			
(GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)				
	<b>O</b>	REFUSED7 DON'T KNOW8		
'QA23_G33'	What is the ma	ain kind of work you do?		
	您主要從事何種	重類型的工作?		
AK6		WHERE WORKS MOST HOURS.] R: ENTER DESCRIPTION]		
	<b>O</b>	(OCCUPATION) REFUSED7 DON'T KNOW8		

# PROGRAMMING NOTE 'QA23\_G34':

IF 'QA23\_G31' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA23\_G34' = 8 AND GO TO 'QA23\_G35'; IF 'QA23\_G31' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA23\_G34' AND DISPLAY "Including yourself, about" and "you";

ELSE CONTINUE WITH 'QA23\_G34' AND DISPLAY "About" and "your employer";

**'QA23\_G34'** {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

{包括您在內}, {您的雇主/您}在所有地點總共聘用了大約多少名雇員?

AK8

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE]

# 請盡量估計人數

$\mathbf{O}$	1 OR 2	1
$\mathbf{O}$	3-9	2
$\mathbf{O}$	10-24	3
$\mathbf{O}$	25-50	4
$\mathbf{O}$	51-100	5
O	101-200	6
$\mathbf{O}$	201-999	7
$\mathbf{O}$	1,000 OR MORE	8
$\mathbf{O}$	REFUSED	7
O	DON'T KNOW	8

Employment (Spouse/Partner)

# PROGRAMMING NOTE 'QA23\_G35':

IF 'QA23\_A24' = 1 (MARRIED) OR 'QA23\_D13'= 1 OR 'QA23\_D14' = 1, CONTINUE WITH 'QA23\_G35';

IF 'QA23\_A24' = 1, THEN DISPLAY "spouse"; ELSE IF 'QA23\_D13' = 1 OR 'QA23\_D14' = 1, THEN DISPLAY "partner";

ELSE GO TO 'QA23\_H1'

'QA23\_G35' Which of the following was your {spouse/partner} doing last week?

您的{配偶/伴侶}上週曾經從事以下哪些工作?

AG8

O	Working at a job or business1 從事工作或業務	[GO TO 'QA23_G37']
O	With a job or business but not at work2 有工作或業務,但不在工作	[GO TO 'QA23_G37']
•	Looking for work3 在找工作	
•	Not working at a job or business4 沒有從事工作或業務	
O O	REFUSED	

'QA23\_G36' Does your {spouse/partner} usually work?

您的{配偶/伴侶}通常工作嗎?

AG11

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GO TO 'QA23_H1']
$\mathbf{O}$	LOOKING FOR WORK3	[GO TO 'QA23 H1']
$\mathbf{O}$	REFUSED7	GO TO 'QA23 H1']
$\mathbf{O}$	DON'T KNOW8	

'QA23\_G37' On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

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

AG9

$\mathbf{O}$	PRIVATE COMPANY,	
	NON-PROFIT ORGANIZATION	
	FOUNDATION	1
O	GOVERNMENT	2
O	SELF-EMPLOYED	3
O	FAMILY BUSINESS OR FARM	4
0	REFUSED	7
O	DON'T KNOW	8

# **Section H: Health Insurance**

**Usual Source of Care** 

'QA23\_H1' Is there a place that you usually go to when you are sick or need advice about your health?

當您生病或需要接受健康諮詢時,您是否有一個通常可以去的地方?

AH1

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

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GO TO 'QA23_H3']
$\mathbf{O}$	DOCTOR/MY DOCTOR3	[GO TO 'QA23_H3']
$\mathbf{O}$	KAISER4	[GO TO 'QA23_H3']
$\mathbf{O}$	MORE THAN ONE PLACE5	[GO TO 'QA23_H3']
$\mathbf{O}$	REFUSED7	[GO TO 'QA23_H3']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'QA23_H3']

#### PROGRAMMING NOTE 'QA23\_H2':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_H1' = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF 'QA23\_H1' = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF 'QA23\_H1' = 4 (KAISER) CIRCLE "1" FOR CONTINUE WITH 'QA23\_H2'

AND GO TO 'QA23 H3'

'QA23\_H2' {What kind of place do you go to most often—a medical/ls your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

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

AH3

$\mathbf{O}$	DOCTOR'S OFFICE/KAISER/
	OTHER HMO1
$\mathbf{O}$	CLINIC/HEALTH CENTER/
	HOSPITAL CLINIC2
$\mathbf{O}$	EMERGENCY ROOM3
$\mathbf{O}$	SOME OTHER PLACE (SPECIFY:) 91
O	NO ONE PLACE
$\mathbf{O}$	REFUSED7
0	DON'T KNOW8

**Emergency Room Visits** 

'QA23\_H3' During the past 12 months, did you visit a hospital emergency room for your own health?

在過去 12 個月中, 您有沒有因為自身的健康去過醫院急診室?

AH12

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GOTO 'QA23_H5']
O	REFUSED7	[GOTO 'QA23_H5']
O	DON'T KNOW8	[GOTO 'QA23_H5']

[GO TO 'PN \_AI6']

[GO TO 'PN AI6']

'QA23_H4'	How many time	es did you do that?	
	您去就醫多少次	ζ?	
AH95		SAY: "DURING THE PAST 12 MONTHS, HOV TAL EMERGENCY ROOM FOR YOUR OWN	
	計算您為了自己	已的健康而去醫院急診室的次數	
	<b>o</b>	NUMBER OF TIMES [HR: 0 - 200 REFUSED	7
Medicare Cove	rage		
'QA23_H5'		health insurance program for people 65 year ies. At this time, are you covered by MediCA	
	_	醫療保障計劃)是為年滿 65 歲或患有某種殘障 至受 MediCARE 保賠?	的人士提供的健康保險計劃
Al1	•	R NOTE: INCLUDE MEDICARE MANAGED F DICARE PLAN.]	PLANS AS WELL AS THE
	0	YES	
	0	NO	GOTO 'QA23_H14']
POST NOTE 'C	QA23_H5': IF 'Q	<b>A23_H5</b> ' = 1, SET ARMCARE = 1 AND SET	ARINSURE = 1
IF [AAGE > 64 COVERED BY	MEDICARE), CO	B_ <b>H6':</b> = 6 (65 OR OLDER) OR ENUM.AGE > 64] AI ONTINUE WITH <b>'QA23_H6'</b> ; B NOTE <b>'QA23_H8</b> '	ND <b>'QA23_H5'</b> = 2 (NOT
'QA23_H6'	Is it correct that you are 65 or o	t you are not covered by MediCARE even tho lder?	ugh you told me earlier that
	雖然您剛才告訴計劃),對不對	话過我您的年齡在 65 歲或 65 歲以上,但您沒有 †?	有享受 MediCARE(醫療保障
AI2	о О	CORRECT, NOT COVERED BY MEDICARE NOT CORRECT, R IS COVERED BY MEDICARE	2 <b>[GO TO</b>
			'PN ΩΔ23 H8'1

POST NOTE 'QA23\_H6': IF 'QA23\_H6' = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

O

 $\mathbf{O}$ 

O

AGE IS INCORRECT......93

REFUSED.....-7

DON'T KNOW .....-8

'QA23_H7'	What is your age, please?		
	請告訴我您的學	年齡多大。	
AI3		YEARS OF AGE [HR: 18-105]	[IF 'QA23 H7'>=0, GO
	O	REFUSED	TO 'PN_QA23_H15'] [GO TO
	0	DON'T KNOW8	'PN_QA23_H15'] [GO TO
	•	DOIN I KINOW0	'PN_QA23_H15']
	<b>QA23_H7</b> ': AID.		
SET AIDATE =   SET AAGE = '		TE (YYYYMMDD);	
		ND TERMINATE	
	NG NOTE 'QA2 'PN_QA23_H14	3_H8': IF ARMCARE = 1, CONTINUE WITH 'Q '	A23_H8';
'QA23_H8'		CARE Advantage Plan?	
		•	
AH123	這個醫療保險方	是 MediCARE Advantage 計劃嗎?	
	[IF NEEDED,	SAY: "MediCARE Advantage plans, sometimes rate companies approved by MediCARE. MediC	called Part C plans, are
		are Part A and Part B coverage."].	AIRE Advantage plans
	的私營醫保公	dvantage 醫療保險計劃,有時也被稱爲 Part C p 司提供的。MediCARE Advantage 醫療保險計劃	
	Medicare Part	·B醫療保險。	
	<b>O</b>	YES1 NO2	[GO TO 'QA23_H10']
	O	REFUSED7	
	<b>O</b>	DON'T KNOW8	
POST NOTE	QA23_H8': IF '(	<b>QA23_H8'</b> = 1, SET ARMADV = 1	
'QA23_H9'		who are eligible for MediCARE also have private lled Medigap or Medicare Supplement. Do you	
Al4		受 MediCARE 的人另外還有私人保險,有時稱為 類健康保險嗎?	Medigap 或 Medicare 補充
AIT	[IF NEEDED, SAY: "THESE ARE POLICIES THAT COVER HEALTH CARE COSTS NOT COVERED BY MEDICARE ALONE.]		
	這些是為 Med	ICARE 不提供保賠的健康護理費用提供保賠的保	
	<b>O</b>	YES	[GO TO 'PN_QA23_H14']

$\mathbf{O}$	REFUSED7	[GO TO
		'PN_QA23_H14']
O	DON'T KNOW8	[GO TO
		'PN QA23 H14'

POST NOTE FOR 'QA23\_H9': IF 'QA23\_H9'= 1, SET ARSUPP= 1

#### PROGRAMMING NOTE 'QA23 H10':

IF ARMADV  $\neq$  1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP  $\neq$  1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA23\_H14'; DISPLAYS;

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

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

#### 'QA23\_H10'

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

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

#### AH126

[IF NEEDED, SAY: "AARP STANDS FOR THE AMERICAN ASSOCIATION OF RETIRED PERSONS]

AARP 代表「美國退休人協會」。

$\mathbf{O}$	DIRECTLY	1
$\mathbf{O}$	YOUR CURRENT EMPLOYER	2
$\mathbf{O}$	YOUR FORMER EMPLOYER	3
$\mathbf{O}$	UNION	4
$\mathbf{O}$	FAMILY BUSINESS	5
$\mathbf{O}$	AARP	6
$\mathbf{O}$	SPOUSE'S / PARTNER'S EMPLOYER	7
$\mathbf{O}$	SPOUSE'S / PARTNER'S UNION	8
$\mathbf{O}$	PROFESSIONAL/	
	FRATERNAL ORGANIZATION	9
•	OTHER	91
$\mathbf{O}$	REFUSED	7
•	DON'T KNOW	8

'QA23 H11'

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

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

#### AH53

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.]

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

[IF NEEDED, SAY: "A <u>DEDUCTIBLE</u> IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

保費是	你的健	康保险	合 計畫 / 套	5年 E	7 此書。

$\mathbf{c}$	YES	1
$\mathbf{c}$	NO	2
	REFUSED	
$\mathbf{c}$	DON'T KNOW	8

**'QA23\_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?

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

#### AH54

O	YES1	
O	NO2	[GO TO
		'PN_QA23_H14']
O	REFUSED7	[GO TO
		'PN_QA23_H14']
O	DON'T KNOW8	[GO TO
		'PN_QA23_H14']

#### 'QA23 H13' Who is that?

是誰?

# AH55

[IF NEEDED, SAY: "WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL ORGANIZATION?"]

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

[PROBE: 'Any others?']

[PROBE: 「還有任何其他人或機構嗎?」]

[CODE ALL THAT APPLY]

YOUR CURRENT EMPLOYER	1
YOUR FORMER EMPLOYER	2
UNION	3
SPOUSE'S/PARTNER'S	
CURRENT EMPLOYER	4

	SPOUSE'S/PARTNER'S FORMER	
	EMPLOYER	5
	PROFESSIONAL/FRATERNAL	
	ORGANIZATION	6
	MEDICAID/MEDI-CAL ASSISTANCE	7
	OTHER	91
$\mathbf{O}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	8

### **POST NOTE FOR 'QA23 H13'**: IF '**QA23 H13'** = 7, SET ARMCAL = 1;

MediCal Coverage

# PROGRAMMING NOTE 'QA23\_H14':

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

ELSE DISPLAT Are you

'QA23\_H14' {Is it correct that you are/Are you} covered by Medi-CAL?

您享受 Medi-CAL 的保賠嗎?

Al6

[IF NEEDED, SAY: " MEDI-CAL IS A HEALTH INSURANCE PROGRAM FOR LOW-INCOME INDIVIDUALS IN CALIFORNIA."]

加州低收入醫療保險 (Medi-Cal) 是一項面向加州低收入群體的醫療保險計劃。

0	YES	1
O		
O	REFUSED	7
O		

**POST NOTE FOR 'QA23\_H14':** IF '**QA23\_H14'** = 1, SET ARMCAL = 1 AND SET ARINSURE = 1; IF ARMCAL = 1 AND '**QA23\_H14'** = 2, SET ARMCAL = 0

**Employer-Based Coverage** 

#### PROGRAMMING NOTE 'QA23 H15':

#### **DISPLAY INSTRUCTIONS:**

IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other"; ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";

ELSE DISPLAY "a"

#### 'QA23\_H15'

{Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

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

AI8

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

您可以是通過自己的或其他人的工作投保

	0	YES1		
	<b>O</b>	NO2 REFUSED7		
	Ö	DON'T KNOW8		
POST NOTE F	OR 'QA23_H15	': IF <b>'QA23_H15</b> ' = 1,	SET ARINSURE = 1	
Private Coveraç	ge			
PROGRAMMIN	IG NOTE 'QA2	3_H16':		
WITH 'AI11;		RAGE FROM MEDICARE, MEDI-CAL, AND EMP	PLOYER), CONTINUE	
ELSE GO TO 'I	PN_QA23_H18	,		
'QA23_H16'		ed by a health insurance plan that you purchased pany or HMO, or through Covered California?	directly from an	
	您是否享受您面保?	直接從保險公司或 HMO 或透過 Covered California	a購買的醫療保險計劃的承	
Al11	[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."]			
	請不要包括僅多外現金」的計劃	支付某些疾病(例如癌症或中風)費用的計劃或當 割。	您住院時僅向您支付「額	
	O	YES1		
	Ö	NO2	[GO TO	
			'PN_QA23_H18']	
	O	REFUSED7	[GO TO	
	O	DON'T KNOW8	'PN_QA23_H18'] [GO TO 'PN_QA23_H18']	
POST NOTE 'C	Δ23 H16'· IF '	<b>QA23_H16</b> ' = 1, SET ARDIRECT = 1 AND SET.	ARINSI IRF –1	
TOST NOTE &	(AZ3_1110 . II	QA25_III0 = 1, GET ANDINEGT = 1 AND GET	AININOONE =1	
PROGRAMMIN IF ARDIRECT = ELSE GO TO 'I	= 1, THEN CON	ITINUE WITH <b>'QA23_H17'</b> ;		
'QA23_H17'		urchase this health insurance – directly from an i gh Covered California?	nsurance company or	
	您是如何購買這	這項健康保險的 — 是直接從保險公司或 HMO 購買	買還是透過 Covered	

您是如 California 購買?

# AH104

$\mathbf{O}$	INSURANCE COMPANY OR HMO1
$\mathbf{O}$	COVERED CALIFORNIA2
O	OTHER (SPECIFY:) 92
O	REFUSED
$\mathbf{O}$	

#### **POST NOTE 'QA23 H17'**: IF '**QA23 H17'** = 2, THEN SET ARHBEX = 1

# PROGRAMMING NOTE FOR 'QA23 H18':

IF 'QA23\_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23\_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23\_H18'; ELSE GO TO 'PN\_QA23\_H20'

'QA23\_H18' Was this plan obtained in your own name or in the name of someone else?

這項計劃是用您的姓名申請還是用其他人的姓名申請的?

Al9

[IF NEEDED, SAY: "EVEN SOMEONE WHO DOES NOT LIVE IN THIS HOUSEHOLD."]

甚至不是住在您的家中的人

•	IN MY OWN NAME1	[GO TO 'PN_QA23_H20']
$\mathbf{O}$	IN SOMEONE ELSE'S NAME2	
$\mathbf{O}$	REFUSED7	[GO TO
		PN_QA23_H20']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		<sup>'</sup> PN_QA23_H20']

POST NOTE 'QA23\_H18': IF 'QA23\_H15' = 1 AND 'QA23\_H18' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF 'QA23\_H15' = 1 AND 'QA23\_H18' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA23\_H16' = 1 AND 'QA23\_H18' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF 'QA23\_H16' = 1 AND 'QA23\_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
IF 'QA23\_H16' = 1 AND 'QA23\_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE =
PROGRAMMING NOTE 'QA23\_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE =
PROGRAMMING NOTE 'QA23\_H19': IF 'QA23\_A24' = 1 (MARRIED) OR 'QA23\_D13' = 1 OR
'QA23\_D14' = 1 OR IF 'QA23\_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23\_A4' = 1
(BETWEEN 18 AND 29)], CONTINUE WITH 'QA23\_H19';
ELSE GO TO PROGRAMMING NOTE 'QA23\_H20';
IF 'QA23\_A24' = 1, THEN DISPLAY "spouse's name";
IF 'QA23\_A24' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

#### PROGRAMMING NOTE 'QA23 H19':

IF 'QA23\_A24' = 1 (MARRIED) OR 'QA23\_D13' = 1 OR 'QA23\_D14' = 1 OR IF 'QA23\_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23\_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23\_H19';

ELSE GO TO PROGRAMMING NOTE 'QA23 H20';

IF 'QA23 A24' = 1, THEN DISPLAY "spouse's name";

IF 'QA23 A24' ≠ 1 AND ('QA23 D13' = 1 OR 'QA23 D14' = 1), THEN DISPLAY "partner's name;

IF 'QA23\_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA23\_H19' Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

是否以您的{配偶}{伴侶}{父母}名義或其他人的名義參加該項計劃?

#### AI9A

0	IN SPOUSE'S/PARTNER'S NAME	1
Ō	IN PARENT'S NAME	2
Ō	IN SOMEONE ELSE'S NAME	3
Ō		
$\circ$	DON'T KNOW	_8

POST NOTE 'QA23\_H19': IF 'QA23\_H15'= 1 AND 'QA23\_H19'= 1 SET AREMPSP= 1 AND AREMPOTH= 0 AND ARSAMESP = 1:

IF 'QA23\_H17' = 2 AND 'QA23\_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;

IF 'QA23\_H15' = 1 AND 'QA23\_H19' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;

IF 'QA23\_H16' = 1 AND 'QA23\_H19' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP = 1;

IF 'QA23 H16' = 1 AND 'QA23 H19' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

# PROGRAMMING NOTE 'QA23\_H20':

IF 'QA23\_H15' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA23\_G34'=< 5 (FIRM SIZE <=100), CONTINUE WITH 'QA23\_H20' AND DISPLAY;

IF AREMPOWN = 1 THEN DISPLAY {you};

IF AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 THEN DISPLAY {he or she}:

ELSE GO TO PROGRAMMING NOTE 'QA23 H21':

'QA23\_H20' How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

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

#### AH105

[IF NEEDED, SAY: "SHOP IS THE SMALL BUSINESS HEALTH OPTIONS PROGRAM ADMINISTERED BY COVERED CALIFORNIA"]

SHOP 是 Covered California 開展的小企業保健選擇計劃

$\mathbf{O}$	EMPLOYER	1
O	UNION	2
O	SHOP / COVERED CALIFORNIA	3
O	OTHER (SPECIFY:)	92
O	REFUSED	-7
$\mathbf{O}$	DON'T KNOW	-8

# POST NOTE FOR 'QA23\_H20': IF 'QA23\_H20' = 3, THEN SET ARHBEX = 1

# PROGRAMMING NOTE 'QA23\_H21':

IF ARHBEX = 1, THEN CONTINUE WITH 'QA23\_H21';

ELSE GO TO 'PN QA23 H23';

'QA23\_H21' Was this a bronze, silver, gold or platinum plan?

這是銅、銀、金還是白金計劃?

#### AH106

$\mathbf{O}$	BRONZE	1
$\mathbf{O}$	SILVER	2
$\mathbf{O}$	GOLD	3
$\mathbf{O}$	PLATINUM	4
$\mathbf{O}$	MEDI-CAL / MEDICAID	5
$\mathbf{O}$	MINIMUM COVERAGE PLAN/	
	CATASTROPHIC	6
$\mathbf{O}$	OTHER (SPECIFY:)	92
$\mathbf{O}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	8

# PROGRAMMING NOTE 'QA23\_H22':

IF 'QA23\_H20' = 3, THEN GO TO 'QA23\_H23';

ELSE CONTINUE WITH 'QA23\_H22';

'QA23\_H22' Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣?

#### AH107

O	YES	
O	NO	2
O	REFUSED	7
$\bigcirc$	DON'T KNOW	-8

# PROGRAMMING NOTE 'QA23 H23':

IF 'QA23\_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23\_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23\_H23'; ELSE GO TO 'PN QA23 H28'

'QA23\_H23'

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

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

# AH57

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.]

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

[IF NEEDED, SAY: "A DEDUCTIBLE IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

保費是您的健康保險計劃的每月收費。

$\mathbf{O}$	YES1	
O	NO2	IGO TO
		'PN QA23 H26']
0	REFUSED7	
0	DON'T KNOW8	

'QA23 H24'

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

對於您的{您家庭的}健康保險計劃,您{您的家庭}每個月要支付多少錢?越準確越好。

AH128

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

請勿包括您的家庭可能需要支付的任何共付款或自付額。

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.1

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

[IF NEEDED, SAY: "A DEDUCTIBLE IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

IIF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

保費是您的健康保險計劃的每月收費。

	(AMOUNT) [HR: 0 -9997, SR: 0 - 2000]
O	REFUSED
O	DON'T KNOW8

'QA23\_H25'

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

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

AH58

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GO TO
0	REFUSED7	'PN_QA23_H28'] [GO TO
		'PN_QA23_H28']
0	DON'T KNOW8	[GO TO

### PROGRAMMING NOTE 'QA23\_H26':

IF 'QA23\_H23' = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization"; ELSE DISPLAY "Who is that"

'QA23\_H26'

Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

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

AH56

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

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

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: '還有任何其他人或機構嗎?']

	YOUR CURRENT EMPLOYER	1
	YOUR FORMER EMPLOYER	2
	UNION	
	SPOUSE'S/ PARTNER'S	
	CURRENT EMPLOYER	4
	SPOUSE'S/ PARTNER'S	
	FORMER EMPLOYER	5
	PROFESSIONAL/	
	FRATERNAL ORGANIZATION	6
	MEDICAID/MEDI-CAL ASSISTANCE	7
	MEDICARE	9
	COVERED CALIFORNIA	11
	OTHER	91
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

**POST NOTE 'QA23\_H26':** IF **'QA23\_H26'** = 1, 2, OR 3, THEN SET AREMPOWN = 1; IF **'QA23\_H26'** = 4 OR 5, THEN SET AREMPSP= 1;

IF 'QA23\_H26' = 6, THEN SET AROTHER= 1;

IF 'QA23\_H26' = 9, SET ARMCARE = 1 AND SET ARDIRECT= 0;

IF 'QA23\_H26' = 7, SET ARMCAL = 1 AND SET ARDIRECT= 0;

	' = 11, SET ARH ' = 91, THEN SE	HBEX= 1; ET AROTHER= 1	
'QA23_H27'	How much do	they contribute to your plan each month?	
A11420	他們每月就您的	的計劃供款多少?	
AH129		(AMOUNT)	[HR:0-9997,SR:0-2000]
	<b>O</b>	REFUSED7 DON'T KNOW8	
IF ['QA23_G27' 'QA23_G31'≠ COVERAGE),	3 (NOT SELF-E	3_H28': VORKED LAST WEEK) OR 'QA23_G29'= 1 (R U :MPLOYED) AND AREMPOWN ≠ 1 (NO EMPLO I'H 'QA23_H28'; G NOTE 'QA23_H32'	
'QA23_H28'	Does your emp	ployer offer health insurance to any of its employe	ees?
Al13	您的雇主有沒不	有提供醫療保險給任何員工?	
	<b>O</b>	YES	[GO TO 'PN_QA23_H32']
	O	REFUSED7	[GO TO 'PN_QA23_H32']
	•	DON'T KNOW8	[GO TO 'PN_QA23_H32']
'QA23_H29'	Are you eligible	e to be in this plan?	
Al14	您是否有資格領	參加該項計劃?	
All4	•	YES1	
	Q	NO2	[GO TO 'PN_AI5A']
	•	REFUSED7	[GO TO 'PN_QA23_H32']
	O	DON'T KNOW8	[GO TO 'PN_QA23_H32']
'QA23_H30'	What is the on	e main reason why you aren't in this plan?	
AI15	您沒有參加該項	頁計劃的一個主要原因是什麼?	
Allo	•	Covered by another plan1 由另一計劃承保	[GO TO 'PN_QA23_H31']
	O	Plan too expensive2 以前的保險太貴	[GO TO 'PN_QA23_H31']
	O	Didn't like plan offered3 不喜歡所提供的計劃	[GO TO 'PN_QA23_H31']
	O	Don't need or believe in health insurance4 不需要或不相信健康保險	[GO TO 'PN_QA23_H31']

	• •	Other (Specify:)       91 [GO TO         其他 (請詳述:)       'PN_QA23_H31']         REFUSED       -7 [GO TO         'PN_QA23_H32']       PN_QA23_H32']         DON'T KNOW       -8 [GO TO         'PN_QA23_H32']       'PN_QA23_H32']		
'QA23_H31'	What is the one	e main reason why you are not eligible for this plan?		
Al15A	您沒有資格參加	口該項計劃的一個主要原因是什麼?		
	•	HAVEN'T YET WORKED FOR1 THIS EMPLOYER LONG ENOUGH TO BE COVERED		
	O	CONTRACT OR TEMPORARY2 EMPLOYEES NOT ALLOWED IN PLAN		
	•	DON'T WORK ENOUGH HOURS3 PER WEEK OR WEEKS PER YEAR		
	<b>O</b>	OTHER (SPECIFY:) 91 REFUSED7		
	0	DON'T KNOW8		
CHAMPUS/CH	IAMPVA, TRICA	RE, VA Coverage		
PROGRAMMING NOTE 'QA23_H32':				
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH 'QA23_H32'; ELSE GO TO 'PN_QA23_H33'				
'QA23_H32'	Are you covere care?	ed by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health		
Al16	您是否享受 CH	IAMPUS/ CHAMP-VA、TRICARE、 VA 或其它軍隊醫療護理計劃?		
	<b>O</b>	YES1 NO2		
	0	REFUSED7		
	O	DON'T KNOW8		
POST NOTE 'QA23_H32': IF 'QA23_H32' = 1, SET ARMILIT= 1 AND SET ARINSURE = 1				
AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage				
DDOODAMM	NO NOTE (OA)	11001		

## PROGRAMMING NOTE 'QA23\_H33':

IF ARINSURE  $\neq$  1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'QA23\_H33'; ELSE GO TO PROGRAMMING NOTE 'QA23\_H34'

'QA23\_H33' Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

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

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

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

$\mathbf{O}$	YES	1
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
<b>O</b>	DON'T KNOW	

POST NOTE 'QA23 H33': IF 'QA23 H33'= 1, SET AROTHGOV= 1 AND SET ARINSURE = 1

Other Coverage

# PROGRAMMING NOTE 'QA23\_H34':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA23\_H34'; ELSE GO TO PROGRAMMING NOTE 'QA23\_H38'

'QA23\_H34' Do you have any health insurance coverage through a plan that I missed?

您有沒有享受任何我可能漏掉的其它醫療保險計劃?

Al18

$\mathbf{O}$	YES1	
O	NO2	
		'PN_QA23_H38']
O	REFUSED7	•
		'PN_QA23_H38']
O	DON'T KNOW8	[GO TO
		'PN_QA23_H38']

'QA23\_H35' What type of health insurance do you have?

您有哪種醫療保險計劃?

Al19

[CODE ALL THAT APPLY.]

[PROBE:'還有任何其他保險嗎?']

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

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

THROUGH CURRENT OR
FORMER EMPLOYER/UNION1
THROUGH SCHOOL DROFESSIONIAL

DOST NOTE	OA22 H25': IE	ASSOCIATION, TRADE GROUP OTHER ORGANIZATION		ADINGIDE _ 4.
IF 'QA23_H35 IF 'QA23_H35 IF 'QA23_H35 IF 'QA23_H35 IF 'QA23_H35 IF 'QA23_H35 IF 'QA23_H35 IF 'QA23_H35	"= 2, SET AREI "= 3, SET ARDI "= 4, SET ARM "= 5, SET ARM "= 7, SET ARM "= 8, SET ARIH "= 10, SET ARIH "= 11, SET ARI	'QA23_H35'= 1, SET AREMPOTH MPOTH = 1 AND SET ARINSURE = IRECT = 1 AND SET ARINSURE = CARE = 1 AND SET ARINSURE = 1; ILIT = 1 AND SET ARINSURE = 1; IS = 1; HBEX = 1 AND ARDIRECT = 1 AND HBEX = 1 AND SET ARINSURE = 1 OTHGOV = 1 AND SET ARINSURE 3, SET AROTHER = 1 AND SET AR	= 1; 1; 1; ) ARINSURE : AND AREMF = 1;	= 1 AND ARDIROTH =1;
	NG NOTE 'QA			
	' = 1, 2, OR 3 C ' <b>PN_QA23_H3</b>	CONTINUE WITH 'QA23_H36'; 8'		
'QA23_H36'	Was this plan	obtained in your own name or in the	e name of son	neone else?
AH59	該項計劃是以	您自己的名義還是以其他人的名義獲	<b></b> 得的?	
Anse	[PROBE: "Eve	en someone who does not live in thi	s household?	"]
	[PROBE: '「提	甚至不是住在您的家中的人?」']		
	•	IN MY OWN NAME	1	[GO TO
	O	IN SOMEONE ELSE'S NAME		'PN_QA23_H38']
	0	DON'T KNOW		[GO TO 'PN_QA23_H38'] [GO TO 'PN_QA23_H38']

POST NOTE 'QA23\_H36': IF ('QA23\_H35' = 1 OR 2 OR KAI19 = 11) AND 'QA23\_H36' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;

IF ('QA23\_H35' = 3 OR 10) AND 'QA23\_H36' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;

IF ('QA23\_H35' = 1 OR 2) AND ('QA23\_H36' = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;

IF 'QA23\_H35' = 1 AND ('QA23\_H36' = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

# PROGRAMMING NOTE 'QA23\_H37':

IF 'QA23\_A24' = 1 (MARRIED) OR 'QA23\_D13'= 1 OR 'QA23\_D14'= 1 OR IF 'QA23\_G11'= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA23\_H37';

ELSE GO TO PROGRAMMING NOTE 'QA23\_H38';

IF 'QA23\_A24' = 1 THEN DISPLAY "spouse's name";

IF 'QA23 A24' ≠ 1 AND ('QA23 D13'= 1 OR 'QA23 D14'= 1), THEN DISPLAY "partner's name";

IF 'QA23 G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA23\_H37' Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

該項計劃是以您的{配偶名字、}{伴侶名字、}{父母名字、}或其他人名義獲得的嗎?

#### AH60

**POST NOTE 'QA23\_H37':** IF **'QA23\_H37'=** 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;

IF 'QA23\_H37'= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

### PROGRAMMING NOTE 'QA23 H38':

IF ARIHS ≠ 1 AND 'QA23\_A11'= 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA23 H38':

ELSE GO TO 'PN\_AI37 Intro'

'QA23\_H38' Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃?

#### Al20

$\mathbf{c}$	YES	
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
$\mathbf{C}$	DON'T KNOW	_0

#### **POST NOTE 'QA23 H38'**: IF '**QA23 H38'** = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

#### PROGRAMMING NOTE 'QA23 H39':

IF ['QA23\_A24' = 1 (MARRIED) OR 'QA23\_D13' = 1 OR 'QA23\_D14' = 1] AND 'QA23\_A25' = 1

(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;

IF 'QA23 A24' = 1, THEN DISPLAY "spouse";

ELSE IF 'QA23\_D13' = 1 OR 'QA23\_D14' = 1, THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE 'QA23 H61'

'QA23\_H39' These next questions are about the type of health insurance your {spouse/partner} may have.

接下來這些問題和您的{配偶/伴侶}可能有的健康保險種類有關。

# Al37Intro

#### PROGRAMMING NOTE 'QA23 H40':

IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH 'QA23\_H40' WITHOUT DISPLAY

ELSE IF ARMCARE = 1, CONTINUE WITH 'QA23\_H40' AND DISPLAY "You said that you are covered by Medicare." AND "also";

ELSE GO TO 'PN\_QA23\_H43'

'QA23\_H40' {You said that you are covered by Medicare.} Is (<u>SPOUSE/PARTNER</u>) {also} covered by Medicare?

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

#### AI37

0	Yes	1
0	No	2
O	REFUSED	7
$\circ$	DON'T KNOW	-8

POST NOTE 'QA23\_H40': IF 'QA23\_H40' = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

#### PROGRAMMING NOTE 'QA23\_H41':

IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA23\_H42'; DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA23\_H41' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA23\_H41' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";

IF 'QA23 A24'= 1 (MARRIED) THEN DISPLAY "spouse's";

ELSE IF 'QA23 D13'= 1 OR 'QA23 D14'= 1THEN DISPLAY "partner's";

'QA23\_H41' {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

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

# AH127

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

MediCARE Adv	/antage 計劃,	有時也被稱爲	Part C 計劃,	是由 MediCA	ARE 認可的私營醫
保公司提供的。	MediCARE A	dvantage 醫療	保險計劃提供	Medicare Par	rt A 和 Medicare
Part B 醫療保險	Ż.				

$\mathbf{O}$	Yes	1
$\mathbf{c}$	No	2
$\mathbf{c}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	

POST NOTE 'QA23 H41': IF 'QA23 H41' = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

### PROGRAMMING NOTE 'QA23\_H42':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA23\_H43';

ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA23 H42' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH 'QA23\_H42' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";

IF 'QA23 A24' = 1 (MARRIED), THEN DISPLAY "spouse";

ELSE IF 'QA23\_D13' = 1 OR 'QA23\_D14' = 1THEN DISPLAY "partner";

ELSE GO TO 'PN\_QA23\_H43'

**'QA23\_H42'** {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{您說您有 Medicare 補充計劃。}您的{伴侣/丈夫/妻子/配偶} 是否{也} 加入了 Medicare 補充計劃?

## AI37A

O	YES	1
0	NO	2
O	REFUSED	7
0	DON'T KNOW	8

POST NOTE 'QA23\_H42': IF 'QA23\_H42' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23\_H43': IF ARMCAL = 1, CONTINUE WITH 'QA23\_H43';
DISPLAY "also" IF ARMCARE = 1;
ELSE GO TO 'PN\_QA23\_H44'

'QA23\_H43' You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

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

AI38

O	YES	1
0	NO	2
0	REFUSED	7
$\circ$	DON'T KNOW	-8

POST NOTE 'QA23\_H43': IF 'QA23\_H43' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

# PROGRAMMING NOTE 'QA23 H44':

IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA23_H44';
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA23_H45'

**'QA23\_H44'** You said you have insurance from <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

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

#### AI40

YES1	[GO TO 'PN_QA23_H47']
NO2	
OTHER3	
REFUSED7	
DON'T KNOW8	
	NO

**POST NOTE 'QA23\_H44':** IF **'QA23\_H44'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

### PROGRAMMING NOTE 'QA23 H45':

IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA23\_H45';

IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE 'QA23\_H46'

'QA23\_H45' You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

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

### AH108

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

SHOP是Covered California 開展的小企業保健選擇計劃。

[GO T 'PN_QA23_H47']

**POST NOTE 'QA23\_H45'**: IF **'QA23\_H45'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1 AND SPHBEX= 1;

### PROGRAMMING NOTE 'QA23\_H46':

IF 'QA23\_G35' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA23\_G36' = 1 (USUALLY WORKS), CONTINUE WITH 'QA23\_H46';

IF AREMPSP = 1 AND 'QA23\_A24' = 1, DISPLAY "You said you have insurance from your spouse's

employer or union.";

ELSE IF AREMPSP = 1 AND ('QA23\_D13' = 1 OR 'QA23\_D14' = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

ELSE GO TO 'PN\_QA23\_H47'

#### 'QA23\_H46'

{You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

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

#### AI40A

O	YES	1
	NO	
<b>O</b>	OTHER	3
	REFUSED	
	DON'T KNOW	

POST NOTE 'QA23 H46': IF 'QA23 H46' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

# PROGRAMMING NOTE 'QA23\_H47':

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA23\_H47';

IF ARMCARE = 1 OR ARMCAL= 1 OR AREMPOWN= 1, DISPLAY "also";

ELSE GO TO 'PN QA23 H48'

#### 'QA23\_H47'

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

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

#### AI41

0	YES	1
	NO	
	OTHER	
	REFUSED	
	DON'T KNOW	_0

**POST NOTE 'QA23\_H47':** IF '**QA23\_H47'=** 1, SET SPDIRECT= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1:

#### **PROGRAMMING NOTE 'QA23 H48':**

IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH 'QA23 H48';

IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO 'PN\_QA23\_H49'

## 'QA23\_H48'

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

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

_			~~
Δ	н	1	09
$\boldsymbol{\neg}$			$\mathbf{v}$

$\mathbf{O}$	YES	
O	NO	2
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

**POST NOTE 'QA23\_H48':** IF **'QA23\_H48'**= 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

#### PROGRAMMING NOTE 'QA23 H49':

IF ARMILIT = 1, CONTINUE WITH 'QA23\_H49';

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also"; ELSE GO TO 'PN\_QA23\_H50'

'QA23 H49'

You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

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

## Al42

O	YES	1
O	NO	2
O	REFUSED	7
O		

**POST NOTE 'QA23\_H49':** IF **'QA23\_H49'** = 1, SET SPMILIT = 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

### PROGRAMMING NOTE 'QA23\_H50':

IF AROTHGOV = 1, CONTINUE WITH 'QA23\_H50';

IF 'QA23\_H36' = 91, THEN DISPLAY "some government health plan":

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";

ELSE GO TO 'PN\_QA23\_H51'

'QA23 H50'

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

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

#### Al42A

O	YES	1
0	NO	2
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

POST NOTE 'QA23\_H50': IF 'QA23\_H50'= 1, SET SPOTHGOV= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1

# PROGRAMMING NOTE 'QA23\_H51':

	≠ 1, DISPLAY "a ⁄ "through any o			
'QA23_H51'	' Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?			
A146	您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險?		
Al46	O O	YES	[GO TO	
	•	REFUSED7	'PN_QA23_H53'] [GO TO 'PN_QA23_H57']	
	O	DON'T KNOW8	[GO TO 'PN_QA23_H57']	
'QA23_H52'	What type of h	ealth insurance does {he/she} have?		
Al47	{他/她}有哪一種	重健康保險?		
AH	[IF NEEDED, S directly from a	SAY: "Such as from a current or former employer, health plan."]	or that they purchased	
	[IF NEEDED, S	SAY: '例如來自現任或前任雇主,或者他們直接從何	健康計劃購得。']	
	through a curre	AME OF PRIVATE PLAN, THEN PROBE: "Did {bent or former employer/union, through a school, pother organization, or directly from the health plan	rofessional association,	
	-	AME OF PRIVATE PLAN, THEN PROBE: {他/她﹐ 專業協會、同業團體、其他機構還是直接向保健計	<del>-</del>	
	[CODE ALL TH	HAT APPLY.]		
	[PROBE: "Any	others?"]		
	[PROBE:'還有何	任何其他保險嗎? ']		
		THROUGH CURRENT OR FORMER EMPLOYER/UNION1		
		THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION2		
		PURCHASED DIRECTLY FROM HEALTH PLAN3		
		MEDICARE4		
		MEDI-CAL5		
		CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER		
		MILITARY HEALTH CARE7 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, OR URBAN INDIAN CLINIC8		
		COVERED CALIFORNIA 10		

SHOP THROUGH COVERED

	CALIFORNIA	11
	OTHER GOVERNMENT	
	HEALTH PLAN	91
	OTHER NON-GOVERNMENT	
	HEALTH PLAN	92
$\mathbf{O}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	8

```
POST NOTE 'QA23_H52': IF 'QA23_H52' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA23_H52' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA23_H52' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF 'QA23_H52' = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF 'QA23_H52' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF 'QA23_H52' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF 'QA23_H52' = 8, SET SPIHS = 1;
IF 'QA23_H52' = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1;
IF 'QA23_H52' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
IF 'QA23_H52' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF 'QA23_H52' = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1
```

#### PROGRAMMING NOTE 'QA23\_H53':

IF SPINSURE ≠ 1, CONTINUE WITH 'QA23\_H53';

ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE 'QA23 H55';

ELSE GO TO PROGRAMMING NOTE 'QA23 H57'

'QA23\_H53' You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

您說您的{配偶/伴侶} 沒有來自任何來源的健康保險,對不對?

AI48

0	YES1	[GO TO 'PN_QA23_H57']
$\mathbf{O}$	NO2	
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_QA23_H57']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN_QA23_H57']

'QA23\_H54' What type of health insurance does {he/she} have?

{他/她}有哪一種健康保險?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE:'還有任何其他保險嗎?']

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

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

```
THROUGH CURRENT OR
    FORMER EMPLOYER/UNION.....1
THROUGH SCHOOL. PROFESSIONAL
    ASSOCIATION, TRADE GROUP OR
    OTHER ORGANIZATION .....2
PURCHASED DIRECTLY FROM
    HEALTH PLAN ......3
    MEDICARE ......4
    MEDI-CAL.....5
CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH
    CARE ......7
    INDIAN HEALTH SERVICE, TRIBAL
HEALTH PROGRAM, OR URBAN
    INDIAN CLINIC .....8
    COVERED CALIFORNIA...... 10
SHOP THROUGH COVERED
    CALIFORNIA...... 11
OTHER GOVERNMENT
    HEALTH PLAN ......91
OTHER NON-GOVERNMENT
    HEALTH PLAN ......92
    REFUSED .....-7
0
    DON'T KNOW .....-8
```

```
POST NOTE 'QA23_H54': IF 'QA23_H54' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA23_H54' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA23_H54' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF 'QA23_H54' = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF 'QA23_H54' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF 'QA23_H54' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF 'QA23_H54' = 8, SET SPIHS = 1;
IF 'QA23_H54' = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;
IF 'QA23_H54' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;
IF 'QA23_H54' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF 'QA23_H54' = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;
```

```
PROGRAMMING NOTE 'QA23_H55':

IF 'QA23_H52'= (1, 2, 3, 10, 11) OR 'QA23_H54'= (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA23_H55';

IF 'QA23_A24'= 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1 THEN DISPLAY "partner's";

ELSE SKIP TO 'PN_QA23_H57'
```

**'QA23\_H55'** Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

這項計劃是以您的{配偶/伴侶}名義還是以其他人的名義獲得的?

#### AH62

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

[IF NEEDED, SAY: 「甚至包括不住在您住戶中的人。」]

	O	IN SPOUSE'S/PARTN	IER'S NAME1	[GO TO
	•	IN SOMEONE ELSE'S	S NAME2	'PN_QA23_H57']
	Ö		7	[GO TO
	•	DON'T KNOW	8	PN_QA23_H57'] [GO TO PN QA23 H57']
				PN_QA23_H5/ ]
POST NOTE '	QA23_H55': IF	'QA23_H55'= 1 AND ['Q	<b>A23_H52</b> '= (1 OR 2) O	R <b>'QA23_H54'</b> = (1 OR 2)],
	)W= 1 AND SPE	,	_	_
		23_H52' = 3 OR 'QA23_		
1; QA23_H55	) = 1 AND [' <b>QA</b> 2	23_H52' = 10 OR 'QA23	_H54' = 10], SET SPHB	EX = 1 AND SPDIROW =
	5' = 1 AND [' <b>QA</b> 2	23_H52' = 11 OR 'QA23	<b>_H54'</b> = 11], SET SPHB	EX = 1 AND SPEMPOW =
	5' = 1 AND [' <b>QA</b> 2	23_H52' = 11 OR 'QA23	_ <b>H54</b> ' = 11], SET SPHB	EX = 1 AND SPEMPOW =
'QA23_H56'	Is the plan in y	our name, parent's nam	e, or someone else's na	me?
	該項計劃是以	您本人、您的父母還是以	其他人的名義獲得的?	
AH63	10. 长山南沙	四个八、四四人并还是为		
Alloo	•	IN MY NAME	1	
	•	IN MY PARENT'S NAI	ME2	
	<b>O</b>		S NAME3	
	O O		7 8	
	9	DON I KNOW	o	
POST NOTE '	QA23_H56': IF	'QA23_H56'= 1 AND ['Q	<b>A23_H52'</b> = (1 OR 2) O	R <b>'QA23_H54</b> '= (1 OR 2)],
SET SPEMPA	R= 1 AND SPE	MPOT= 0 AND ARSAME	S= 1;	
				R= 1 AND ARSAMES= 1;
AND ARSAME		3_H52' = 10 OR 'QA23_	. <b>H54</b> ' = 10], SET SPHBI	EX = 1 AND SPDIRAR = 1
		<b>3 H52</b> '= 11 OR ' <b>QA23</b>	H <b>54</b> '= 11], SET SPHBE	X= 1 AND SPEMPAR= 1
AND ARSAME	ES= 1;		-	
IF 'QA23_H56	S'= 2, SET SPAR	PAR= 1 AND SET SPE	MPOT= 0;	
	NG NOTE 'QA2	<b>3_H57</b> ': PLOYER BASED COVE		CO TO (OA22 H64)
	•		, .	
- `	123_G35 =1 OR	2) OR( <b>'QA23_G36'</b> =1)]	AND QA23_G37 73 C	JNTINUE WITH
'QA23_H57';	l' = 1 (MARRIFC	), THEN DISPLAY "spot	ıse's"·	
				THEN DISPLAY "partner's"
ELSE GO TO	PROGRAMMIN	G NOTE ' <b>QA23_H61</b> '		
'QA23_H57'	Does your {sp	ouse's/partner's} employ	er offer health insurance	e to any of its employees?
A140	您的{配偶/伴信	引的僱主是否向其僱員提	供健康保險?	
AI43	•	YES	1	

	0	NO2 REFUSED7	[GO TO 'PN_QA23_H61']
	O	DON'T KNOW8	[GO TO 'PN_QA23_H61']
'QA23_H58'	Is {he/she} elig	gible to be in this plan?	
Al44	{他/她} 是否有	資格參加該項計劃?	
	•	YES1	
	0	NO2	[GO TO 'PN_QA23_H60']
	•	REFUSED7	[GO TO 'PN_QA23_H61']
	O	DON'T KNOW8	[GO TO 'PN_QA23_H61']
'QA23_H59'	What is the Of	NE main reason why {he/she} isn't in this plan?	
Al45	{他/她} 未參加	該項計劃的一個主要原因是什麼?	
	O	COVERED BY ANOTHER PLAN1	[GO TO 'PN_QA23_H61']
	O	PLAN TOO EXPENSIVE2	[GO TO 'PN_QA23_H61']
	O	DIDN'T LIKE THE PLAN OFFERED3	[GO TO 'PN_QA23_H61']
	O	DIDN'T NEED OR BELIEVE IN HEALTH INSURANCE4	[GO TO 'PN_QA23_H61']
	O	OTHER (SPECIFY:)91	[GO TO
	O	REFUSED7	'PN_QA23_H61'] [GO TO 'PN_QA23_H61']
	O	DON'T KNOW8	
'QA23_H60'	What is the on	e main reason why {he/she} is not eligible for this	s plan?
AI45A	{他/她}沒有資	格參加該項計劃的一個主要原因是什麼?	
74.1071	0	HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED1	
	O	CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN2	
	O	DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR3	
	0	OTHER (SPECIFY:) 91	
	<b>O</b>	REFUSED7 DON'T KNOW8	

Managed-Care Plan Characteristics

# PROGRAMMING NOTE 'QA23\_H61':

IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN $\neq$  1 AND AREMPOTH $\neq$  1 AND ARDIRECT $\neq$ 1 AND ARMCAL $\neq$  1 AND ARMILIT $\neq$  1 AND ARIHS $\neq$  1 AND ARHBEX $\neq$  1 AND AROTHGOV $\neq$  1 AND AROTHER $\neq$  1), THEN SKIP TO 'PN AI25';

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO 'QA23 H83':

ELSE CONTINUE WITH 'QA23 H61' DISPLAY;

IF ['QA23\_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other" ;

IF ['QA23\_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL";

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other";

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;IF ['QA23\_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND";

IF ['QA23\_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE \neq 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE  $\neq$  1 (R DOES NOT HAVE MEDICARE), DISPLAY":

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal"; ELSE DISPLAY, "Is your health plan an HMO?"

#### 'QA23 H61'

{Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

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

#### AI22C

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

您的{Medi-Cal/其他}醫療保險計劃是 HMO 嗎?

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

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

[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO."]

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

0	YES1	[GO TO 'PN_QA23_H63']
O	NO2	
$\mathbf{O}$	REFUSED7	
$\mathbf{O}$	DON'T KNOW8	

#### PROGRAMMING NOTE 'QA23 H62':

IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA23\_H63';

ELSE CONTINUE WITH 'QA23 H62';

'QA23\_H62' Is your health plan a PPO or EPO?

您的保健計劃是一項 PPO 計劃還是 EPO 計劃?

#### AH122

[IF NEEDED, SAY: 'EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: 'EPO 代表特定醫療服務組織。使用 EPO, 您必須使用網絡內的醫生和醫院, 但如果是緊急情況, 您可以直接去看醫生和專科醫生而無需初級保健提供者轉診。'」]

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

[IF NEEDED, SAY: 'PPO 代表特選醫療提供組織。使用, PPO 您可以使用任何醫生和醫院, 但如果您使用屬於您的計劃網絡的醫生和醫院, 會減少您支付的費用。而且您可以直接去看醫生和專科醫生, 無需初級保健提供者轉診。']

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

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

)	PPO	
$\mathbf{c}$	EPO	2
$\mathbf{c}$	OTHER (SPECIFY:	) 91
$\mathbf{c}$		,
$\mathbf{c}$	DON'T KNOW	8-

# PROGRAMMING NOTE 'QA23\_H63':

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH 'QA23\_H63' AND DISPLAY "your main":

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH 'QA23\_H63' AND DISPLAY "this"

# 'QA23\_H63' What is the name of {your main/this} health plan?

{您的主要/這個}健康保險計劃的名稱是什麼?

# Al22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

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

O O	ACCESS SENIOR HEALTHCARE	
0	AETNA AETNA GOLDEN MEDICARE	2
0	AIDS HEALTHCARE FOUNDATION, L	
0	ALAMEDA ALLIANCE FOR HEALTH	
Ö	ALTAMED HEALTH SERVICES	
Õ	ANTHEM BLUE CROSSOF	00
_	CALIFORNIA	7
O	ASPIRE HEALTH PLAN	8
O	BLUE CROSS CALIFORNIACARE	g
$\mathbf{O}$	BLUE CROSS SENIOR SECURE	
$\mathbf{O}$	BLUE SHIELD 65 PLUS	
$\mathbf{O}$	BLUE SHIELD OF CALIFORNIA	12
O	BRAND NEW DAY	
	(UNIVERSAL CARE)	13
$\mathbf{O}$	CALIFORNIA HEALTH AND	
_	WELLNESS PLAN	14
O	CALIFORNIAKIDS (CALKIDS)	15
O	CAL OPTIMA	4.0
$\circ$	(CALOPTIMA ONE CARE)	16
O	CALVIVA HEALTHCARE 1ST HEALTH PLAN	17
0	CAREMORE HEALTH PLAN	
0	CENTER FOR ELDERS'	18
•	INDEPENDENCE	21
•	CEN CAL HEALTH	
Ö	CENTRAL CALIFORNIA	00
_	ALLIANCE FOR HEALTH	22
O	CENTRAL HEALTH PLAN	
O	CHINESE COMMUNITY	
	HEALTH PLAN	
O	CHOICE PHYSICIANS NETWORK	
$\mathbf{C}$	CIGNA HEALTHCARE	
$\mathbf{C}$	CITIZENS CHOICE HEALTHPLAN	
$\mathbf{O}$	COMMUNITY CARE HEALTH PLAN	
0	COMMUNITY HEALTH GROUP	
O	CONTRA COSTA HEALTH PLAN	81
O	DAVITA HEALTHCARE	
$\sim$	PARTNERS PLAN	31
O	EASY CHOICE HEALTH PLAN	32

$\mathbf{O}$	EPIC HEALTH PLAN	
O	GEM CARE HEALTH PLAN	
$\mathbf{O}$	GOLD COAST HEALTH PLAN	35
•	GOLDEN STATE MEDICARE	
	HEALTH PLAN	36
O	HEALTH NET	38
O	HEALTH NET SENIORITY PLUS	39
Ö	HEALTH PLAN OF SAN JOAQUIN	
ŏ	HEALTH PLAN SAN JP AUTHORITY	
Ö	HERITAGE PROVIDER NETWORK	
Ö	HUMANA GOLD PLUS	
0	HUMANA HEALTH PLAN	
0	IEHP (INLAND EMPIRE HEALTH PLAN)	
0	INTER VALLEY HEALTH PLAN	
O	HEALTH ADVANTAGE	
O	KAISER PERMANENTE	41
O	KAISER PERMANENTE SENIOR	
_	ADVANTAGE	48
$\mathbf{O}$	KERN FAMILY HEALTH CARE	
$\mathbf{O}$	L.A. CARE HEALTH PLAN	
$\mathbf{O}$	MD CARE	51
O	MOLINA HEALTHCARE OF	
	CALIFORNIA	54
$\mathbf{O}$	MONARCH HEALTH PLAN	55
$\mathbf{O}$	ON LOK SENIOR	
	HEALTH SERVICES	56
O	PARTNERSHIP HEALTHPLAN	
	OF CALIFORNIA	57
$\mathbf{O}$	PIH HEALTH CARE SOLUTIONS	58
Ö	PREMIER HEALTH PLAN	•
	SERVICES	50
O	PRIMECARE MEDICAL NETWORK	60
Ö	PROVIDENCE HEALTH NETWORK	
Ö	SCRIPPS HEALTH PLAN	U
•	SERVICES	60
$\circ$	SEASIDE HEALTH PLAN	60
<b>O</b>		
	SAN FRANCISCO HEALTH PLAN	84
O	SANTA CLARA FAMILY	~
	HEALTH PLAN	
O	SAN MATEO HEALTH COMMISION	
O	SANTA BARBARA	88
O	SATELLITE HEALTH PLAN	
O	SCAN HEALTH PLAN	
$\mathbf{O}$	SHARP HEALTH PLAN	
O	SUTTER HEALTH PLAN	
O O O	SUTTER SENIOR CARE	
O	UNITED HEALTHCARE	73
•	UNITED HEALTHCARE SECURE	
	HORIZON	74
O	UNIVERSITY HEALTHCARE	
	ADVANTAGE	75
O	VALLEY HEALTH PLAN	76
Ö	VENTURA COUNTY HEALTH	
•	CARE PLAN	77
O	WESTERN HEALTH ADVANTAGE	
0	CHAMPUS/CHAMP-VA	
•	OF ICHAIN OO/OF ICINI - A C	90

$\mathbf{O}$	TRICARE/TRICARE FOR LIFE/	
	TRICARE PRIME	87
O	VA HEALTH CARE SERVICES	89
O	MEDI-CAL	52
O	MEDICARE	53
O	OTHER (SPECIFY:	) 85
O	REFUSED	7
O	DON'T KNOW	8

POST NOTE 'QA23 H63': IF 'QA23 H63'= 93, 87, OR 89 THEN SET ARMILIT=1

# PROGRAMMING NOTE 'QA23\_H64':

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH  $\neq$  1 OR ARDIRECT  $\neq$  1 OR ARMCAL  $\neq$  1 OR ARMILIT  $\neq$  1 OR ARIHS  $\neq$  1 OR ARHBEX  $\neq$  1 OR AROTHGOV  $\neq$  1 OR

AROTHER ≠ 1) AND 'QA23\_A24'= 1 (MARRIED) OR 'QA23\_D13'= 1 OR 'QA23\_D14'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

**'QA23\_H64'** {Next, I have some questions about <u>your</u> own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

{接下來,我對要問您一些關於您的主要健康保險計劃的問題。}您享有處方藥物的保賠嗎?就是說,是否有某項計劃可支付處方藥物的部份費用?

### AI25

0	YES	1
0	NO	2
0	REFUSED	7
$\circ$	DON'T KNOW	-8

High Deductible Health Plans

# PROGRAMMING NOTE 'QA23\_H65':

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH 'QA23\_H65'; ELSE GO TO 'QA23\_H70'

'QA23\_H65' Does your health plan have a deductible that is more than \$1,000?

您的保健計劃是否要求支付超過 1,000 美元的自付額?

## AH71

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

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

$\mathbf{O}$	YES	1
O	NO	2
O	YES, ONLY WHEN I	
	GO OUT OF NETWORK	3
O	REFUSED	7
O	DON'T KNOW	-8

'QA23\_H66' Does your health plan have a deductible <u>for all covered persons</u> that is more than \$2.000?

您的保健計劃是否要求為所有受保人支付超過2,000美元的自付額?

### AH72

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

[IF NEEDED, SAY: '自付額(deductibles)是您在健康計劃開始支付醫療費用之前必須支付的金額。']

$\mathbf{O}$	YES	1
O	NO	2
O	YES, ONLY WHEN I	
	GO OUT OF NETWORK	3
0	REFUSED	7
O	DON'T KNOW	8

### PROGRAMMING NOTE 'QA23 H67':

IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH 'QA23\_H67'; ELSE CONTINUE WITH 'QA23\_H70'

'QA23\_H67' Do you have a special account or fund you can use to pay for medical expenses?

您是否有一個可用於支付醫療費用的特別帳戶或基金?

### AH73B

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).]

[IF NEEDED, SAY: '帳戶有時指健康儲蓄帳戶(HSAs)或健康償付帳戶(HRAs)。其他類似帳戶包括個人護理帳戶、個人醫療基金或選擇基金(Choice Funds)、及雇主所提供的醫療保險彈性支出帳戶(Flexible Spending Accounts)。']

$\mathbf{O}$	YES1	
O	NO2	[GO TO 'QA23_H70']
O	REFUSED7	[GO TO 'QA23_H70']
O	DON'T KNOW8	[GO TO 'QA23_H70']

'QA23\_H68' Do you have money in this account?

您在這個帳戶有錢嗎?

#### AH130

$\mathbf{O}$	YES1	
O	NO2	[GO TO 'QA23_H70']
O	REFUSED7	[GO TO 'QA23_H70']
O	DON'T KNOW8	[GO TO 'QA23_H70']

'QA23\_H69' How much money do you have in this account? Your best guess is fine.

您在這個帳戶有多少錢?盡量估計就可以了。

AH131		(MOUNT)	
	O	(AMOUNT)  REFUSED7	
	Ö	DON'T KNOW8	
Coverage ove	r Past 12 Month	s	
'QA23_H70'	Thinking about of the past 12	nt your current health insurance, did you have this months?	same insurance for all 12
	請想一想您目 ?	前的醫療保險,您在過去 12 個月中,是不是每個	月使用的都是同一個保險
Al31	•	YES1	
	Ö	NO2	[GO TO 'QA23_H72']
	0	REFUSED7 DON'T KNOW8	[GO TO 'QA23_H78'] [GO TO 'QA23_H73']
'QA23_H71'	How long hav	e you had your current health insurance?	
AH132	您持有目前的	健康保險計劃多久了?	
AIII32	[IF MORE TH	AN 0 DAYS BUT LESS THAN 1 MONTH, CODE	AS 1 MONTH]
	•	Number of Years	[IF 'QA23_H71' >=0, GO TO 'QA23_H76']
	O	Number of Months	[IF 'QA23_H71' >=0, GO TO 'QA23_H76']
	O O	REFUSED7 DON'T KNOW8	[GO TO 'QA23_H76'] [GO TO 'QA23_H76']
'QA23_H72'	Out of the last plan?	t 12 months, how many months did you have you	r current health insurance
	過去 12 個月	內,您持有目前的健康保險計劃多少個月?	
AH133	[IF MORE TH	AN 0 DAYS BUT LESS THAN 1 MONTH, CODE	AS 1 MONTH]
		NUMBER OF MONTHS	
	O O	REFUSED7 DON'T KNOW8	
'QA23_H73'		st 12 months, when you were not covered by you any other health insurance?	r current health insurance,
Al32	在過去十二個	月中,當您沒有享受當前的健康保險保賠時,您是	否有任何其它健康保險?
AIJZ	O	YES1	
	Q	NO2	[GO TO 'QA23_H76']
	<b>O</b>	REFUSED7 DON'T KNOW8	[GO TO 'QA23_H76'] [GO TO 'QA23 H76']

'QA23_H74'	Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Aloo	您的其他健康保險是不是加州醫療補助計劃白卡(Medi-Cal)、您透過雇主獲得的計劃、 您從保險公司直接購得的計劃、您透過加州全保(Covered California)購得的計劃,還是 其他計劃?
Al33	[CODE ALL THAT APPLY]
	[PROBE: "Any others?"]
	[PROBE:'還有任何其他保險嗎?']
	□ MEDI-CAL 1   □ OBTAINED THROUGH CURRENT 3   ○ OR FORMER EMPLOYER/UNION 3   □ PURCHASED DIRECTLY 5   □ PURCHASED THROUGH COVERED 6   ○ CALIFORNIA 6   □ OTHER HEALTH PLAN 91   ○ REFUSED -7   ○ DON'T KNOW -8
	IG NOTE 'QA23_H75': NONE RESPONSE FROM 'QA23_H74', THEN CONTINUE WITH 'QA23_H75'; QA23_H76'
'QA23_H75'	Before your current plan, which health insurance did you have?
	在您目前的保險計劃之前,您持有的健康保險為何?

AH134

□ MEDI-CAL
 □ OBTAINED THROUGH CURRENT
 □ OR FORMER EMPLOYER/UNION
 □ PURCHASED DIRECTLY
 □ PURCHASED THROUGH COVERED
 □ CALIFORNIA
 □ OTHER HEALTH PLAN
 □ REFUSED

# PROGRAMMING NOTE 'QA23\_H76':

 $\mathbf{O}$ 

IF 'QA23\_H73' ≠1 OR 'QA23\_H70' = 1, THEN CONTINUE WITH 'QA23\_H76'; ELSE GO TO 'QA23\_H77'

'QA23\_H76' Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

DON'T KNOW .....-8

在目前的計劃之前,您的其他醫療保險是 Medi-CAL、您透過雇主獲得的計劃、您從保險公司直接購買的計劃、您透過 Covered California 購買的計劃還是其他計劃?

# AH135

MEDI-CAL.....1

**OBTAINED THROUGH CURRENT** 

PROGRAMMIN IF 'QA23_H70' ELSE SKIP TO	= 2, -7, -8 OR '	3_H79': QA23_H73' = 1, -7, -8 THEN CONTINUE,	
	0	NO	
	0	YES1	
		青包括來自相同或不同健康保險公司的健康計劃更	[改。]
AH137	[IF NEEDED: Finsurance com	Please include changes in health plan from the sapanies.]	ame or different health
		您曾否改變您的主要健康保險計劃?	
'QA23_H78'	During the pas	t 12 months, did you change your health insuran	ce plan?
	0 0	NUMBER OF YEARSNUMBER OF MONTHS REFUSED7 DON'T KNOW8	[IF>0 GOTO AH137] [IF>0 GOTO AH137]
AH136	[IF MORE THA	N 0 DAYS BUT LESS THAN 1 MONTH, CODE	AS 1 MONTH]
ALMOC	-	療補助計畫白卡(medi-CAL)/加州全保(Cove 任或前任雇主或工會/您直接購得}已有多久了?	ered California)/其他健
'QA23_H77'		ou have the {MediCAL/ Covered California plan/oer employer or union/ you purchased directly}?	other health} plan {through
IF 'QA23_H74' IF 'QA23_H74'	OR AH143 OR	'QA23_H76'=5 DISPLAY "plan you purchased d 'QA23_H76'=6 DISPLAY "the Covered Californi. 'QA23_H76'=91 DISPLAY "the other health plan	a plan"
		'QA23_H76'=3 DISPLAY "plan through current of	or former employer or
ELSE IF 'QA23	<b>_H76</b> ' >0 DISP	_AY RESPONSE FROM 'QA23_H75' _AY RESPONSE FROM 'QA23_H76' 'QA23_H76'=1 DISPLAY "the MediCAL plan"	
IF ONLY ONE F	= 95, THEN SK RESPONSE FR	I <mark>P</mark> TO <b>'QA23_H78</b> ', ELSE CONTINUE. OM <b>'QA23_H74</b> ' THEN DISPLAY THAT RESPC	DNSE
No other health	plan		
	0	REFUSED7 DON'T KNOW8	
		CALIFORNIA6 OTHER HEALTH PLAN91	
		PURCHASED DIRECTLY5 PURCHASED THROUGH COVERED	
		OR FORMER EMPLOYER/UNION3	

'QA23_H79'	During the pas	t 12 months, was there any time when you had n	o health insurance at all?
Al34	在過去 12 個月	中, 您有沒有任何時間完全沒有醫療保險?	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
IF 'QA23_H79	NG NOTE 'QA23 ' = 1 OR 'QA23_ ) 'PN_QA23_H9	_ <b>H73</b> ' = 2, THEN CONTINUE WITH <b>'QA23_H80</b> '	;
'QA23_H80'	For how many	months of the past 12 months did you have no h	ealth insurance at all?
Al35		中, 您有多少個月完全沒有醫療保險?	
	[IF MORE THA	N 0 DAYS BUT LESS THAN 1 MONTH, CODE	AS 1 MONTH]
	•	NUMBER OF MONTHS [HR: 0-11]	[IF 'QA23_H80'=0, GO TO 'PN QA23 H91']
	•	REFUSED7	[GO <sup>¯</sup> TO ¯ ¯ ¯
	O	DON'T KNOW8	'PN_QA23_H91'] [GO TO 'PN_QA23_H91']
Reasons for La	ack of Coverage		
'QA23_H81'	What is the one months?	e main reason why you did not have any health in	nsurance during those
Al36	在這些月份中,	您沒有任何健康保險的一個主要原因是什麼?	
Also	0	CAN'T AFFORD/TOO EXPENSIVE1	
	Ō	NOT ELIGIBLE DUE TO WORKING STATUSB CHANGED EMPLOYER/	
	•	NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS	[GO TO 'QA23_H82']
	O	NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS4	
	O	FAMILY SITUATION CHANGED5	
	0	DON'T BELIEVE IN INSURANCE6	
	•	DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES7	
	0	CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8	
	Q	OTHER (SPECIFY:) 91	
	0	REFUSED7 DON'T KNOW8	
	0	DOIN 1 KINOVV8	

'QA23\_H82' Was this due to a lost job, reduction in hours, change in employer, or something else?

	這是因為失去	工作、減少工時、轉換僱主,還是其他原因?	
AH140			
		Lost job1	
		Reduction in hours2	
		Change in employe3	
		Something else (Specify:) 91	
	•	REFUSED7	
	0	DON'T KNOW8	
'QA23_H83'	During the timown?	ne that you were uninsured, did you try to find hea	alth insurance on your
AH74	在您沒有保險	的期間,您是否曾經嘗試自己尋找醫療保險?	
АП/4	O	YES1	[GO TO 'PN_QA23_H91']
	O	NO2	[GO TO 'PN_QA23_H91']
	O	REFUSED7	[GO TO 'PN_QA23_H91']
	O	DON'T KNOW8	[GO TO 'PN_QA23_H91']
'QA23_H84'	What is the or	ne main reason why you do not have any health i	nsurance?
	您沒有任何健	康保險的一個主要原因是什麼?	
Al24	[IF R SAYS N	IO NEED, PROBE WHY]	
	O	CAN'T AFFORD/TOO EXPENSIVE1	
	•	NOT ELIGIBLE DUE TO WORKING	
		STATUS CHANGED EMPLOYER/	
		LOST JOB2	[GO TO 'QA23_H85']
	O	NOT ELIGIBLE DUE TO HEALTH OR	
		OTHER PROBLEMS3	
	•	NOT ELIGIBLE DUE TO CITIZENSHIP/	
		IMMIGRATION STATUS4	
	•	FAMILY SITUATION CHANGED5	
	•	DON'T BELIEVE IN INSURANCE6	
	O	DID NOT HAVE INSURANCE WHILE	
		SWITCHING INSURANCE COMPANIES7	
	0	CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8	
	•	OTHER (SPECIFY:) 91	
	9	REFUSED7	
	Ö	DON'T KNOW8	
'QA23_H85'	Was this due	to a lost job, reduction in hours, change in employ	yer, or something else?
Alleda	這是因 <b>為</b> 失去	:工作、減少工時、轉換僱主,還是其他原因?	
AH141		LOCTION	
		LOST JOB1	
		REDUCTION IN HOURS2 CHANGE IN EMPLOYE3	
		OLIGINGE IN LIVIE LO I E	

	О О	SOMETHING ELSE (SPECIFY:) 91           REFUSED	
'QA23_H86'	During the time your own?	ne that you have been uninsured, have you tried to	o find health insurance on
	在您沒有保險	的那段時間內,您是否曾經嘗試自己尋找醫療保險	₹?
AH75	) ) )	YES	
'QA23_H87'	Were you cov	vered by health insurance at any time during the p	ast 12 months?
Al27	您在過去 12 個	固月中的任何時間內有沒有享受過醫療保險?	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_H89']
'QA23_H88'	How long has	it been since you last had health insurance?	
	您上一次有醫	療保險到現在已經有多長時間?	
Al28	O	MORE THAN 12 MONTHS AGO, BUT1	[GO TO 'PN_QA23_H91']
	•	NOT MORE THAN 3 YEARS MORE THAN 3 YEARS2	[GO TO 'PN_QA23_H91']
	O	NEVER HAD HEALTH INSURANCE3	[GO TO 'PN_QA23_H91']
	O	REFUSED7	[GO TO 'PN_QA23_H91']
	•	DON'T KNOW8	[GO TO 'PN_QA23_H91']
'QA23_H89'	For how many	y months out of the last 12 months did you have h	nealth insurance?
A100	在過去 12 個	月內,您有多少個月有醫療保險?	
Al29	[IF LESS THA	AN ONE MONTH BUT MORE THAN 0 DAYS, EN	TER 1]
		MONTHS [HR: 0-12]	[GO TO 'PN_QA23_H91']
	O O	REFUSED7 DON'T KNOW8	
'QA23_H90'	you obtained	me when you had health insurance, was your insu from an employer, a plan you purchased directly t lan you purchased through Covered California, or	from an insurance

Al30	您透過雇主獲得	会的那段時間,您的健康保險是不是加州醫療補助 身的計劃、您從保險公司直接購得的計劃、您透過 导的計劃,還是其他計劃?	
7.100	[CODE ALL TH	HAT APPLY]	
	[PROBE: "Any	others?"]	
	[PROBE:'還有何	任何其他保險嗎? ']	
	(7 maximum re	esponses)	
		MEDI-CAL	
IF ARINSURE 6) OR ARHBE THEN CONTIN	NG NOTE 'QA23_ ≠ 1 OR 'QA23_ X =1 OR SPHBE JUE WITH 'QA2 PN_QA23_H108		, 6) OR <b>'QA23_H74'</b> = (5,
'QA23_H91'	In the past 12 r	months, did you try to purchase a health insurand pany or HMO, or through Covered California?	ce plan directly from an
	在過去 12 個月醫療保險計劃?	中您是否曾經嘗試直接從保險公司或 HMO 或透過	過 Covered California 購買
AH103H	• • •	YES	[GO TO 'PN_QA23_H108'] [GO TO 'PN_QA23_H108'] [GO TO 'PN_QA23_H108']
'QA23_H92'		tly from an insurance company or HMO, or throu surance company and through Covered Californ	gh Covered California, or
AH110H		歲公司或 HMO 購買、還是透過 Covered California d California 購買的計劃?	a 購買、還是既從保險公司
	0	DIRECTLY FROM AN INSURANCE COMPANY OR HMO	

	0	REFUSED DON'T KNOW		[GO TO 'QA23_H95'] [GO TO 'QA23_H95']
IF 'QA23_H92' experience tryir	= 1; THEN CO = 3; THEN CO ng to purchase	NTINUE WITH <b>'QA23_H</b> NTINUE WITH <b>'QA23_H</b>	93'; 93' AND DISPLAY "First n insurance company or l	
'QA23_H93'	•	out your experience tryin ipany or HMO.}	g to purchase insurance	directly from an
AH98H	{首先,請考慮	您在嘗試直接從保險公司	或 HMO 購買保險時的經	歷。}
	How difficult w	as it to find a plan with th	ne coverage you needed?	? Was it
	找到一項您需要	要的保賠範圍的計劃有多	困難?	
	O	Very difficult 非常困難	1	
	•	Somewhat difficult 較為困難		
	O	Not too difficult 不太困難	3	
	•	Not at all difficult 毫無困難	4	
	<b>O</b>	REFUSED DON'T KNOW		
'QA23_H94'	How difficult w	as it to find a plan you co	ould afford? Was it	
АН99Н	找到一項您能力	負擔得起的計劃有多困難	?	
7410011	•	Very difficult 非常困難	1	
	•	Somewhat difficult 較為困難	2	
	O	Not too difficult 不太困難	3	
	•	Not at all difficult 毫無困難		
	O O	REFUSED DON'T KNOW		
'QA23_H95'	Did anyone he	elp you find a health plan	?	
AH100H	是否有人幫助?	您尋找醫療保險計劃?		
<u>,                                      </u>	0	Yes		100 TC
	0	No	2	[GO TO 'PN_QA23_H97']
	O	REFUSED	7	[GO TO 'PN_QA23_H97']
	O	DON'T KNOW	8	[GO TO

'QA23\_H99'

'PN\_QA23\_H97']

'QA23_H96'	Who helped you	ı?
AH101H	是誰幫助您的?	
Amom	) ) ) )	BROKER
IF 'QA23_H92'	•	_H97': TINUE WITH <b>'QA23_H97'</b> ;
California."		<b>H97</b> ' AND DISPLAY "Now, think about your experience with Covered
'QA23_H97'	{Now, think abo	ut your experience with Covered California.}
AH111H	•	思您與 Covered California 交往的經歷。}
	California? Was	s it to find a plan with the coverage you needed through Covered it
	O	Very difficult1 非常困難
	O	Somewhat difficult2 較為困難
	O	Not too difficult3 不太困難
	O	Not at all difficult4 毫無困難
	<b>O</b>	REFUSED7 DON'T KNOW8
'QA23_H98'	How difficult wa	s it to find a plan you could afford? Was it
AH112H	找到一項你能負	擔得起的計劃有多困難?您認為是
7	O	Very difficult1 非常困難
	O	Somewhat difficult2 較為困難
	•	Not too difficult3 不太困難
	•	Not at all difficult
	0	REFUSED7
	$\mathbf{O}$	DON'T KNOW8

Did anyone help you find a health plan?

AH113H			
	O O	YES	[GO TO 'PN_QA23_H101']
	O	REFUSED7	[GO TO
	O	DON'T KNOW8	'PN_QA23_H101'] [GO TO 'PN_QA23_H101']
'QA23_H100'	Who helped yo	u?	
AH114H	是誰幫助您的?		
	0 0 0	BROKER       1         FAMILY MEMBER / FRIEND       2         INTERNET       3         CERTIFIED ENROLLMENT         COUNSELLOR       4         OTHER (SPECIFY:       )       91         REFUSED       -7         DON'T KNOW       -8	
'QA23_H101'	Did you have a plan?	Il the information you felt you needed to make a	good decision on a health
AH115H	您是否有您認為 〇 〇 〇	NO	訊?
		3_H102': 5 ENGLISH LESS THAN VERY WELL), THEN C	ONTINUE WITH
'QA23_H102'	Were you able	to get information about your health plan options	s in your language?
AH116H	您是否能夠用您	8自己的語言獲得有關您的保健計劃選擇的資訊?	
	0 0	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'QA23_H103'		f the plan you selected very important, somewha	at important, or not
AH117H	您選擇的計劃費	別用在您選擇計劃時是非常重要、較為重要還是不	重要?
	O O	VERY IMPORTANT1 SOMEWHAT IMPORTANT2	

	O O	NOT IMPORTANT       3         REFUSED       -7         DON'T KNOW       -8	
'QA23_H104'		are from a specific doctor very important, somewhat important, or not loosing your plan?	
AH118H	從某一位特定的	勺醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重	要?
	) ) )	VERY IMPORTANT       1         SOMEWHAT IMPORTANT       2         NOT IMPORTANT       3         REFUSED       -7         DON'T KNOW       -8	
'QA23_H105'		are from a specific hospital very important, somewhat important, or no loosing your plan?	ot
AH119H	從某一家特定的 〇 〇 〇	内醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要 VERY IMPORTANT	<del>.</del> ?
'QA23_H106'		e of doctor's in the plan's network very important, somewhat important choosing your plan?	nt, or
AH120H	計劃網路內的醫 〇 〇 〇 〇		
IF 'QA23_H21' ELSE IF 'QA23 ELSE IF 'QA23 ELSE IF 'QA23	_H21' = 3 THEN _H21' = 4 THEN _H21' = 6 THEN		

# 'QA23\_H107'

Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

# AH121H

Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

最後,您選擇{銅/銀/金/白金/最低保額}計劃的最重要的一個原因是什麼?是費用、您可以從某一位特定的醫生處接受護理服務、您可以在某一家醫院就診、您的計劃網路內的服務提供者選擇、還是其他一些原因?

	O	COST1		
	0	SPECIFIC DOCTOR2 SPECIFIC HOSPITAL3		
	0	CHOICE OF DOCTORS IN NETWORK4		
	Ö	OTHER (SPECIFY:) 91		
	Ō	REFUSED7		
	•	DON'T KNOW8		
PROGRAMMIN		<b>.23_H108':</b> JE WITH <b>'QA23_H108'</b> ;		
ELSE SKIP TO				
'QA23_H108'	Overall, how	satisfied are you with your current health insurance plan? Are you		
	整體來說. %	您有多滿意目前的健康保險計劃?		
AH139	111111111111111111111111111111111111111	2 10 2 110 ILL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	•	Very satisfied1		
	O	Somewhat satisfied2		
	O	Somewhat dissatisfied3		
	•	Very dissatisfied4		
	O	REFUSED7		
	O	DON'T KNOW8		
Hospitalizations				
'QA23_H109'	During the pa	ast 12 months, were you a patient in a hospital overnight or longer?		
AH14	在過去十二個	国月內,您是否曾經因病住院一天或以上?		
АПІ4	O	YES1		
	Ö	NO2		
	Ö	REFUSED7		
	O	DON'T KNOW8		
Madical Dakt				
Medical Debt				
PROGRAMMIN	IG NOTE 'QA	23 H110':		
		 IRE ≠ 1, SKIP TO <b>'QA23_H112'</b> ;		
		OVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions		
		plan", AND CONTINUE WITH 'QA23_H110'		
(0.4.00 114.4.01	The fall accion			
'QA23_H110'		g questions are about your current health plan. While you've had your current have you ever reached the limit of what your insurance company would pay		
- AUZOD	{以下問題是  承擔的付款」	關於您目前的健康計劃}您持有目前的健康計劃期間,是否曾經達到保險公司 上限?		
AH79B	[IF NEEDED, SAY: "EVER for your current health plan."]			
	[IF NEEDED	, SAY: '曾經」是指目前的健康計劃期間。']		
	O	YES1		

	O O	NO	[GO TO 'QA23_H112'] [GO TO 'QA23_H112'] [GO TO 'QA23_H112']		
'QA23_H111'	Did this happen in the past 12 months?				
AH80B	這是在過去 12 個月內發生的嗎?				
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8			
'QA23_H112'	During the past 12 months, did you have medical bills that you had problems paying were unable to pay, either for yourself or any family member in your household?				
AH81B	過去 <b>12</b> 個月內 然。	,您曾否難以支付或未能支付醫療帳單?不論為然	您自己或任何家庭成員亦		
	[IF NEEDED, SAY: "Dental bills should be included."]				
	[IF NEEDED, SAY: '不包括牙科帳單。']				
	) ) )	YES	[GO TO 'PN_QA23_I1'] [GO TO 'PN_QA23_I1'] [GO TO 'PN_QA23_I1']		
'QA23_H113'	What is the total amount of medical bills?				
AH83B	醫藥費總額是多少? [IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]				
	[IF NEEDED, SAY: '帳單可以來自早些年以及今年。']				
		LESS THAN \$1,000			
'QA23_H114'	Were you or your family member uninsured at the time care was provided?				
AH84B	接受醫護服務時,您或您的家庭成員是否沒有保險?				
<u> </u>	0	YES			

	<b>O</b>	REFUSED7 DON'T KNOW8		
'QA23_H115'	Because of these medical bills, were you unable to pay for basic necessities like food heat, or rent?			
AH85B	您有否因這些醫療帳單而無力購買基本必需品,例如食物、暖氣費或租金?			
Alloop	) ) )	YES		
'QA23_H116'	Because of these medical bills, did you take on credit card debt?			
AH86B	您曾否因這些醫療帳單而有信用卡債務?			
<u> </u>	•	YES1		
	O	NO2		
	•	REFUSED7		
	•	DON'T KNOW8		

# Section I: Child and Adolescent Health Insurance

Child's Health Insurance

# PROGRAMMING NOTE 'QA23 I1': IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA23\_I36' TO ASK ABOUT SELECTED ADOLESCENT; IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'QA23 12'; ELSE CONTINUE WITH 'QA23 11' 'QA23 I1' Does (CHILD) have the same health insurance as you? (CHILD) 的保險是否與您的保險相同? CF10A YES......1 [GO TO 'QA23 I18'] $\mathbf{O}$ NO......2 $\mathbf{O}$ REFUSED.....-7 $\mathbf{O}$ DON'T KNOW .....-8 POST NOTE 'QA23 I1': IF 'QA23 I1'= 1 AND ARMCARE= 1. SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1; IF 'QA23 I1' = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1; IF 'QA23 I1'= 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH= IF 'QA23 I1'= 1 AND AREMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1; IF 'QA23 I1' = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH = 1; IF 'QA23\_I1'= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1; IF 'QA23\_I1'= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND ARSAMECH=

IF 'QA23\_I1'= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1:

IF 'QA23\_I1'= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA23\_I1'= 1 AND ARIHS= 1, SET CHIHS= 1

IF 'QA23\_I1'= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF SPINSURE	<b>IG NOTE 'QA23</b> ≠ 1, THEN SKIP B_ <b>I1'</b> = 2 AND AF UE WITH <b>'QA23</b>		
'QA23_I2'	Does (CHILD) I PARTNER NAI	nave the same insurance as {your spouse/your partner/SPOUSE NAME/	
MA1	(CHILD) 的保險	是否與{您配偶/您伴侶/SPOUSE NAME/ PARTNER NAME} 的保險相同?	
	O O	YES	
	Ö	DON'T KNOW8	
	QA23_I2': IF 'QA AND SPSAMEC	23_I2'= 1 AND SPMCARE= 1, SET CHMCARE= 1 AND SET CH=1;	
IF 'QA23_I2'=	1 AND SPEMPC 1 AND SPOTHG	= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1; WN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH=1; OV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND	
IF 'QA23_I2'= IF 'QA23_I2'= IF 'QA23_I2'=	1 AND SPIHS= 1 AND SPHBE= 1 AND SPARPA IIF <b>'QA23_I2'</b> =	1, SET CHIHS= 1 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1; R= 1, THEN SET CHOTHER= 1 AND SET CHINSURE= 1 AND I AND SPEMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND	
IF 'QA23_I2'= IF 'QA23_I2'=	1 AND SPEMPA 1 AND SPEMPC	R= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1; TH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1; CT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND SPSAMECH=	
		= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1; R= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;	
Medi-Cal Cove	rage (Child)		
'QA23_I3'	Is {he/she} curr	ently covered by Medi-CAL?	
CF1	{他/她}目前是否	S享受 Medi-CAL (加州醫療保健計劃)的保险?	
<u> </u>	[IF NEEDED, SAY: "Medi-Cal is a health insurance program for low-income individuals in California]		
	MediCAL是為某。	某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計劃	
	) ) )	YES	

Employer-Based Coverage (Child)

'QA23\_I4' Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(CHILD)是否通過您或其他人的工作或工會享受醫療保險或管理式保健組織 (HMO)計劃?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

$\circ$	YES1	
$\mathbf{O}$	NO2	[GO TO 'PN_QA23_I6']
O	REFUSED7	[GO TO 'PN_QA23_I6']
O	DON'T KNOW8	[GO TO 'PN_QA23_I6']

### POST NOTE 'QA23\_I4': IF 'QA23\_I4'= 1, SET CHEMP= 1 AND CHINSURE= 1

'QA23\_I5' Is this plan through an employer, through a union, or through Covered California's SHOP program?

這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的?

A190

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

SHOP 是 Covered California 開展的小企業保健選擇計劃

$\mathbf{O}$	EMPLOYER	1
O	UNION	2
O	SHOP / COVERED CALIFORNIA	3
O	OTHER (SPECIFY:)	91
O	REFUSED	
O	DON'T KNOW	8

#### POST NOTE FOR 'QA23 I5': IF 'QA23 I5'= 3, THEN SET CHHBEX= 1

Private Coverage (Child)

# PROGRAMMING NOTE 'QA23\_I6': IF CHINSURE = 1 THEN GO TO AI93; ELSE CONTINUE WITH 'QA23\_I6'

'QA23\_I6' Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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

CF4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

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

	$\mathbf{O}$	YES1	
	O	NO2	[GO TO
			'PN_QA23_I12']
	•	REFUSED7	[GO TO
			'PN_QA23_I12']
	O	DON'T KNOW8	[GO TO
			'PN_QA23_I12']
	0.100 101 15 (0.		
POST NOTE '	QA23_I6': IF 'Q/	<b>A23_I6</b> '= 1, SET CHDIRECT= 1 AND CHINSURE	== 1
DDOCDAMMI	NG NOTE 'QA2	2 17'.	
		_	
		TINUE WITH <b>'QA23_I7'</b> ;	
ELSE GO TO	'PN_QA23_I8'		
(0.100 171			
'QA23_I7'		urchase this health insurance – directly from an in	nsurance company or
	HIVIO, or throu	gh Covered California?	
	你具加何瞎買	這項保健計劃的 — 是直接從保險公司或 HMO 購買	是是基语 Covered
	California 購買		(还在沙迪 Covered
Al91	CalliOffila 期貝	•	
Al91	O	INSURANCE COMPANY OR HMO1	
	9	COVERED CALIFORNIA2	
	Ö	OTHER (SPECIFY:)	
	ŏ	REFUSED7	
	Õ	DON'T KNOW8	
POST NOTE F	FOR 'QA23_I7':	IF 'QA23_I7'= 2, THEN SET CHHBEX= 1	
	_		
PROGRAMMI	NG NOTE 'QA2	3_18':	
IF CHHBEX =	1 AND CHDIRE	CT= 1, THEN CONTINUE WITH 'QA23_I8';	
	'PN_QA23_I9';	- · · · · · · · · · · · · · · · · · · ·	
'QA23_I8'	Was there a su	ubsidy or discount on the premium for this plan?	
	這項計劃的保養	費是否有補貼或折扣?	
Al93			
	O	YES1	
	O	NO2	[GO TO
			'PN_QA23_I12']
	0	REFUSED7	[GO TO
	Q	DON'T KNOW8	'PN_QA23_I12']
	•	DOIN 1 KINOVV0	
PROGRAMMI	NG NOTE 'QA2	3 19'-	
		3_13 . ASED COVERAGE) OR CHDIRECT = 1 (PURCI	HASED OWN
	CONTINUE WIT		· · · · · · · · · · · · · · · · · · ·
FISE GO TO		· · · · · · · · · · · · · · · · · · ·	

'QA23\_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.

您是否支付(CHILD)的保健計劃的任何或全部保費或費用?請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

AI54

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.]

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

[IF NEEDED, SAY: "A <u>DEDUCTIBLE</u> IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

保費是您的健康保險計劃的每月收費。

[CODE ALL THAT APPLY]

	<b>O</b>	YES		[GO TO
	O	REFUSED	-7	'PN_QA23_I12'] [GO TO
	O	DON'T KNOW	8	'PN_QA23_I12']
QA23_I10'		else, such as an employer, a union of the premium or cost for (CHILD)		al organization pay all o
	是否有任何其 保費或費用?	他人,例如雇主、工會或專業機構	,支付 <b>(CHILD)</b> 的	的保健計劃的全部或部份
AI50	•	YES	1	
	O	NO		[GO TO 'PN_QA23_I12']
	O	REFUSED	7	[GO TO 'PN_QA23_I12']
	O	DON'T KNOW	8-	FN_QAZ3_HZ]
QA23_I11'	Who else pay	s all or some portion of the cost for	r (CHILD)'s hea	lth plan?
AI51	還有誰支付(C	HILD)保健計劃的全部或部份費用?		

SPOUSE'S/PARTNER'S

SPOUSE'S/PARTNER'S

YOUR CURRENT EMPLOYER ......1
YOUR FORMER EMPLOYER ......2

UNION......3

CURRENT EMPLOYER .....4

		FORMER EMPLOYER	
IF 'QA23_I11'=	<b>QA23_I11</b> ': IF ' <b>C</b> = 7, SET CHMC/ = 10, SET CHHB		HDIRECT = 0;
CHAMPUS/CH	IAMPVA, TRICA	RE, VA Coverage (Child)	
IF CHINSURE	<b>NG NOTE 'QA2</b> 3 = 1, GO TO <b>'PN</b> IUE WITH <b>'QA2</b> 3	_QA23_I18';	
'QA23_I12'	Is {he/she} cov health care?	ered by CHAMPUS/CHAMP VA, TRICARE, VA,	or some other military
CF6	{他/她} 是否享受	受 CHAMPUS/CHAMP VA, TRICARE, VA,或其	它軍隊醫療護理計劃?
0.0	•	YES1	[GO TO 'PN_QA23_I18']
	O O	NO	
POST NOTE '	QA23_l12': IF 'C	QA23_I12'= 1, SET CHMILIT= 1 AND CHINSURE	<b>∃</b> = 1
AIM, MRMIP, I	HEALTHY KIDS,	Other Government Coverage	
'QA23_I13'		ered by some other government health plan such or something else?	n as AIM, 'Mister MIP',
	{他/她}是否享受 ?	是其他政府醫療保險計劃,例如 AIM、Mister MIP、	、Healthy Kids 或其他計劃
CF7		SAY: "AIM means Access for Infants and Mothers isk Medical Insurance Program."]	s, Mister MIP or MRMIP
	AIM表示「母嬰	見營養計劃」;Mister MIP或MRMIP表示「重大風	險醫療保險計劃
	O	AIM1	[GO TO 'PN_QA23_I18']
	O	MRMIP2	[GO TO 'PN_QA23_I18']
	•	Healthy Kids3	[GO TO 'PN_QA23_I18']
	O O	No other plan4 Something else (Specify:)91	[GO TO 'PN_QA23_I18']

	<b>O</b>	REFUSED7 DON'T KNOW8	
<b>POST NOTE '</b> (	QA23_I13': IF 'G	QA23_I13' = 1 OR 2 OR 3 OR 91, SET CHOTHG	OV = 1 AND CHINSURE
Other Coverag	e (Child)		
'QA23_I14'	Does {he/she}	have any health insurance coverage through a pl	an that I missed?
CF8	{他/她}有沒有追	<b>通過我漏掉的計劃享受任何醫療保險?</b>	
0.0	<b>O</b>	YES	[GO TO 'PN_QA23_I17']
	O	REFUSED7	[GO TO
	•	DON'T KNOW8	'PN_QA23_I17'] [GO TO 'PN_QA23_I17']
'QA23_I15'	• •	ealth insurance does {he/she} have? Does it comnion, or from some other source?	e through Medi-CAL, an
CF9	•	重健康保險?該保險是透過加州醫療補助計劃白卡 其它來源提供的?	(Medi-Cal)、雇主、或
CF9	CHECK ALL T	HAT APPLY]	
	[PROBE: "Any	others?"]	
	[PROBE:'還有 <sup>·</sup>	任何其他保險嗎? ']	
		THROUGH CURRENT OR	
		FORMER EMPLOYER/UNION1 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR	
		OTHER ORGANIZATION2 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE)	
	_ _ _	MEDICARE	
		MILITARY CARE6 INDIAN HEALTH SERVICE TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC8	
	0	COVERED CALIFORNIA	
		OTHER GOVERNMENT HEALTH PLAN91	
		OTHER NON-GOVERNMENT HEALTH PLAN	

	<b>O</b>	REFUSED7 DON'T KNOW
IF 'QA23_I15' IF 'QA23_I15' IF 'QA23_I15' IF 'QA23_I15'	'= 10, SET CHH '= 11, SET CHH '= 91, SET CHO '= 92, SET CHO	QA23_I15' = 8, SET CHIHS = 1 BEX = 1 AND CHINSURE = 1 AND CHDIRECT =1; BEX = 1 AND CHINSURE = 1 AND CHEMP = 1; THGOV = 1 AND CHINSURE = 1 THER = 1 AND CHINSURE = 1
IF 'QA23_I15' IF 'QA23_I15' IF 'QA23_I15' IF 'QA23_I15' IF 'QA23_I15'	"= 1, SET CHEM "= 2, SET CHEM "= 3, SET CHDIF "= 4, SET CHMC "= 5, SET CHMC	CCHINSURE = 1  IP = 1 AND CHINSURE = 1  IP = 1 AND CHINSURE = 1  RECT = 1 AND CHINSURE = 1  CARE = 1 AND CHINSURE = 1  CAL = 1 AND CHINSURE = 1  LIT = 1 AND CHINSURE = 1
IF 'QA23_I15'	ING NOTE 'QA2 ' = 4 (CHILD HA O 'PN_QA23_I1	S MEDICARE), CONTINUE WITH 'QA23_I16';
'QA23_I16'	Just to verify,	you said that (CHILD) gets health insurance through Medicare?
CF9VER	我只是要確定 〇 〇 〇	一下,您說過 (CHILD) 有從聯邦醫療保險(Medicare) 獲得醫療保險?  YES
		23_ <b>I17':</b> E WITH <b>'QA23_I17'</b> ;
'QA23_I17'	What is the <u>or</u>	ne main reason why (CHILD) is not enrolled in the Medi-CAL program?
CF1A	(CHILD) 沒有。	加入加州醫療輔助計劃(Medi-CAL)的一個主要原因是什麼? PAPERWORK TOO DIFFICULT
	O	DO NOT KNOW IF ELIGIBLE2
	O O	INCOME TOO HIGH, NOT ELIGIBLE3 NOT ELIGIBLE DUE TO
	•	CITIZENSHIP/IMMIGRATION STATUS4 DO NOT BELIEVE IN HEALTH INSURANCE6
	O	DO NOT NEED INSURANCE BECAUSE SHE/HE IS HEALTHY7
	•	ALREADY HAVE INSURANCE8
	Ö	DID NOT KNOW ABOUT IT9
	Ö	DO NOT LIKE OR WANT WELFARE 10
	ŏ	OTHER (SPECIFY:) 91
	ŏ	REFUSED7

 $\mathbf{O}$ 

DON'T KNOW.....-8

Managed-Care Plan Characteristics (Child)

#### PROGRAMMING NOTE 'QA23 I18':

IF 'QA23 I1' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'QA23 I18';

IF CHINSURE = 1, THEN CONTINUE WITH 'QA23 I18';

ELSE GO TO 'PN\_QA23\_I22'

'QA23\_I18' Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

(CHILD)參加的保健計劃是 HMO (即健康維護機構計劃) 嗎?

#### MA3

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

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

$\mathbf{C}$	YES1	[GO TO 'QA23_I20']
$\mathbf{c}$	NO2	
$\mathbf{c}$	REFUSED7	
$\mathbf{c}$	DON'T KNOW8	

#### PROGRAMMING NOTE 'QA23 I19':

IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA23\_I20';

ELSE CONTINUE WITH 'QA23 I19':

'QA23 I19' Is (CHILD)'s health plan a PPO or EPO?

(CHILD)的健康計劃是 PPO (特選醫療提供組織) 還是 EPO (特定醫療服務組織)?

#### AI115

[IF NEEDED, SAY: 'EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: 'EPO 代表特定醫療服務組織。使用 EPO, 您必須使用網絡內的醫生和醫院, 但如果是緊急情況, 您可以直接去看醫生和專科醫生而無需初級保健提供者轉診。'」]

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

[IF NEEDED, SAY: 'PPO 代表特選醫療提供組織。使用, PPO 您可以使用任何醫生和醫院, 但如果您使用屬於您的計劃網絡的醫生和醫院, 會減少您支付的費用。而且您可以直接去看醫生和專科醫生, 無需初級保健提供者轉診。']

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

$\mathbf{O}$	PPO	1
O	EPO	2

$\mathbf{O}$	OTHER (SPECIFY:	91
$\mathbf{O}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	8

# 'QA23\_I20' What is the name of (CHILD)'s main health plan?

(CHILD) 參加的主要健康計劃的名稱是什麼?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

	CESS SENIOR HEALTHCARE	
O AET	ΓΝΑ	2
O AET	TNA GOLDEN MEDICARE	3
	S HEALTHCARE FOUNDATION, LA.,	
O ALA	MEDA ALLIANCE FOR HEALTH	5
O ALT	AMED HEALTH SERVICES	83
	THEM BLUE CROSSOF CALIFORNIA	7
O ASF	PIRE HEALTH PLAN	8
	JE CROSS CALIFORNIACARE	9
O BLU	JE CROSS SENIOR SECURE7	9
	JE SHIELD 65 PLUS	
O BLU	JE SHIELD OF CALIFORNIA	
	AND NEW DAY (UNIVERSAL CARE).	13
O CAL	LIFORNIA HEALTH AND	
WE	LLNESS PLAN	14
O CAL	IFORNIAKIDS (CALKIDS)	15
O CAL	OPTIMA (CALOPTIMA ONE CARE)	16
O CAL	_VIVA HEALTH	17
O CAL	RE 1ST HEALTH PLAN	
O CAF	REMORE HEALTH PLAN	19
O CEN	NTER FOR ELDERS'	
IND	EPENDENCE	21
O CEI	N CAL HEALTH	80
	NTRAL CALIFORNIA ALLIANCE	
FOR	R HEALTH	22
O CEI	NTRAL HEALTH PLAN	23
	NESE COMMUNITY HEALTH PLAN.	
O CHO	DICE PHYSICIANS NETWORK	
	NA HEALTHCARE	
O CIT	IZENS CHOICE HEALTHPLAN	
	MMUNITY CARE HEALTH PLAN	
O COI	MMUNITY HEALTH GROUP	
	NTRA COSTA HEALTH PLAN	81
O DAV	/ITA HEALTHCARE	
PAF	RTNERS PLAN	31
O EAS	SY CHOICE HEALTH PLAN	
O EPI	C HEALTH PLAN	33
O GEI	M CARE HEALTH PLAN	
	LD COAST HEALTH PLAN	35
O GO	LDEN STATE MEDICARE	
	ALTH PLAN	
O HEA	ALTH NET	38
	ALTH NET SENIORITY PLUS	
O HEA	ALTH PLAN OF SAN JOAQUIN	40

9	HEALTH PLAN SAN JP AUTHORITY	
$\mathbf{O}$	HERITAGE PROVIDER NETWORK	
•	HUMANA GOLD PLUS	
$\mathbf{O}$	HUMANA HEALTH PLAN	44
$\mathbf{O}$	IEHP (INLAND EMPIRE HEALTH PLAN)	45
$\mathbf{O}$	INTER VALLEY HEALTH PLAN	46
•	HEALTH ADVANTAGE	82
O	KAISER PERMANENTE	47
O	KAISER PERMANENTE	
	SENIOR ADVANTAGE	48
•	KERN FAMILY HEALTH CARE	40
Ŏ	L.A. CARE HEALTH PLAN	
Ö	MD CARE	
0	MOLINA HEALTHCARE OF	Ji
•	CALIFORNIA	E /
$\circ$	CALIFORNIA MONARCH HEALTH PLAN	54
O		
<b>O</b>	ON LOK SENIOR HEALTH SERVICES	56
0	PARTNERSHIP HEALTHPLAN	
	OF CALIFORNIA	57
•	PIH HEALTH CARE SOLUTIONS	
$\mathbf{O}$	PREMIER HEALTH PLAN SERVICES	
O	PRIMECARE MEDICAL NETWORK	60
O	PROVIDENCE HEALTH NETWORK	
$\mathbf{O}$	SCRIPPS HEALTH PLAN SERVICES	68
•	SEASIDE HEALTH PLAN	69
•	SAN FRANCISCO HEALTH PLAN	
•	SANTA CLARA FAMILY HEALTH	
	PLAN	90
•	SAN MATEO HEALTH COMMISION	
Ö	SANTA BARBARA	
Ö	SATELLITE HEALTH PLAN	92
Ö	SCAN HEALTH PLAN	
Ö	SHARP HEALTH PLAN	
0	SUTTER HEALTH PLAN	
0	SUTTER SENIOR CARE	
0		
0	UNITED HEALTHCARE	73
•	UNITED HEALTHCARE SECURE	- 4
_	HORIZONUNIVERSITY HEALTHCARE	74
0	UNIVERSITY HEALTHCARE	
_	ADVANTAGE	
•	VALLEY HEALTH PLAN	76
O	VENTURA COUNTY HEALTH	
	CARE PLAN	
$\mathbf{O}$	WESTERN HEALTH ADVANTAGE	78
$\mathbf{O}$	CHAMPUS/CHAMP-VA	93
$\mathbf{O}$	TRICARE/TRICARE FOR LIFE/	
	TRICARE PRIME	87
•	VA HEALTH CARE SERVICES	89
Ö	MEDI-CAL	
Ö	MEDICARE	
Ö	OTHER (SPECIFY:)	85
Ö	REFUSED	-7
0	DON'T KNOW	
•	DOINT INNOVY	c

**POST NOTE 'QA23\_I20'**: IF **'QA23\_I20'** = 93, 87, OR 89 THEN SET CHMILIT=1

'QA23_I21'	Is (CHILD) covered for prescription drugs?			
	計劃是否支付((	CHILD) 的處方藥品?		
CF14	) ) )	YES		
High Deductible	e Health Plans (	Child)		
PROGRAMMIN	IG NOTE FOR	QA23_I22':		
<b>CONTINUE WI</b>	TH <b>'QA23_I22'</b> ;	$ 11' \neq 1 $ AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN IG NOTE 'QA23_ 125'		
'QA23_I22'	Does (CHILD)'s	s health plan have a deductible that is more than \$1,000?		
	(CHILD)的健康	保險計劃是否有超過 1,000 美元的免賠額?		
AI79	[IF NEEDED, S to pay for your	SAY "A deductible is the amount you have to pay before your plan begins medical care.]		
	免賠額是在您的	的健康保險計劃開始為您的醫療護理付款之前,您必須支付的數額。		
	0 0	YES		
'QA23_I23'	Does (CHILD)'s \$2,000?	s health plan have a deductible for all covered persons that is more than		
	(CHILD)的醫療	保險計劃對於所有受保人是否有超過 2,000 美元的免賠額?		
Al80		SAY: "A deductible is the amount you have to pay before your plan begins medical care."].		
	免賠額是在您的	的健康保險計劃開始為您的醫療護理付款之前,您必須支付的數額。		
	0 0	YES		
	0	REFUSED7		

#### PROGRAMMING NOTE 'QA23 124':

IF ('QA23\_I22'= 1 OR 3) OR ('QA23\_I23'= 1 OR 3), CONTINUE WITH 'QA23\_I24'; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_I25'

'QA23\_I24' Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

您是否有用於支付(CHILD)的醫療費用的特殊帳戶或資金?

#### AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs]

帳戶有時指健康儲蓄帳戶*(HSAs)、*健康償付帳戶*(HRAs)、*或其他類似帳戶包括個人護理帳戶、個人醫療基金或選擇基金*(Choice Funds),*但不包括雇主所提供的醫療保險彈性支出帳戶*(Flexible Spending Accounts,FSA)。* 

$\mathbf{C}$	YES	1
$\mathbf{c}$		_
$\mathbf{c}$	REFUSED	7
$\mathbf{c}$		

Reasons for Lack of Coverage (Child)

#### PROGRAMMING NOTE 'QA23 125':

IF CHINSURE = 1, GO TO 'QA23 130';

ELSE CONTINUE WITH 'QA23 125'

'QA23 I25' What is the one main reason (CHILD) does not have any health insurance?

(CHILD) 沒有醫療保險的一個主要原因是什麼?

#### CF18

O	Can't afford/Too expensive1
0	Not eligible due to working status/ Changed employer/Lost job2
$\sim$	
0	Not eligible due to health or other3
$\mathbf{O}$	Not eligible due to
	citizenship/immigration status4
$\mathbf{O}$	Family situation changed5
$\mathbf{O}$	Don't believe in insurance6
O	Did not have insurance while
	switching insurance companies7
0	Can get health care for free/pay
	for own care8
$\mathbf{O}$	Other (Specify:)91
0	REFUSED7
$\mathbf{O}$	DON'T KNOW8

Coverage over Past 12 Months (Child)

'QA23\_126' Was (CHILD) covered by health insurance at any time during the past 12 months?

	(CHILD)是否在	E過去 12 個月中的任何時間享受醫療保險?			
CF20					
	<b>O</b>	YES1	[GO TO 'QA23_I28']		
	<b>O</b>	NO2 REFUSED7			
	ŏ	DON'T KNOW8			
QA23_I27'	How long has	it been since (CHILD) last had health insurance?			
	(CHILD) 上一	次有醫療保險到現在已經有多長時間?			
CF21					
	•	MORE THAN 12 MONTHS, BUT	ICO TO (DN. 1840A)		
	Q	NOT MORE THAN 3 YEARS AGO1 MORE THAN 3 YEARS AGO	[GO TO 'PN_IA10A] [GO TO 'PN_IA10A]		
	Ö	NEVER HAD HEALTH INSURANCE	[GO TO FN_IATOA]		
	•	COVERAGE3	[GO TO 'PN_IA10A]		
	•	REFUSED7	[GO TO 'PN_IA10A]		
	O	DON'T KNOW8	[GO TO 'PN_IA10A]		
QA23_I28'	For how many	of the last 12 months did {he/she} have health in	surance?		
	在過去 12 個月	] 內,{他/她}有多少個月有醫療保險?			
CF22	(INITED)/IE\A/E	ER NOTE: IF LESS THAN ONE MONTH BUT MO			
	ENTER 1]	ER NOTE. IF LESS THAN ONE MONTH BUT MC	ORE THAN U DATS,		
		MONTHS [HR: 0-12]	[GO TO 'PN_QA23_I36']		
	<b>O</b>	REFUSED7 DON'T KNOW8	1 N_QA20_100 ]		
QA23_I29'	a plan you obt	ne when (CHILD) had health insurance, was {his/sained through an employer, a plan you purchase	d directly from an		
	plan?	npany, a plan you purchased through Covered Ca	alifornia, or some other		
	在(CHILD)有醫	醫療保險期間,{他的/她的}保險是 MediCal、您透	過雇主獲得的計劃、您直接		
0=00	從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃?				
CF23	[CIRCLE ALL THAT APPLY]				
	[PROBE: "Any	others?"]			
	[PROBE:'還有	任何其他保險嗎? ']			
	(7 maximum re	esponses)			
		Medi-Cal1	[GO TO 'PN_QA23_I36']		
		Through current or former employer/union3	[GO TO 'PN_QA23_I36']		
		Purchased directly5	[GO TO 'PN_QA23_I36']		
		Covered California6	[GO TO 'PN_QA23_I36']		

		Other health plan91	[GO TO 'PN_QA23_I36']		
	O	REFUSED7	FN_QA23_I36 ] [GO TO 'PN_QA23_I36']		
	•	DON'T KNOW8	[GO TO 'PN_QA23_I36']		
'QA23_I30'		ut {his/her} current health insurance, did (CHILD) past 12 months?	have this same insurance		
	請想一想 {他/	她}目前的醫療保險,(CHILD) 在過去 12 個月中,	是不是都是享受同一種保		
CF24	O	YES1	[GO TO 'PN_QA23_I36']		
	0	NO2 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)			
	) )	REFUSED -7 DON'T KNOW -8			
'QA23_I31'		e) wasn't covered by {his/her} current health insur / other health insurance?	ance, did {he/she/he or		
CF25	當{他/她}沒有	享受{他/她}目前的醫療保險時,{他/她/他或她}有	沒有其它任何醫療保險?		
CI 23	O O	YES	[GO TO 'QA23_I33']		
	<b>O</b>	REFUSED7 DON'T KNOW8	[GO TO 'QA23_I33'] [GO TO 'QA23_I33']		
'QA23_I32'	d from an employer, a plar ı purchased through				
		保險是不是加州醫療補助計劃白卡(Medi-Cal)、 直接購得的計劃、您透過加州全保(Covered Cal			
CF26	[CODE ALL THAT APPLY.]				
	[PROBE: "Any others?"]				
	[PROBE:'還有任何其他保險嗎?']				
	(7 maximum ı	responses)			
	_ _ _ _	MEDI-CAL			
	Ō	REFUSED7			

	•	DON'T KNOW	8-	
'QA23_I33'	During the pasall?	t 12 months, was there any time v	vhen {he/she} ha	ad no health insurance at
CF27	在過去 12 個月	中,{他/她}有沒有任何時間完全沒	沒有醫療保險?	
CF21	<b>O</b>	YES		[GO TO 'PN_QA23_I36']
	O	REFUSED	7	[GO TO 'PN_QA23_I36']
	O	DON'T KNOW	8	[GO TO 'PN_QA23_I36']
'QA23_I34'	For how many	of the past 12 months did {he/she	e) have no health	n insurance?
CEOO	在過去 12 個月	中,{他/她}有幾個月沒有健康保險	₹?	
CF28	[IF < 1 MONTH	I, ENTER '1']		
	о О	MONTHS [R REFUSEDDON'T KNOW	7	
'QA23_I35'	[What is the on {he/she} wasn'	<u>e main</u> reason (CHILD) did not hat covered?	ave any health in	nsurance during the time
CF29	在(CHILD) 沒有	了保險的日子裡, {他/她} 沒有醫療	保險的一個主要	原因是什麼?
CF29	[IF R SAYS, "N	o need," PROBE WHY]		
	о О	Can't afford/Too expensive Not eligible due to working statu Changed employer/Lost job	ıs/	
	O	Not eligible due to health or other problems	3	
	O	Not eligible due to citizenship/immigration status		
	$\mathbf{O}$	Family situation changed	5	
	O	Don't believe in insurance		
	Ö	Did not have insurance while swinsurance companies	vitching	
	O	Can get health care for free/pay for own care		
	$\circ$			
	0	Other (Specify:)	الا ع ا	
	0	REFUSED DON'T KNOW		
	9	DOIN I KINOW	o	

Teen's Health Insurance

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PROGRAMMING NOTE 'QA23 136':
IF NO TEEN SELECTED, GO TO PN 'QA23 J1';
IF ARINSURE = 1, CONTINUE WITH 'QA23 136';
IF ARINSURE ≠ 1, GO TO PN 'QA23 137';
ELSE CONTINUE WITH 'QA23_I36'
'QA23 I36'
            Does (TEEN) have the same health insurance as you
            以下問題是有關(TEEN)可能享有的健康保險。
             (TEEN) 是否與{您/ADULT RESPONDENT NAME}擁有相同的保險?
IA10A
                        YES......1
                  \mathbf{O}
                                                             [GO TO 'QA23 I54']
                  \mathbf{O}
                        NO......2
                        REFUSED .....-7
                  \mathbf{O}
                        DON'T KNOW .....-8
POST NOTE 'QA23_I36': IF 'QA23_I36' = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET
TEINSURE = 1:
IF 'QA23_I36' = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA23_I36' = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23 136' = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23 136' = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23_I36' = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23 136' = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA23_I36' = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA23 136' = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA23 136' = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF 'QA23 136' = 1 AND ARIHS = 1, SET TEIHS = 1
IF 'QA23 I36' = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
PROGRAMMING NOTE 'QA23_I37':
IF SPINSURE ≠ 1 THEN SKIP TO 'QA23_I38';
ELSE IF 'QA23 136'= 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA23 138':
ELSE CONTINUE WITH 'QA23_I37'
'QA23 I37'
            Does (TEEN) have the same insurance as your spouse?
            (TEEN) 的保險是否與您配偶的保險相同?
 MA5
                        YES......1
                  \mathbf{O}
                        NO......2
                  0
                  \mathbf{O}
                        REFUSED.....-7
                        DON'T KNOW.....-8
POST NOTE 'QA23_I37': IF 'QA23_I37'= 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET
TEINSURE = 1:
IF 'QA23_I37'= 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA23_I37'= 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23 I37'= 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
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IF 'QA23_I37'= 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23_I37'= 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23_I37'= 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA23_I37'= 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA23_I37'= 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA23_I37'= 1 AND SPOTHER= 1, SET TEOTHER= 1 AND SET TEINSURE = 1;
IF 'QA23_I37'= 1 AND SPHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;
IF 'QA23_I37'= 1 AND SPARPAR= 1, THEN SET TEOTHER= 1 AND SET TEINSURE= 1 AND SPAMETE= 1
```

#### PROGRAMMING NOTE 'QA23\_I38':

IF TEINSURE≠ 1 OR CHINSURE≠ 1, THEN SKIP TO 'QA23\_I39';

ELSE IF ('QA23\_I36'= 2 AND ARSAMECH= 1) OR ('QA23\_I37'= 2 AND SPSAMECH= 1), THEN SKIP TO 'QA23\_I39';

ELSE CONTINUE WITH 'QA23\_I38';

'QA23\_I38' Does (TEEN) have the same insurance as (CHILD)?

(TEEN) 的保險是否與(CHILD) 的保險相同?

MA6

O	YES1	[GO TO 'QA23_I66']
$\mathbf{O}$	NO2	
O	REFUSED7	
O	DON'T KNOW8	

```
POST NOTE 'QA23_I38': IF 'QA23_I38'= 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHEMP= 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHIHS = 1, SET TEIHS = 1;
IF 'QA23_I38'= 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF 'QA23_I38'= 1 AND CHHBEX = 1, SET TEHBEX = 1
```

Medi-Cal Coverage (Teen)

'QA23\_I39' Is {he/she} currently covered by Medi-CAL?

{他/她}是否享受 MediCAL (加州醫療保健計劃)的保賠?

IA1

[IF NEEDED, SAY: Medi-Cal is a health insurance program for low-income individuals in California]

加州低收入醫療保險 (Medi-Cal) 是一項面向加州低收入群體的醫療保險計劃。

$\mathbf{O}$	YES	1
O	NO	2
O	REFUSED	7
O		

# POST NOTE 'QA23 139': IF 'QA23 139'= 1, SET TEMCAL= 1 AND SET TEINSURE= 1

Employer-Based Coverage (Teen)

'QA23 I40' Is (TE

Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(TEEN)有沒有享受通過您或其他人的工作或工會提供的醫療保險計劃或管理式保健組織計劃 (HMO)?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

<b>O</b>	YES1	
O		[GO TO 'QA23_I42']
$\mathbf{O}$	REFUSED7	[GO TO 'QA23_I42']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'QA23_I42']

# POST NOTE 'QA23\_I40': IF 'QA23\_I40'= 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA23\_I41' Is this plan through an employer, through a union, or through Covered California's SHOP program?

這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的?

Al94

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

SHOP是Covered California 開展的小企業保健選擇計劃

$\mathbf{O}$	EMPLOYER	1
$\mathbf{O}$	UNION	2
O	SHOP / COVERED CALIFORNIA	3
O	OTHER (SPECIFY:	_) 91
O	· ·	•
O	DON'T KNOW	8-

#### POST NOTE FOR 'QA23\_I41': IF 'QA23\_I41'= 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

PROGRAMMING NOTE 'QA23\_I42':
IF TEINSURE = 1 THEN GO TO 'QA23\_I43';

ELSE CONTINUE WITH 'QA23 142'

ELSE CONTINUE WITH QA23\_142

'QA23\_I42' Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

(TEEN)是否享受您直接從保險公司或 HMO 購買的醫療保險計劃的承保?

IA4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital]

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

$\mathbf{O}$	YES1	
O	NO2	[GO TO 'QA23_I48']
0	REFUSED7	[GO TO 'QA23_I48']
O	DON'T KNOW8	[GO TO 'QA23_I48']

## POST NOTE 'QA23\_I42': IF 'QA23\_I42' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

#### PROGRAMMING NOTE 'QA23 143':

IF TEDIRECT = 1, THEN CONTINUE WITH 'QA23 143';

ELSE GO TO 'PN\_QA23\_I44'

'QA23\_I43' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

您是如何購買這項保健計劃的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買?

#### A195

$\mathbf{O}$	INSURANCE COMPANY OR HMO1
O	COVERED CALIFORNIA2
O	OTHER (SPECIFY:) 91
$\mathbf{O}$	
O	DON'T KNOW8

#### **POST NOTE FOR 'QA23 143'**: IF '**QA23 143'** = 2, THEN SET TEHBEX = 1

#### PROGRAMMING NOTE 'QA23 144':

IF 'QA23 I41' = 3, THEN GO TO PN 'QA23 I45';

ELSE CONTINUE WITH 'QA23 144':

'QA23 I44' Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣?

#### Al97

O	YES1	
$\mathbf{O}$	NO2	[GO TO 'QA23_I48']
$\mathbf{O}$	REFUSED7	
$\circ$	DON'T KNOW	

#### PROGRAMMING NOTE 'QA23 145':

IF TEEMP= 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23\_I45';

ELSE GO TO PROGRAMMING NOTE 'QA23\_I48'

'QA23\_I45' Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否支付(TEEN)的保健計劃的任何或全部保費或費用?請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

#### AI55

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.]

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

[IF NEEDED, SAY: "A <u>DEDUCTIBLE</u> IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

保費是您的健康保險計劃的每月收費。

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GO TO 'QA23_I48']
$\mathbf{O}$	REFUSED7	[GO TO 'QA23_I48']
O	DON'T KNOW8	

'QA23\_I46' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

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

#### AI52

O	YES1	
$\mathbf{O}$	NO2	[GO TO
		'PN_QA23_I48']
$\mathbf{O}$	REFUSED7	
		'PN_QA23_I48']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN_QA23_I48']

'QA23\_I47' Who else pays all or some portion of the cost for (TEEN)'s health plan?

還有誰支付(TEEN) 的醫療保險計劃的全部或部份費用?

#### AI53

[CODE ALL THAT APPLY]

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION	3
SPOUSE'S/PARTNER'S CURRENT	
EMPLOYER	4
SPOUSE'S/PARTNER'S FORMER	
EMPLOYER	5
PROFESSIONAL/FRATERNAL	
ORGANIZATION	6
MEDICAID/MEDI-CAL ASSISTANCE	7

		COVERED CALIFORNIA OTHER REFUSED DON'T KNOW	91 7	
IF 'QA23_I47'	<b>QA23_I47</b> ': IF <b>'(</b> = 7, SET TEMC = 10, SET TEHI		) TEDIREC	T = 0;
CHAMPUS/CH	HAMP VA, TRIC	ARE, VA Coverage (Teen)		
IF TEINSURE	<b>NG NOTE 'QA2</b> = 1, GO TO PR( IUE WITH <b>'QA2</b>	OGRAMMING NOTE 'QA23_I53';		
'QA23_I48'	Is {he/she} cov health care?	vered by CHAMPUS/CHAMP VA, TRIC	CARE, VA, o	or some other military
IAG	{他/她} 是否享	受 CHAMPUS/CHAMP VA, TRICARE,	VA, 或其证	艺軍隊醫療護理計劃?
IA6	O	YES	1	[GO TO 'PN_QA23_I54']
	•	NO	2	[GO TO 'PN_QA23_I48']
	•	REFUSED	7	[GO TO 'PN_QA23_I48']
	O	DON'T KNOW	8	4, ,
POST NOTE '	QA23_I48': IF '0	<b>QA23_I48'</b> = 1, SET TEMILIT= 1 AND	SET TEINS	URE = 1
AIM, MRMIP, I	Family PACT, H	ealthy Kids, Other (Teen)		
'QA23_I49'		vered by some other government health Healthy Kids or something else?	h plan such	as AIM, 'Mister MIP',
107	{他/她}是否享存 Kids 或其他計	有其他政府醫療保險計劃,例如 AIM,N 劃?	Mister MIP、	Family PACT、Healthy
IA7	means Major F	SAY: " <u>AIM</u> means Access for Infants at Risk Medical Insurance Program; <u>Fami</u> aception/reproductive health services fo	ly PACT is	the state program that
		嬰保險計劃」; <i>Mister MIP</i> 或MRMIP表 是一項州立計劃,為沒有保險的低收入,		
	•	AIM	1	[GO TO 'PN_QA23_I54']
	•	MISTER MIP/MRMIP	2	[GO TO 'PN_QA23_I54']
	O	Family PACT	3	[GO TO
	O	HEALTHY KIDS	4	'PN_QA23_I54'] [GO TO 'PN_QA23_I54']

	0	NO OTHER PLAN	[GO TO 'PN_QA23_I54']
POST NOTE 'C		QA23_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TEC	THGOV = 1 AND SET
Other Coverage	e (Teen)		
'QA23_I50'	Does {he/she}	have any health insurance coverage through a pl	an that I missed?
IA8	{他/她} 有沒有	享受任何我漏掉的其它醫療保險計劃?	
	<b>O</b>	YES	[GO TO 'PN_QA23_I54']
	O	REFUSED7	[GO TO 'PN_QA23_I54']
	•	DON'T KNOW8	[GO TO 'PN_QA23_I54']
'QA23_I51'		ealth insurance does {he/she} have? Does it con nion, or from some other source?	ne through Medi-CAL, an
		重健康保險?此保險是透過 Medi-CAL(加州醫療係 從某些其它來獲得的?	R健計劃)、僱主或工會
IA9	current or form	AME OF PRIVATE PLAN, THEN PROBE: "Do your employer/union, through a school, professional ization directly from the health plan?"]	
	•	AME OF PRIVATE PLAN, THEN PROBE: '您是近美協會、同業團體、其他機 構還是直接向保健計劃	
	[CIRCLE ALL	THAT APPLY]	
	[PROBE: "Any	others?"]	
	[PROBE:'還有	任何其他保險嗎? ']	
	<u> </u>	THROUGH CURRENT OR FORMER EMPLOYER/UNION1 THROUGH SCHOOL, PROFESSIONAL	
	<u> </u>	ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION2 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR	
		ANYONE ELSE)	

		HEALTH CARE	7		
		INDIAN HEALTH SERVICE,			
		TRIBAL HEALTH PROGRAM,			
		URBAN INDIAN CLINIC	8		
		COVERED CALIFORNIA	10		
		SHOP THROUGH			
		COVERED CALIFORNIA	11		
		OTHER GOVERNMENT HEALTH			
		PLAN	91		
		OTHER NON-GOVERNMENT HEALT	Н		
		PLAN	92		
	•	REFUSED			
	•	DON'T KNOW			
POST NOTE 'C	0Α23 I51': IF 'C	QA23_I51'= 1, SET TEEMP= 1 AND TEII	NSURF=	. 1·	_
		P= 1 AND TEINSURE= 1;	100112	• • •	
		ECT= 1 AND TEINSURE= 1;			
		ARE= 1 AND TEINSURE= 1;			
		AL= 1 AND TEINSURE= 1;			
		IT= 1 AND TEINSURE= 1;			
_	= 7, SET TEMIL = 8, SET TEIHS	•			
			CCT 4.		
		BEX= 1 AND TEINSURE= 1 AND TEDIR			
		BEX= 1 AND TEINSURE= 1 AND TEEMI	P= 1;		
		THGOV= 1 AND TEINSURE= 1;			
		ΓHER= 1 AND TEINSURE= 1;			
IF 'QA23_I51'	= -3, SET TEINS	SURE= 1			
	NG NOTE 'QA2				
		MEDICARE), CONTINUE WITH <b>'QA23_</b>	. <b>I52</b> ';		
ELSE SKIP TO	PROGRAMMIN	NG NOTE 'QA23_I53'			
'QA23_I52'	Just to verify, y	ou said that (TEEN) gets health insurand	ce throu	gh Medicare?	
	我只是要確定-	一下,您說過 (TEEN) 有從聯邦醫療保險(	Medicare	e) 獲得醫療保險?	
IA9VER					
	•	YES	1		
	Ö	NO		[GO TO	
	•			'PN_QA23_I54']	
	O	REFUSED	-7	[GO TO	
	•	NEI 00ED		'PN_QA23_I54']	
	•	DON'T KNOW	-8	1 14_QA23_134 ]	
	•	DON I KNOW			
DD O O D A MANUA	IO NOTE (OAO)	0 1501			_
PROGRAMMIN	NG NOTE 'QA2	3_153′:			
IF TEINSURE	≠ 1 CONTINUE	WITH <b>'QA23_I53'</b> ;			
ELSE GO TO '	QA23  54':				
					_
'QA23_I53'	What is the on	e main reason why (TEEN) is not enrolle	d in the	Medi-CAL program?	
	(TEEN) 沙卡加	17 加州歐索輔助計劃(Madi CAI)的。	個十番店	田具44麻9	
1442	[[[[]]] 汉作师	I入加州醫療輔助計劃( Medi-CAL ) 的一	凹土女炘		
IA1A					
		PAPERWORK TOO DIFFICULT			
		DO NOT KNOW IF ELIGIBLE	2		
			2		

	NOT ELIGIBLE DUE TO
	CITIZENSHIP/IMMIGRATION STATUS4
	DO NOT BELIEVE IN HEALTH
	INSURANCE6
	DO NOT NEED INSURANCE BECAUSE
	SHE/HE IS HEALTHY
	ALREADY HAVE INSURANCE
	DID NOT KNOW ABOUT IT
	DO NOT LIKE OR WANT WELFARE 10
	OTHER (SPECIFY:) 91
$\mathbf{C}$	REFUSED
$\mathbf{O}$	DON'T KNOW
rootori	otion (Toon)

Managed Care Plan Characteristics (Teen)

#### PROGRAMMING NOTE 'QA23\_I54':

IF 'QA23\_I36' = 1 AND ARMCARE = 1, THEN 'QA23\_I54'= 'QA23\_H62' AND 'QA23\_I56'= 'QA23\_H64' AND 'QA23\_I57'= 'QA23\_H65' AND GO TO PN 'QA23\_I58';

ELSE IF 'QA23\_I38'= 1, THEN 'QA23\_I54'= 'QA23\_I18' AND 'QA23\_I56'= 'QA23\_I20' AND 'QA23\_I57'= 'QA23\_I21' AND GO TO 'PN\_QA23\_I58'; ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA23\_I54';

ELSE GO TO PROGRAMMING NOTE 'QA23 158'

'QA23\_I54' Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

(TEEN) 參加的 {Medi-Cal} 保健計劃是 HMO (健康維護機構計劃) 嗎?

#### MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

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

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

$\mathbf{c}$	YES1	[GO TO 'QA23_I56']
$\mathbf{c}$	NO2	
$\mathbf{c}$	REFUSED7	
$\mathbf{c}$	DON'T KNOW8	

#### PROGRAMMING NOTE 'QA23 155':

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA23\_I56'; ELSE CONTINUE WITH 'QA23\_I55';

'QA23\_I55' Is (TEEN)'s health plan a PPO or EPO?

(TEEN)的健康計劃是 PPO (特選醫療提供組織) 還是 EPO (特定醫療服務組織)?

AI116

[IF NEEDED, SAY: 'EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: 'EPO 代表特定醫療服務組織。使用 EPO, 您必須使用網絡內的醫生和醫院, 但如果是緊急情況, 您可以直接去看醫生和專科醫生而無需初級保健提供者轉診。'」]

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

[IF NEEDED, SAY: 'PPO 代表特選醫療提供組織。使用, PPO 您可以使用任何醫生和醫院, 但如果您使用屬於您的計劃網絡的醫生和醫院, 會減少您支付的費用。而且您可以直接去看醫生和專科醫生, 無需初級保健提供者轉診。']

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

$\mathbf{O}$	PPO	
O	EPO	2
O	Other (Specify:	) 91
O	REFUSED	
O	DON'T KNOW	8-

'QA23\_I56' What is the name of (TEEN)'s main health plan?

(TEEN) 參加的主要保健計劃名稱是什麼?

MA7

•	ACCESS SENIOR HEALTHCARE1
O	AETNA2
O	AETNA GOLDEN MEDICARE3
O	AIDS HEALTHCARE FOUNDATION, LA4
O	ALAMEDA ALLIANCE FOR HEALTH5
$\mathbf{O}$	ALTAMED HEALTH SERVICES 83
O	ANTHEM BLUE CROSSOF CALIFORNIA7
O	ASPIRE HEALTH PLAN8
•	BLUE CROSS CALIFORNIACARE9
O	BLUE CROSS SENIOR SECURE79
•	BLUE SHIELD 65 PLUS 11
O	BLUE SHIELD OF CALIFORNIA12
O	BRAND NEW DAY (UNIVERSAL CARE). 13
O	CALIFORNIA HEALTH AND
	WELLNESS PLAN 14
O	CALIFORNIAKIDS (CALKIDS) 15
O	CAL OPTIMA (CALOPTIMA ONE CARE) 16
•	CALVIVA HEALTH17
O	CARE 1ST HEALTH PLAN18
Ō	CAREMORE HEALTH PLAN19
Ō	CENTER FOR ELDERS'
	INDEPENDENCE
O	CEN CAL HEALTH 80
Ō	CENTRAL CALIFORNIA ALLIANCE
-	FOR HEALTH

9	CENTRAL HEALTH PLAN	
$\mathbf{O}$	CHINESE COMMUNITY HEALTH PLAN.	
O	CHOICE PHYSICIANS NETWORK	
O	CIGNA HEALTHCARE	26
O	CITIZENS CHOICE HEALTHPLAN	27
O	COMMUNITY CARE HEALTH PLAN	
Ö	COMMUNITY HEALTH GROUP	
Ö	CONTRA COSTA HEALTH PLAN	
		01
O	DAVITA HEALTHCARE	
_	PARTNERS PLAN	31
$\mathbf{O}$	EASY CHOICE HEALTH PLAN	
O	EPIC HEALTH PLAN	33
O	GEM CARE HEALTH PLAN	
$\mathbf{C}$	GOLD COAST HEALTH PLAN GOLDEN STATE MEDICARE	
O	GOLDEN STATE MEDICARE	35
	HEALTH PLAN	36
•	HEALTH NET	38
Õ	HEALTH NET SENIORITY PLUS	30
Ö	HEALTH PLAN OF SAN JOAQUIN	
0	HEALTH PLAN SAN JP AUTHORITY	
O	HERITAGE PROVIDER NETWORK	
•	HUMANA GOLD PLUS	
$\mathbf{O}$	HUMANA HEALTH PLAN	
$\mathbf{O}$	IEHP (INLAND EMPIRE HEALTH PLAN)	
O	INTER VALLEY HEALTH PLAN	46
O	HEALTH ADVANTAGE	82
O	KAISER PERMANENTE	47
O	KAISER PERMANENTE	
	SENIOR ADVANTAGE	48
O	KERN FAMILY HEALTH CARE	49
O	L.A. CARE HEALTH PLAN	50
Ö		
Ö	MD CARE MOLINA HEALTHCARE OF	٠.
•	CALIFORNIA	5/
O	MONARCH HEALTH PLAN	55
O	ON LOK SENIOR HEALTH SERVICES	20
O	PARTNERSHIP HEALTHPLAN	
	OF CALIFORNIA	57
O	PIH HEALTH CARE SOLUTIONS	
$\mathbf{O}$	PREMIER HEALTH PLAN SERVICES	
$\mathbf{O}$	PRIMECARE MEDICAL NETWORK	
$\mathbf{O}$	PROVIDENCE HEALTH NETWORK	61
$\mathbf{O}$	SCRIPPS HEALTH PLAN SERVICES	68
•	SEASIDE HEALTH PLAN	69
$\mathbf{C}$	SAN FRANCISCO HEALTH PLAN	
Ö	SANTA CLARA FAMILY HEALTH	•
•	PLAN	an
O	SAN MATEO HEALTH COMMISION	
0	SANTA BARBARA	
	SATELLITE HEALTH PLAN	
0		
O	SCAN HEALTH PLAN	
•	SHARP HEALTH PLAN	
$\mathbf{O}$	SUTTER HEALTH PLAN	
O	SUTTER SENIOR CARE	
O	UNITED HEALTHCARE	73
$\mathbf{O}$	UNITED HEALTHCARE SECURE	

		HORIZON74
	O	UNIVERSITY HEALTHCARE
		ADVANTAGE 75
	O	VALLEY HEALTH PLAN 76
	O	VENTURA COUNTY HEALTH
		CARE PLAN 77
	O	WESTERN HEALTH ADVANTAGE 78
	O	CHAMPUS/CHAMP-VA93
	$\mathbf{O}$	TRICARE/TRICARE FOR LIFE/
		TRICARE PRIME 87
	$\mathbf{O}$	VA HEALTH CARE SERVICES 89
	$\mathbf{O}$	MEDI-CAL 52
	$\mathbf{O}$	MEDICARE 53
	$\mathbf{O}$	OTHER (SPECIFY:) 85
	O	REFUSED7
	O	DON'T KNOW8
POST NOTE 'C	QA23_I56': IF 'Q	<b>A23_I56'</b> = 93, 87, OR 89 THEN SET TEMILIT=1
'QA23_I57'	Is (TEEN) cove	red for prescription drugs?
_		
	(TEEN) 的計劃:	是否支付處方藥品?
IA14	,	
	O	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8
High Deductible	e Health Plans (1	-een)
	`	
PROGRAMMIN	NG NOTE FOR "	QA23_I58':
		$_{-}$ I36' $\neq$ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1),
-,	_	- , , ,
	IUE WITH 'QA23	3_158';
ELSE SKIP TO	PN <b>'QA23_I61</b> '	
(0.4.00 150)	Daga (TEEN)	haalilla alaa haara a dadaatiibla ilaatiis aasaa ilaan (14,000)
'QA23_I58'	Does (TEEN)'s	health plan have a deductible that is more than \$1,000?
		四个引制且不大切说 4 000 关二 4 4 2 垃圾 6
	(IEEN)的健康的	R險計劃是否有超過 1,000 美元的免賠額?
AI82		
		AY: "A deductible is the amount you have to pay before your plan begins
	to pay for your	medical care."]
		AY: '自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數
	額。']	
	O	YES1
	O	NO2
	O	YES, ONLY WHEN GO OUT OF
		NETWORK3
	•	REFUSED7
	O	DON'T KNOW8
/ <b>-</b>		
'QA23_I59'	Does (TEEN)'s \$2,000?	health plan have a deductible for all covered persons that is more than

AI83

(TEEN)的健康保險計劃對於所有受保人是否有超過2,000美元的免賠額?

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

自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數額。

$\mathbf{O}$	YES	1
0	NO	2
O	YES, ONLY WHEN GO OUT OF	
	NETWORK	3
O	REFUSED	7
$\circ$	DON'T KNOW	-8

#### **PROGRAMMING NOTE 'AI84:**

IF ('QA23\_I58' = 1 OR 3) OR ('QA23\_I59' = 1 OR 3), CONTINUE WITH 'QA23\_I60'; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_I61'

'QA23\_I60' Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

您是否有可以用於支付(TEEN)的醫療費用的特殊帳戶或資金?

Al84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include-Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs)."]

帳戶有時稱為健康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金,這些帳戶與雇主提供的靈活開支帳戶不同。

$\mathbf{O}$	YES	1
O	NO	2
$\mathbf{O}$	REFUSED	7
O	DON'T KNOW	8

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'QA23\_I61': IF TEINSURE = 1, GO TO 'QA23\_I66'; ELSE CONTINUE WITH 'QA23\_I61'

'QA23\_I61' What is the one main reason (TEEN) does not have any health insurance?

(TEEN) 沒有任何健康保險的 一個主要 原因是什麼?

IA18

O	CAN'T AFFORD/TOO EXPENSIVE	1
O	NOT ELIGIBLE DUE TO WORKING	
	STATUS/ CHANGED EMPLOYER/	
	LOST JOB	2
$\mathbf{O}$	NOT ELIGIBLE DUE TO HEALTH OR	
	OTHER PROBLEMS	3

		NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	
Coverage over	Past 12 month	s (Teen)	
QA23_I62'	Was (TEEN)	covered by health insurance at any time during the	e past 12 months?
	(TEEN) 在過去	去 12 個月中的任何時間是否享受醫療保險?	
IA20	) ) )	YES	[GO TO 'QA23_I64']
QA23_I63'	How long has	it been since (TEEN) last had health insurance?	
IA21	(TEEN) 從上-	一次有醫療保險到現在已有多長時間?	
	•	MORE THAN 12 MONTHS, BUT 1 NO MORE THAN 3 YEARS AGO1	[GO TO 'PN_QA23_J1']
	O	2 MORE THAN 3 YEARS AGO2	[GO TO 'PN_QA23_J1']
	•	3 NEVER HAD HEALTH INSURANCE COVERAGE3	[GO TO 'PN_QA23_J1']
	O	REFUSED7	FN_QA23_J1 ] [GO TO 'PN_QA23_J1']
	O	DON'T KNOW8	[GO TO 'PN_QA23_J1']
QA23_I64'	For how many	of the last 12 months did {he/she} have health in	surance?
1422	在過去十二個	月內,{他/她}有幾個月有醫療保險?	
IA22	[INTERVIEWI ENTER 1]	ER NOTE: IF LESS THAN ONE MONTH BUT MO	DRE THAN 0 DAYS,
		MONTHS [HR: 0-12]	[IF 'QA23_I64'=0, GO TO
	•	REFUSED7	'PN_QA23_J1'] [GO TO 'PN_QA23_J1']
	•	DON'T KNOW8	[GO TO 'PN_QA23_J1']

'QA23\_I65'

During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

在(TEEN) 有醫療保險期間, {他的/她的}保險是 Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃?

**IA23** 

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE:'還有任何其他保險嗎?']

	MEDICAL THROUGH CURRENT OR	
	FORMER1	[GO TO
_		'PN_QA23_J1']
	EMPLOYER/UNION3	[GO TO
		'PN_QA23_J1']
	PURCHASED DIRECTLY5	[GO TO
		'PN_QA23_J1']
	COVERED CALIFORNIA6	[GO TO
		'PN_QA23_J1']
	OTHER HEALTH PLAN91	[GO TO
		'PN_QA23_J1']
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_QA23_J1']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		PN QA23 J1']

'QA23\_I66'

Thinking about  $\{\text{his/her}\}\$ current health insurance, did (TEEN) have this same insurance for  $\underline{\text{all}}\$ of the past 12 months?

請想一想{他的/她的} 目前參加的健康保險, (TEEN) 是否在過去十二個月中一直參加這個相同的健康保險計劃?

IA24

0	YES1	[GO TO 'PN_QA23_J1']
O	NO2	
$\mathbf{O}$	REFUSED7	
O	DON'T KNOW8	

'QA23\_I67'

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

當 {他/她} 沒有享受{他的/她的} 目前的醫療保險計劃時, {他/她} 有沒有其它任何醫療保險?

IA25

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GO TO 'QA23_I69']
O	REFUSED7	[GO TO 'QA23_I69']
O	DON'T KNOW8	[GO TO 'QA23_I69']

'QA23_I68'	Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?		
IA26	該其他醫療保險是 Medi-CAL、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃?		
IAZO	[CODE ALL THAT APPLY.]		
	[PROBE: "Any others?"]		
	[PROBE:'還有任何其他保險嗎?']		
	(7 maximum responses)		
	□       MEDI-CAL       1         □       THROUGH CURRENT OR       4         FORMER EMPLOYER/UNION       .4         □       PURCHASED DIRECTLY       .5         □       COVERED CALIFORNIA       .6         □       OTHER HEALTH PLAN       .91         ○       REFUSED       .7         ○       DON'T KNOW       .8		
'QA23_I69'	During the past 12 months, was there any time when {he/she} had no health insurance at all?		
IA27	在過去 12 個月中,{他/她} 有沒有任何時間完全沒有醫療保險?		
IAZI	O YES1		
	O NO2 <b>[GO TO</b> 'PN_QA23_J1']		
	O REFUSED		
	O DON'T KNOW8 [GO TO 'PN_QA23_J1']		
'QA23_I70'	For how many of the past 12 months did {he/she} have no health insurance?		
IA28	在過去 12 個月中,{他/她}有幾個月沒有健康保險?		
IAZO	[IF < 1 MONTH, ENTER '1']		
	MONTHS [RANGE: 1-12] O REFUSED		
'QA23_I71'	What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?		
1400	在(TEEN)不享有保險的期間, {他/她} 沒有任何健康保險的 一個主要原因是什麼?		
IA29	[IF R SAYS, "No need," PROBE WHY]		
	O CAN'T AFFORD/TOO EXPENSIVE1		

$\mathbf{O}$	NOT ELIGIBLE DUE TO WORKING	
	STATUS/ CHANGED EMPLOYER/	
	LOST JOB	.2
O	NOT ELIGIBLE DUE TO HEALTH OR	
	OTHER PROBLEMS	.3
$\mathbf{O}$	NOT ELIGIBLE DUE TO CITIZENSHIP/	
	IMMIGRATION STATUS	.4
O	FAMILY SITUATION CHANGED	.5
O	DON'T BELIEVE IN INSURANCE	.6
O	DID NOT HAVE INSURANCE WHILE	
	SWITCHING INSURANCE COMPANIES	.7
O	CAN GET HEALTH CARE FOR FREE/	
	PAY FOR OWN CARE	.8
$\mathbf{O}$	OTHER (SPECIFY:)	91
0	REFUSED	-7
•	DON'T KNOW	-8

Citizenship and Immigration (Parents)

# PROGRAMMING NOTE 'QA23 172':

IF NO TEEN SELECTED, GO TO SECTION J;

IF 'AD65D' = 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'AD65D'= 2 (FEMALE AT BIRTH), DISPLAY "father";

IF 'AD65D'= -7/-8 (REFUSED/DON'T KNOW) AND 'QA23\_A26' Sex =1 DISPLAY "father" OR If

'QA20\_A23' =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

# 'QA23\_I72' In what country was (TEEN)'s {mother/father} born?

(TEEN)的{母親/父親}是在哪一個國家出生的?

AI56

_		
$\mathbf{O}$	UNITED STATES	1
$\mathbf{O}$	AMERICAN SAMOA	
$\mathbf{O}$	CANADA	3
$\mathbf{O}$	CHINA	4
$\mathbf{O}$	GUAM	9
$\mathbf{O}$	JAPAN	16
$\mathbf{O}$	KOREA	17
$\mathbf{O}$	MEXICO	18
$\mathbf{O}$	PHILIPPINES	
$\mathbf{O}$	PUERTO RICO	22
$\mathbf{O}$	VIETNAM	25
$\mathbf{O}$	VIRGIN ISLANDS	26
$\mathbf{O}$	OTHER (SPECIFY:	) 91
0	REFUSED	7
0	DON'T KNOW	8-

PROGRAMMI	NG NOTE 'QA2	3_I73':
IE 'A DGED' – 4		FIII DICDI AV "maathaw".
		ГН), DISPLAY "mother"; IRTH), DISPLAY "father"
		DON'T KNOW) AND 'QA23_A26' Sex =1 DISPLAY "father" OR If
	2 DISPLAY "mot	
	PLAY "other pare	
	· · · · · · · · · · · · · · · · · · ·	
'QA23_I73'	Does (TEEN)'s	s {mother/father} now live in the U.S.?
	(TEEN)的{母親	1/父親}目前住在美國嗎?
AI57		
	O	YES1
	O	NO2
	O	MOTHER/FATHER/OTHER PARENT}
		DECEASED3
	O	{MOTHER/FATHER/OTHER PARENT}
		NEVER LIVED IN U.S4
	O	REFUSED7
	0	DON'T KNOW8
DDOCDAMMI	NO NOTE (OAS)	0 1741.
	NG NOTE 'QA2	з_1/4°: ГН), DISPLAY "mother";
		IRTH), DISPLAY "father";
		DON'T KNOW) AND 'QA23_A26' Sex =1 DISPLAY "father" OR If
	2 DISPLAY "mot	
	LAY "other parer	
		ATHER DECEASED), DISPLAY "Was";
ELSE DISPLA	Y "Is <sup>"</sup>	
'QA23_I74'	{Is/Was} (TEEI	N)'s {mother/father} a citizen of the United States?
	(TEEN)的{母親	L/父親}{是/ <b>曾是</b> }美國公民嗎?
AI58		
	O	YES1
	O	NO2
	O	APPLICATION PENDING3
	O	REFUSED7
	0	DON'T KNOW8
222224444	NO NOTE (OAS)	^ !==!
	NG NOTE 'QA2	
		N_QA23_I76' IF 'QA23_A5' = 1 (MALE AT BIRTH), DISPLAY "mother"; IF
		TH), DISPLAY "father"; IF 'QA23_A5' = -7/-8 (REFUSED/DON'T KNOW)
		PLAY "father" OR If <b>'QA23_A26'</b> =21DISPLAY "mother" ELSE IF DISPLAY "THER/FATHER DECEASED), DISPLAY "Was"; ELSE DISPLAY "Is"
other parent	IF AIST - 3 (IVIO	THER/FATHER DECEASED), DISPLAT Was, ELSE DISPLAT IS
'QA23_I75'	(le/Mae) (TEE)	N)'s {mother/father} a permanent resident with a green card? People
QA23_173		s a "Green Card" but the color can also be pink, blue, or white.
	asaany can unc	sa Green data but the color can also be plint, blue, or write.
	/┰┎┎╽╎┢┦≀ऽऽऽ	· !/父親}是持有綠卡的永久居民嗎?人們通常把它稱作「綠卡」,但卡的顏色
	(1mmぽぽぽぽな	3/人机,1处对有树下的小人内以物(八川坦市106件件「树下」,但下的原色
		++ A D. L. A
	可能是粉紅色、	藍色或白色。
AI59	可能是粉紅色、	藍色或白色。 YES1

	O	NO2
	O	APPLICATION PENDING3
	O	REFUSED7
	O	DON'T KNOW8
QA23_I76'	About how m	any years has (TEEN)'s {mother/father} lived in the United States?
	(TEEN)的{母	親/父親}在美國已居住大約多少年?
Al60		
		NUMBER OF YEARS
		YEAR FIRST COME AND LIVE IN U.S.
	•	NUMBER OF YEARS1
	O	YEAR FIRST CAME TO LIVE IN US2
	O	MOTHER/FATHER DECEASED3
	O	MOTHER/FATHER NEVER LIVED IN US4
	•	REFUSED7
	$\circ$	DON'T KNOW -8

# **Section J: Health Care Utilization and Access**

Visits to Medical Doctor

		<b>3_J1':</b> ED OR SPOUSE IN HH, DI:	SPLAY "Now, I'd like t	o ask about the health	
'QA23_J1'	Now, I'd like to ask about the health care <u>you</u> receive. During the past 12 months, he many times have you seen a medical doctor?			he past 12 months, how	
AH5	在過去 12 個月中,您看過幾次醫生?				
All			TIMES [HR: 0-365]	[IF 'QA23_J1' > 0 GOTC 'PN_QA23_J3']	
	0	REFUSED DON'T KNOW			
IF 'QA23_J1' CONTINUE V	IING NOTE 'QA2 ' = 0, -7, OR -8 (H VITH 'QA23_J2'; ) 'PN_QA23_J3'	IAS NOT SEEN A DOCTO	R IN LAST 12 MONTH	dS OR REF/DK),	
'QA23_J2'	About how long has it been since you last saw a doctor about your own health?		our own health?		
AH6	自從您上次就	自身的健康狀況去看醫生以	來到現在已經有多長時	間?	
		ONE YEAR AGO OR LE MORE THAN 1 UP TO 2 MORE THAN 2 UP TO 5 MORE THAN 5 YEARS NEVER REFUSED DON'T KNOW	YEARS AGO1 YEARS AGO2 AGO	[GO TO 'QA23_J4']	
'QA23_J3'	About how lon check-up?	g has it been since you las	t saw a doctor or medi	cal provider for a routine	
AJ114		受醫生或其他醫療提供者的 SAY: A ROUTINE CHECK			
		HIS VISIT MAY INCLUDE			
	常規體檢指並	非因生病或病症而接受的門	診檢 <b>查</b> 。該常規體檢可	能包括有關健康行為例如	
	0 0 0	ONE YEAR AGO OR LE MORE THAN 1 UP TO 2 MORE THAN 2 UP TO 5 MORE THAN 5 YEARS A NEVER	YEARS AGO1 YEARS AGO2 AGO3		

	O	DON'T KNOW8
'QA23_J4'	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	
AJ218	過去6個月,	很容易就能獲取您所需的護理、檢 <b>查</b> 或治療的頻率為何?
AULIU	O	Never1 從未
	O	Sometimes2 有時
	O	Usually3 經常
	O	Always4 總是
	O	Not applicable5 不適用
	<b>O</b>	REFUSED7 DON'T KNOW8
PROGRAMMIN IF HOUSEHOL ELSE SKIP TO	D HAS A SELI	<b>23_J5':</b> ECTED TEEN, CONTINUE;
'QA23_J5'	A23_J5' In the last 6 months, how often was it easy to get the care, tests, or treatment [tenname] needed?	
	過去6個月,	[青少年姓名]很容易就能獲取所需的護理、檢查或治療的頻率為何?
AJ219	O	Never1 從未
	O	Sometimes2 有時
	O	Usually3 經常
	O	Always4 總是
	O	Not applicable5 不適用
	<b>O</b>	REFUSED7 DON'T KNOW8
'QA23_J6'	During the past 12 months, about how many days did you miss work at a job or busines because of illness, injury or disability?	
AJ115	在過去的 12 位	個月內,您因生病、受傷或殘疾而錯過工作或生意的天數有多少?
AJTIS	[IF NEEDED:	"DO NOT INCLUDE FAMILY OR MATERNITY/PATERNITY LEAVE."]
	不包括家庭或	產假/陪產假
		DAYS (0 - 365)

DID NOT HAVE JOB IN PAST

O

	0	12 MONTHS       1         REFUSED       -7         DON'T KNOW       -8         Other (specify)       996	
Personal Docto	r		
		B_J7': HAS A USUAL SOURCE OF CARE), THEN CC	NTINUE WITH
'QA23_J7'	Do you have a	personal doctor or medical provider who is you	r main provider?
AJ77	您是否有一位作	F為您的主要服務提供者的個人醫生或醫療服務提	是供者?
AUT		SAY: "THIS CAN BE A GENERAL DOCTOR, A SSISTANT, A NURSE, OR OTHER HEALTH PF	
	可以是全科醫生	E、專科醫生、醫生助理、護士或其他健康服務提	是供者
	O O O	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
IF ARINSURE: WITH 'QA23_J ELSE GO TO 'I DISPLAY INST	B' PN_QA23_J10' RUCTIONS: 1 (HAS A PER	<b>3_J8':</b> <b>H1'</b> = 1,3,4, OR 5 (HAS USUAL SOURCE OF C SONAL DOCTOR), THEN DISPLAY "your";	ARE), THEN CONTINUE
'QA23_J8'		months, did you try to get an appointment to see two days because you were sick or injured?	e {your/a} doctor or medica
[A 1400]	在過去 <b>12</b> 個月 者?	中,您是否曾經因為生病或受傷嘗試預約在兩天	內看醫生或醫療服務提供
AJ102	[IF NEEDED, Sabout appoints	SAY: Do not include urgent care or emergency c nents.]	are visits. I am only asking
	[IF NEEDED, S 的情況。」]	SAY: 「請勿包括緊急護理或急診護理就診。我只	是詢問有關普通預約就診
	) )	YES	[GO ТО
	O	REFUSED7	'PN_QA23_J10'] [GO TO
	O	DON'T KNOW8	'PN_QA23_J10'] [GO TO 'PN_QA23_J10']

'QA23_J9'	How often were	How often were you able to get an appointment within two days? Would you say			
	能夠在兩天內為	9您安排就診的頻率有多高?您認為是			
AJ103  Care Coordina	O O O O	Never			
IF 'QA23_H1' PERSONAL D ASTHMA)) OR	OCTOR/MEDIC/ R AB22' = 1 (HAS ITH <b>'QA23_J10</b> '	HAS A USUAL SOURCE OF CARE) AND <b>'QA23</b> AL PROVIDER) AND [( <b>'QA23_B3'</b> = 1 OR <b>'QA23</b> 5 DIABETES) OR <b>'QA23_B22'</b> = 1 (HAS HEART	<b>3_B4</b> ' = 1 (HAS		
'QA23_J10'		e at your doctor's office or clinic who helps coordices such as tests or treatments?	inate your care with other		
	在您的醫生辦公療?	\室或診所 <b>内</b> 是否有人幫助協調其他醫生對您的護	理或服務,例如測試或治		
AJ80	O O O	YES			
Tele-Medical C	Care				
'QA23_J11'	During the pas appointments?	t 12 months, did your <u>usual medical provider</u> <u>offe</u>	<u>r</u> telephone or video		
AJ220	過去 12 個月内 〇 〇 〇 〇	,您通常使用的醫療服務提供者是否 <u>提供</u> 電話或在 YES	見像看診? [GO TO 'QA23_J14'] [GO TO 'QA23_J14'] [GO TO 'QA23_J14']		
'QA23_J12'	What options d	lid your medical provider offer?			
AJ221	您的醫療服務提 (SELECT ALL	是供者提供了哪些選項? THAT APPLY)			
		In-person appointments1 當面看診			
		Telephone appointments2			

		電話看診		
		Video appointments 視像看診	3	
	O	REFUSED	7	[GO TO 'QA23_J14']
	O	DON'T KNOW	8	[GO TO 'QA23_J14']
'QA23_J13'	How satisfied providers?	are you with the availability of telepho	ne or video	health care from your
AJ222	您對您的醫療	服務提供者所提供的電話或視像健康護	達理滿意程度	為何?
AJZZZ	O	Very satisfied 非常滿意	1	
	•	Somewhat satisfied 較滿意		
	O	Neither satisfied nor dissatisfied 既非滿意亦非不滿意		
	O	Somewhat dissatisfied 較不滿意		
	O	Very dissatisfied 非常不滿意		
	0	REFUSED DON'T KNOW		[GO TO 'QA23_J14'] [GO TO 'QA23_J14']
'QA23_J14'		st 12 months, did you receive care fro so or telephone conversation rather th		
	過去 12 個月日 過親身就診?	內,您有否透過視頻或電話交談獲得醫	生或專業醫語	獲人員的護理,而並非透
AJ202	$\circ$	YES	4	
	0	NO		[GO TO 'QA23_J28']
	9	REFUSED		[GO TO 'QA23_J28']
	ŏ	DON'T KNOW	3	[GO TO 'QA23_J28']
'QA23_J15'	What was this	care for?		
AJ203	該次護理目的	是甚麼?		
		Primary Care基礎護理	1	[GO TO 'QA23_J18']
		Dental Care 牙科護理	2	[GO TO 'QA23_J18']
		Mental Health 精神健康	3	[GO TO 'QA23_J18']
		Family Planning 家庭計劃	4	
		Other speciality care 其他專科護理	5	[GO TO 'QA23_J18']
		Other: 其他:	91	[GO TO 'QA23_J18']
	•	REFUSED	7	[GO TO 'QA23 J18']

	•	DON'T KNOW8 <b>[GO TO 'QA23_J18']</b>
'QA23_J16'	Where did you	u receive your family planning service?
AJ223	您是在哪裡接	受家庭計劃服務的?
	O	Private Doctor's Office1 私人醫生診所
	•	HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)2 健康維護組織設施(Kaiser、Anthem Blue Cross、Health Net、United Healthcare 等)
	•	Hospital or Hospital Clinic3 醫院或醫院診所
	O	Planned Parenthood4 計劃生育聯合會 (Planned Parenthood)
	•	County Health Department5 縣衛生部門
	•	Family Planning Clinic6 家庭計劃診所
	•	Community Clinic7 社區診所
	•	School or School-Based Clinic8 學校或學校診所
	O	Tribal Health Clinic Urban Indian Health Program/Clinic9 部落健康診所/城市印第安人健康計劃/診所
	O	Pharmacy10 藥房
	O	Some other place (Specify:) 11 其他地方(請註明:)
	•	REFUSED7
	O	DON'T KNOW8
'QA23_J17'	Was the appo	pintment via telephone or video?
AJ224	看診是否透過	電話或網絡進行的?
AUZZŦ	O	Yes, a telephone visit1 是,電話看診
	O	Yes, a video visit2 是,視像看診
	•	Both3 兩者
	•	No4 否
	O	REFUSED7
	O	DON'T KNOW8

'QA23_J18'	Think about your telephone or video health care experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?			
	請想想您在過去	去 12 個月內的電話或視像健康護理體驗。	在您的醫療服務提供者解決您的	
	健康顧慮方面	,您的滿意程度為何?		
AJ225	o . v			
		ery satisfied 常滿意	1	
		市層思 atisfied	2	
	滿		<u>-</u>	
	O SI	ightly satisfied	3	
	有	些滿意		
		ot satisfied at all	4	
		全不滿意	_	
		EFUSED DN'T KNOW		
		-	-	
'QA23_J19'		our most recent telephone or video health I an in-person visit?	n care experience. Would you	
	·	·		
AJ226	請想想您最近的	内電話或視像健康護理體驗。您是否會更 <sup>:</sup>	喜歡當面就診?	
AJ226	O	YES	1	
	Q	NO		
	0	REFUSEDDON'T KNOW		
<b>-</b>	_			
	NG NOTE 'QA2 = 2, CONTINUI	<del>-</del>		
	PN_QA23_J21'	-,		
(OA22 120)	Think about wa	ver moot recent video vioit with your dont	al baalth provider. How would you	
'QA23_J20'		our most recent video visit with your dent ence compared to an in-person visit? Wo		
	appointment w	/as		
	請想想您最近打	· 妾受牙科服務提供者視像看診的情況。與	當面就診相比,您會如何評價這次	
	經歷?您認為		, , , , , , , , , , , , , , , , , , , ,	
AJ227		March	4	
	O	Much worse 糟糕得多	1	
	•	Somewhat worse	2	
		比當面就診糟糕一點 About the Same	2	
	0	About the Same 差不多	3	
	•	Somewhat better	4	
		比當面就診好一點	_	
	0	Much better 好得多	5	
	•	I did not have a video visit	6	
		並未進行視像就診		

O

REFUSED.....-7

$\sim$	DON'T KNOW	0

## PROGRAMMING NOTE 'QA23\_J21':

IF 'QA23\_J15' = 3, CONTINUE;

ELSE GOTO 'PN\_QA23\_J22'

'QA23\_J21' Think about your most recent video visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

請想想您最近接受精神健康服務提供者視像看診的情況。與當面就診相比,您會如何評價 這次經歷?您認為視像就診……

## **AJ228**

	1
	2
比當面就診糟糕一點	
About the Same	3
差不多	
Somewhat better	4
比當面就診好一點	
Much better	5
好得多	
I did not have a video visit	6
並未進行視像就診	
REFUSED	7
DON'T KNOW	8
	About the Same差不多 Somewhat better 比當面就診好一點 Much better 好得多 I did not have a video visit

## PROGRAMMING NOTE 'QA23\_J22':

IF 'QA23\_J15' = 1, CONTINUE;

ELSE GOTO 'PN\_QA23\_J23'

'QA23\_J22' Think about your most recent video visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

請想想您最近接受您主治醫生視像看診的情況。與當面就診相比,您會如何評價這次經歷?您認為視像就診……

O	Much worse 糟糕得多	1
•	Somewhat worse 比當面就診糟糕一點	2
O	About the Same 差不多	3
O	Somewhat better 比當面就診好一點	4
O	Much better 好得多	5
O	I did not have a video visit	6
0	REFUSED	7
$\circ$	DON'T KNOW	-8

## PROGRAMMING NOTE 'QA23\_J23':

IF 'QA23\_J15' = 2, CONTINUE; ELSE GOTO 'PN\_QA23\_J24'

'QA23\_J23' Think about your most recent telephone visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

請想想您最近接受您牙科服務提供者電話看診的情況。與當面就診相比,您會如何評價這次經歷?您認為視像就診……

## AJ230

O	Much worse 糟糕得多	1
•	Somewhat worse	2
	比當面就診糟糕一點	
$\mathbf{C}$	About the Same	3
	差不多	
O	Somewhat better	4
	比當面就診好一點	
O	Much better	5
	好得多	
O	I did not have a video visit	ô
	並未進行視像就診	
O	REFUSED	
O	DON'T KNOW	3

## PROGRAMMING NOTE 'QA23\_J24':

IF 'QA23\_J15' = 3, CONTINUE;

ELSE GOTO 'PN\_QA23\_J25'

'QA23\_J24' Think about your most recent telephone visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

請想想您最近接受您精神健康服務提供者電話看診的情況。與當面就診相比,您會如何評價這次經歷?您認為視像就診……

O	Much worse1 糟糕得多
O	Somewhat worse
O	About the Same3 差不多
O	Somewhat better4 比當面就診好一點
O	Much better5 好得多
O	I did not have a video visit6 並未進行視像就診
•	REFUSED7
•	DON'T KNOW8

PROGRAMMING NOTE 'QA23_J25': IF 'QA23_J15' = 1, CONTINUE;				
ELSE GOTO '	QA23_J26'			
'QA23_J25'		our most recent telephone visit with your primary care provider. How would experience compared to an in-person visit? Would you say the telephone vas		
<b>4.1000</b>	請想想您最近拉歷?您認為視何	妾受您主治醫生電話看診的情況。與當面就診相比,您會如何評價這次經 象就診		
AJ232	O	Much worse1 糟糕得多		
	O	Somewhat worse2 比當面就診糟糕一點		
	O	About the Same3 差不多		
	O	Somewhat better4 比當面就診好一點		
	O	Much better5 好得多		
	O	I did not have a video visit6 並未進行視像就診		
	<b>O</b>	REFUSED7 DON'T KNOW8		
'QA23_J26'	Did you have a	any problems with a telephone or video appointment?		
	您在電話或視信	象預約方面有任何問題嗎?		
AJ233				
	O	YES1		
	•	NO2		
	O	REFUSED7		
	O	DON'T KNOW8		
IF 'QA23_J26'	NG NOTE 'QA2 = 1 THEN CON PN_QA23_J28	ITINUE;		
LLOL GO TO	1 N_QA20_020			
'QA23_J27'	What problems	s did you experience?		
AJ234	您遇到什麼問題	題?		
		Bad internet/network connection1		
		Couldn't download the telehealth app2		
		Audio/Video was not working3		
		No privacy during the telehealth appointment4		
		The doctor/nurse did not speak my language/understand my language5		
		Other: 91 REFUSED		
	O			
	•	DON'T KNOW8		

## Communication Problems with a Doctor

## PROGRAMMING NOTE 'QA23 J28':

IF 'QA23\_A22' >= 2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH 'QA23\_J28';

ELSE GO TO 'PN\_QA23\_J33'

'QA23\_J28' The last time you saw a doctor, did you have a hard time understanding the doctor?

您上次看醫生時,是否很難聽懂醫生說的話?

## AJ8B

O O	Yes1 No2	[GO TO 'QA23_J30']
O	REFUSED7	[GO TO 'PN_QA23_J33']
O	DON'T KNOW8	

## PROGRAMMING NOTE 'QA23\_J29':

IF 'QA23\_J28' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA23\_A21' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA23\_J29';

ELSE GO TO 'PN QA23 J33'

SET 'QA23\_J29' ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA23\_J29' WAS ASKED;

'QA23\_J29' In what language did the doctor speak to you?

您的醫生用哪一種語言與您交談?

<b>O</b>	ENGLISH1 SPANISH2	[GO TO 'QA23_J31'] [GO TO
•	CANTONESE3	'PN_QA23_J33'] [GO TO
•	VIETNAMESE4	'PN_QA23_J33'] [GO TO
•	TAGALOG5	'PN_QA23_J33'] [GO TO
•	MANDARIN6	'PN_QA23_J33'] [GO TO
•	KOREAN7	'PN_QA23_J33'] [GO TO
•	ASIAN INDIAN LANGUAGES8	'PN_QA23_J33'] [GO TO
•	RUSSIAN9	'PN_QA23_J33'] [GO TO
•	OTHER (SPECIFY:)91	'PN_QA23_J33'] [GO TO
•	REFUSED7	<sup>-</sup> PN_QA23_J33'] [GO TO
0	DON'T KNOW8	'PN_QA23_J33'] [GO TO
•	20.1.1.3.000	'PN_QA23_J33']

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'QA23_J30'	Was this because you and the doctor spoke different languages?		
	這是不是因為您	聚和醫生講的是不同的語言?	
AJ9		YES1	
	0	NO2	
	9	REFUSED7	
	Ö	DON'T KNOW8	
'QA23_J31'	Did you need s	comeone to help you understand the doctor?	
	您是否需要有人	幫助您聽懂醫生的話?	
AJ10			
	O	YES1	
	O	NO2	[GO TO
	O	REFUSED7	'PN_QA23_J33'] [GO TO 'PN_QA23_J33']
	O	DON'T KNOW8	[GO TO 'PN_QA23_J33']
'QA23_J32'	Who was this p	person who helped you understand the doctor?	
A 144	是誰幫助您聽憶	養醫生說的話?	
AJ11		IDS "MY CHILD," PROBE TO SEE IF CHILD IS UCODE AS "ADULT FAMILY MEMBER".]	INDER AGE 18. IF AGE
	•	MINOR CHILD (UNDER AGE 18)1	
	9	AN ADULT FAMILY MEMBER OR	
	9	FRIEND OF MINE2	
	O	NON-MEDICAL OFFICE STAFF3	
	9	MEDICAL STAFF INCLUDING	
	•	NURSES/DOCTORS4	
	O	PROFESSIONAL INTERPRETER	
	•	(BOTH IN PERSON AND	
		ON THE TELEPHONE)5	
	O	OTHER (PATIENTS, SOMEONE ELSE)6	
	Ö	DID NOT HAVE SOMEONE TO HELP7	
	Ö	REFUSED7	
	O	DON'T KNOW8	
PROGRAMMIN	IG NOTE 'OA2	3 133'.	
		S_333 . AKS ENGLISH NOT WELL OR NOT AT ALL), TH	IEN CONTINUE WITH
'QA23_J33'; ELSE GO TO 'C	,	AND ENGLIGHTED WELL ON NOT AT ALL,	IEN CONTINUE WITH
'QA23_J33'	In California, yo	ou have the right to get help from an interpreter fo	or free during your
	medical visits.	Did you know this before today?	
	在加州,您有權	望在就診時獲得免費口譯服務。您在今天之前是否	知道這項服務?
AJ105			
	O	YES1	
	•	NO2	

	<b>O</b>	REFUSED         -7           DON'T KNOW         -8	
Delays in Care			
'QA23_J34'	During the past for you?	12 months, did you delay or not get a medicine	that a doctor prescribed
AH16	在過去 12 個月	中,您有沒有延遲或沒有去拿醫生為您開的藥?	
AIIIO	•	YES1	
	Ö	NO2	[GO TO 'PN_QA23_J39']
	•	REFUSED7	[GO TO 'PN_QA23_J39']
	O	DON'T KNOW8	[GO TO 'PN_QA23_J39']
'QA23_J35'	Did you get the	medicine that a doctor prescribed for you event	ually?
A 1054	您最終是否有去	取醫生為您開的藥?	
AJ251	O	Yes1	
	0	No	
	Ŏ	REFUSED7	
	Ö	DON'T KNOW8	
'QA23_J36'	During the past prescribed for y	12 months, why did you delay or not get a medi you?	icine that a doctor
	過去 12 個月中	,您為何延遲去取或沒有去取醫生為您開的藥?	
AJ252	[CHECK ALL T	HAT APPLY]	
		MEDICATION NOT IN STOCK1	
		INSURANCE APPROVAL ISSUE2	
		DELAYS IN COMMUNICATION WITH	
		PROVIDER OR PHARMACY3	
		CONCERNS WITH SIDE EFFECTS	
		OR INTERACTIONS WITH	
		OTHER MEDICATIONS4 DIDN'T WANT OR THOUGHT	
	ч	I DIDN'T NEED PRESCRIPTION5	
		TOO HARD TO TRACK ALL	
	_	MY MEDICATIONS6	
		I FORGOT OR LOST PRESCRIPTION7	
	ā	I DIDN'T HAVE TIME8	
		I HAVE NO INSURANCE9	
		TOO EXPENSIVE	
		OTHER (SPECIFY:) 91	
	•	REFUSED7	
	•	DON'T KNOW8	

## PROGRAMMING NOTE 'QA23 J37':

IF MORE THAN ONE RESPONSE FROM 'QA23\_J36', THEN CONTINUE WITH 'QA23\_J37' WITH SELECTED CHOICES FROM 'QA23\_J36' DISPLAYED; ELSE SKIP TO NEXT TOPIC

'QA23\_J37' What was the <u>one</u> main reason why you delayed the medicine that a doctor prescribed for you?

您延遲去取醫生為您開立藥物的一個主要原因是什麼?

Δ.	1253	

$\circ$	MEDICATION NOT IN CTOOK
•	MEDICATION NOT IN STOCK1
$\mathbf{O}$	INSURANCE APPROVAL ISSUE2
$\mathbf{O}$	DELAYS IN COMMUNICATION WITH
	PROVIDER OR PHARMACY3
$\mathbf{O}$	CONCERNS WITH SIDE EFFECTS
	OR INTERACTIONS WITH
	OTHER MEDICATIONS4
$\mathbf{O}$	DIDN'T WANT OR THOUGHT
	I DIDN'T NEED PRESCRIPTION5
$\mathbf{O}$	TOO HARD TO TRACK ALL
	MY MEDICATIONS6
$\mathbf{O}$	I FORGOT OR LOST PRESCRIPTION7
$\mathbf{O}$	I DIDN'T HAVE TIME8
$\mathbf{O}$	I HAVE NO INSURANCE9
$\mathbf{O}$	TOO EXPENSIVE
$\mathbf{O}$	OTHER (SPECIFY:) 91
$\mathbf{O}$	REFUSED7
O	DON'T KNOW8

## PROGRAMMING NOTE 'QA23\_J38':

IF ARINSURE = 1, THEN CONTINUE WITH 'QA23\_J38';

ELSE GO TO 'QA23\_J39'

'QA23 J38' Did you delay or not get a medicine while you had your current insurance plan?

在持有目前的保險計劃期間, 您曾否延遲或沒有取藥?

## AJ176

$\mathbf{O}$	YES	1
$\mathbf{O}$	NO	2
$\mathbf{O}$	REFUSED	7
O	DON'T KNOW	8

'QA23\_J39' During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

在過去十二個月中,您有沒有延遲或沒有接受任何您認為必要的醫療護理 — 例如看醫生、 專科醫生或其他健康護理專業人員?

## AH22

0	YES1	
O	NO2	[GO TO 'QA23_J44']
O	REFUSED7	[GO TO 'QA23_J44']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'QA23_J44']

'QA23\_J40' Did you get the care eventually?

	您最終接受了護	理嗎?
AJ129	) ) )	YES
'QA23_J41'	During the past needed?	12 months, why did you delay or did not get the care you felt you
	過去 12 個月中	,您為何延遲或沒有進行您感到需要的治療?
AJ254	[SELECT ALL	THAT APPLY]
		COULDN'T GET APPOINTMENT
IF MORE THAN	HEN CONTINUE	S_ <b>J42':</b> ISE FROM <b>'QA23_J41'</b> WITH SELECTED CHOICES FROM <b>'QA23_J41'</b> E WITH <b>'QA23_J42'</b> ;
'QA23_J42'	What was the c	one main reason why you delayed getting the care you felt you needed?
AJ131B	您延遲接受您認	<sup>2</sup> 為自己需要的護理的 <u>一個</u> 最主要原因是什麼?
		COULDN'T GET APPOINTMENT

OTHER (SPECIFY: \_\_\_\_\_) ....... 91

	<b>O</b>	REFUSED7 DON'T KNOW8
		<b>3_J43':</b> NTINUE WITH <b>'QA23_J43'</b> ;
'QA23_J43'	Did you delay current insurar	or not get other medical care you felt you needed while you had your nce plan?
AJ177	在持有目前的位	保險計劃期間,您曾否延遲或沒有獲取其他您認為需要的醫護服務?
AUTT	O	YES1
	9	NO2
	O	REFUSED7
	O	DON'T KNOW8
'QA23_J44'		e doctors like surgeons, heart doctors, allergy doctors, skin doctors, and ecialize in one area of health care.
AJ136	專科醫生是指9 域的專科醫生。	外科醫生、心臟病醫生、過敏醫生、皮膚科醫生和其他針對某個健康護理領
A3130	In the past 12	months, did you or a doctor think you needed to see a medical specialist?
	在過去十二個月	月中,您或醫生是否曾認為您應當去看專科醫生?
	•	YES1
	O	NO2
	•	REFUSED7
	O	DON'T KNOW8
		<b>3_J45':</b> A MEDICAL SPECIALIST) CONTINUE WITH <b>'QA23_J45'</b> ;
'QA23_J45'	During the pas would see you	st 12 months, did you have any trouble finding a medical specialist who
AJ137	在過去十二個月	<b>月中,您是否有任何困難找到一位能</b> 夠為您看病的專科醫生 <b>?</b>
7.0.01	•	YES1
	ŏ	NO2
	Ö	REFUSED7
	Ö	DON'T KNOW8
'QA23_J46'	During the pastake you as a	st 12 months, did a medical specialist's office tell you that they would not new patient?
AJ138	在過去十二個月	月中,是否有專科醫生診所告訴您他們不願接受您作為他們的新病人?
	•	YES1
	O	NO2
	O	REFUSED7

	O	DON'T KNOW8
		3_J47': LY INSURED) CONTINUE WITH 'QA23_J47';
'QA23_J47'	During the pas	t 12 months, did a medical specialist's office tell you that they did not take lth insurance?
AJ139	在過去十二個儿	月中,是否有專科醫生辦公室告訴您他們不接受您的主要健康保險?
A0133	O	YES1
	Ö	NO2
	•	REFUSED7
	O	DON'T KNOW8
'QA23_J48'		ut general doctors. During the past 12 months, did you have any trouble ral doctor who would see you?
A 1400	現在是有關全和 全科醫生?	抖醫生的問題。在過去十二個月中,您是否有任何困難尋找一位為您看病的
AJ133	$\circ$	YES1
	0	NO2
	9	REFUSED7
	ŏ	DON'T KNOW8
'QA23_J49'	During the pas new patient?	t 12 months, did a doctor's office tell you that they would not take you as a
AJ134	在過去十二個月	月中,是否有醫生診所告訴您他們不願接受您作為他們的新病人?
	O	YES1
	O	NO2
	O	REFUSED7
	0	DON'T KNOW8
		3_J50': LY INSURED) CONTINUE WITH 'QA23_J50';
'QA23_J50'	During the pas	t 12 months, did a doctor's office tell you that they would not take your surance?
AJ135	在過去十二個儿	<b>月中,是否有醫生診所告訴您他們不願接受您的主要醫療保險?</b>
	O	YES1
	O	NO2
	O	REFUSED7
_	•	DON'T KNOW8
Pregnancy Sta		
PROGRAMMII	NG NOTE 'QA2	3_J51':

IF 'QA23\_A5' = 1 (MALE AT BIRTH), THEN GO TO 'PN\_QA23\_J61'; IF AGE > 45, THEN GO TO 'PN\_QA23\_J68';

#### **DISPLAY INSTRUCTIONS:**

IF ['QA23\_A5' = 2 (FEMALE AT BIRTH) AND 'QA23\_A6'= 1 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health.";

IF ['QA23\_A5' = 2 (FEMALE AT BIRTH) AND 'QA23\_A6' = 1, 3, 5, OR -7, -8 (MALE, TRANSGENDER, NON-BINARY, REFUSED OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them."

'QA23\_J51' These next questions may be relevant to you because you were assigned female at birth.

以下問題可能與您有關,因為您的出生証上寫的是女性。

## AD13

To your knowledge, are you now pregnant?

据您所知, 您現在懷孕了嗎?

$\mathbf{O}$	YES1	[GO TO 'QA23_J53']
$\mathbf{O}$	NO2	
•	NOT APPLICABLE3	
•	REFUSED7	
$\mathbf{O}$	DON'T KNOW8	

#### Family Planning

## PROGRAMMING NOTE 'QA23\_J52':

IF AGE IS BETWEEN 18 AND  $\frac{1}{4}$  YEARS AND 'QA23\_A5' = 2 (FEMALE AT BIRTH) WITH 'QA23\_D10' = 1 (MALE SEXUAL PARTNER) THEN CONTINUE

IF AGE > 44 YEARS GO TO 'PN\_QA23\_J68';

ELSE IF 'QA23\_A5' = 1 (MALE AT BIRTH) THEN GO TO 'PN\_QA23\_J61';

ELSE CONTINUE WITH 'QA23 J52'

'QA23\_J52' Which of the following statements best describes your pregnancy plans? Would you say...

下列哪項陳述最能形容您的生育計劃?您認為...

O	I do not plan to get pregnant within the next 12 months1 您不打算在未來 12 個月內懷孕,	
0	I am not sexually active2 您性生活不活躍,	
$\mathbf{O}$	I am planning to get pregnant within	
	the next 12 months	
	您打算在未來 12 個月內懷孕,或	
0	I am currently pregnant4 您現正懷孕?	
O	I am not able to get pregnant5 您不能懷孕?	[GO TO 'PN_QA23_J61']
O	REFUSED7	[GO TO 'PN QA23 J61']
•	DON'T KNOW8	[GO TO 'PN_QA23_J61']

'QA23_J53'	During the past	12 months, did you become pregnant with an unintended pregnancy?
AJ235	過去 12 個月內,	您是否意外懷孕?
A0200	) ) ) )	YES
'QA23_J54'		12 months, has a doctor, medical provider, or family planning counselor bout birth control? This includes an IUD or an implant (that thing in your
AJ236		<b>內</b> ,醫生、醫療服務提供者或家庭計劃諮詢師是否與您討論過節育問題? 或皮下埋植避孕器(手臂上的裝置)。
A0200	) ) )	YES
	NG NOTE 'QA23 = 1 (PREGNAN	_J55': Г), GO TO <b>'PN_QA23_J68'</b> ;
	= 2 (FEMALE AT TO <b>'PN_QA23</b> _	BIRTH) AND 'QA23_D10' = 2, -3 (FEMALE SEXUAL PARTNER, J68';
PREGNANT) T	= 2, 4, 5 (NOT S HEN GO TO <b>'QA</b> UE WITH <b>'QA23</b>	
your male partr sterilization." IF 'QA23_D8' >	= 1 OR <b>'QA23_D</b> ner use a birth co > 1 OR -7, -8 ANI	9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or ntrol method to prevent pregnancy? This includes male or female  D'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During
	nths, did you or y or female steriliza	rour male partners use a birth control method to prevent pregnancy? This tion.";
'QA23_J55'		12 months, did you or your male partner(s) use a birth control method to ncy? This includes male or female sterilization.
AF40C	過去的 <b>12</b> 個月[ 的絶育。	<b>为</b> ,您或您的男性性伴侶是否使用避孕方法來預防懷孕?這包括男性或女性
111111		AY: "Sterilization includes having your tubes tied, getting a vasectomy, or ation so you cannot have children."]
	絶育方式包括輔	別管結紮、輸精管切除或進行絶育手術,以使您不能生育。
	O	YES1

$\mathbf{O}$	NO2	[GO TO
$\mathbf{O}$	NOT MALE PARTNER3	'PN_QA23_J60'] IGO TO
•	NOT WALE PARTNER	'PN QA23 J61']
O	REFUSED7	[GO TO
_		'PN_QA23_J61']
0	DON'T KNOW8	[GO TO 'PN QA23 J61']
		FIN WAZS JOT I

## PROGRAMMING NOTE 'QA23\_J56':

## **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partner use?"

IF 'QA23\_D8' > 1 OR -7, -8 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partners use?";

'QA23\_J56' During the past 12 months, which MAIN birth control method did you or your male partner{s} use?

過去的 12 個月內, 您或您的男性伴侶在使用哪種或哪幾種主要避孕方法?

## AJ237

## [CODE ALL THAT APPLY]

[PROBE: "Any others?"]

$\mathbf{O}$	TUBAL LIGATION (TUBES TIED, CUT,	
	FALLOPIAN TUBES REMOVED)1	
$\mathbf{O}$	VASECTOMY (MALE STERILIZATION)2	
$\mathbf{O}$	IUD (MIRENA®, PARAGARD®, SKYLA®,	
	KYLEENA®, LILETTA®, ETC.)3	
$\mathbf{O}$	IMPLANT (NEXPLANON® - THAT THING	
	IN YOUR ARM)4	
$\mathbf{O}$	BIRTH CONTROL PILLS5	[GO TO 'QA23_J58']
•	OTHER HORMONAL METHODS	
	(INJECTION/DEPO-PROVERA, PATCH,	
	VAGINAL RING)6	[GO TO 'QA23_J58']
$\mathbf{O}$	CONDOMS (MALE OR FEMALE)7	[GO TO 'QA23_J58']
$\mathbf{O}$	PHEXXI (BIRTH CONTROL GEL)8	[GO TO 'QA23_J58']
$\mathbf{O}$	OTHER (SPECIFY:)91	[GO TO 'QA23_J58']
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_QA23_J61']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN_QA23_J61']

## PROGRAMMING NOTE 'QA23\_J57':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_J56' = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT', ELSE SKIP TO 'QA23 J58'

'QA23\_J57' "Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?"

您或您的男性伴侶是否在過去 12 個月內接受{輸卵管結紮術、輸精管切除術、子宮環或皮下埋植避孕器}?

## **AJ238**

0	Yes1	
O	No2	
		'PN_QA23_J61']
$\mathbf{O}$	REFUSED7	-
		'PN_QA23_J61']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN QA23 J61']

## PROGRAMMING NOTE 'QA23\_J58':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your male partner get your MAIN birth control method or prescription?"

IF 'QA23\_D8' > 1 OR -7, -8 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your male partner(s) get your MAIN birth control method or prescription?";

'QA23\_J58' During the past 12 months, where did you or your male partner{s} get your MAIN birth control method or prescription?

過去 12 個月內, 您或您的男性伴侶從哪裡獲取主要避孕方法或處方藥?

## AJ239

$\sim$	DDIVATE DOOTODIO OFFICE
9	PRIVATE DOCTOR'S OFFICE1
$\mathbf{O}$	HMO FACILITY (KAISER
	ANTHEM BLUE CROSS HEALTH NET,
	UNITED HEALTHCARE, ETC.)2
$\mathbf{O}$	HOSPITAL OR HOSPITAL CLÍNIC3
$\mathbf{O}$	PLANNED PARENTHOOD4
$\mathbf{O}$	COUNTY HEALTH DEPARTMENT5
$\mathbf{O}$	FAMILY PLANNING CLINIC6
$\mathbf{O}$	COMMUNITY CLINIC7
$\mathbf{O}$	SCHOOL OR SCHOOL-BASED CLINIC8
O	NATIVE AMERICAN HEALTH CENTER/
	CLINIC9
•	PHARMACY 10
•	SOME OTHER PLACE (SPECIFY:) 91
$\mathbf{O}$	REFUSED7
$\mathbf{O}$	DON'T KNOW8

**'QA23\_J59'** During the past 12 months, did you receive your main birth control method through a video or telephone visit?

過去 12 個月內, 您是否透過視像或電話就診獲取您的主要避孕方法?

## AJ240

0	Yes, over a video visit	1
O	Yes, over a telephone visit	
O	No	
O	REFUSED	7
Ō		

#### PROGRAMMING NOTE AJ170B':

'QA23\_J55'= 2 CONTINUE;

ELSE SKIP TO 'PN\_QA23\_J61'

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8'= 1 OR 'QA23\_D9'= 2 (1 PARTNER) DISPLAY "What is the main reason you and your male partner did not use birth control in the past 12 months?"

IF 'QA23\_D8' >1 OR -8 AND 'QA23\_D9' = 3,4,5,6 OR > 1 DISPLAY "What is the <u>main</u> reason you and your male partners did <u>not</u> use birth control in the past 12 months?";

'QA23\_J60' What is the <u>main</u> reason you and your male partner{s} did <u>not</u> use birth control in the past 12 months?

您和您的男性伴侶在過去 12 個月內未使用避孕措施的主要原因是什麼?

## AJ170B

$\mathbf{O}$	TRYING TO GET PREGNANT/	
	WANT A BABY1	
$\mathbf{O}$	HAVEN'T FOUND A METHOD I LIKE2	
$\mathbf{O}$	COST3	
$\mathbf{O}$	HAVEN'T HAD TIME TO GO IN FOR	
	BIRTH CONTROL4	
$\mathbf{O}$	NO TRANSPORTATION5	
$\mathbf{O}$	DON'T KNOW WHERE TO GET IT6	
$\mathbf{O}$	DON'T BELIEVE IN BIRTH CONTROL7	
$\mathbf{O}$	WORRIED ABOUT SIDE EFFECTS AND/	
	OR HEALTH RISKS8	
$\mathbf{O}$	PARTNER WON'T LET ME9	
$\mathbf{O}$	FORGET TO USE BIRTH CONTROL 10	
•	FEEL UNCOMFORTABLE ASKING	
	FOR BIRTH CONTROL/TALKING ABOUT	
	BIRTH CONTROL11	
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_QA23_J61']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN_QA23_J61']

#### PROGRAMMING NOTE 'QA23 J61':

IF AGE IS BETWEEN 18 AND  $5\overline{4}$  YEARS AND 'QA23\_A5' = 1 (MALE AT BIRTH) WITH 'QA23\_D10' = 2 OR 3 (FEMALE SEXUAL PARTNER, BOTH MALE AND FEMALE) THEN CONTINUE; IF AGE > 54 YEARS THEN GO TO 'PN\_QA23\_J68'

**'QA23\_J61'** During the past 12 months, has a doctor, medical provider, or family planning counsellor talked to you about birth control such as male condoms or vasectomy?

過去的 **12** 個月**內**,是否有醫生、醫療服務提供者或家庭計劃諮詢師與您討論過避孕措施,例如男用避孕套或輸精管切除術?

## AJ241

0	YES	1
O	NO	2
O	REFUSED	7
0	DON'T KNOW	8

## PROGRAMMING NOTE 'QA23\_J62':

## **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your female partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF 'QA23\_D8' > 1 OR -7, 8 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your female partners use a birth control method to prevent pregnancy? This includes male or female sterilization.":

'QA23\_J62' During the past 12 months, did you or your female partner{s} use birth control method to prevent pregnancy? This includes male or female sterilization.

過去的 12 個月內, 您或您的女性伴侶是否使用過節育方法來避孕?

#### AJ242

[IF NEEDED, SAY: STERILIZATION INCLUDES HAVING YOUR PARTNER'S TUBES TIED, GETTING A VASECTOMY, OR HAVING AN OPERATION SO YOU CANNOT HAVE CHILDREN.]

這包括男性或女性的絶育。*絶育包括:將您伴侶的輸卵管結紮、輸精管切除或進行絶育手術等,以致無法生育。* 

•	Yes1	
•	No2	[GO TO
O	No female partner3	'PN_QA23_J67'] [GO TO 'PN QA23 J68']
O	REFUSED7	[GO TO
O	DON'T KNOW8	'PN_QA23_J68'] [GO TO 'PN_QA23_J68']

## PROGRAMMING NOTE 'QA23\_J63':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partner use?"

IF 'QA23\_D8' > 1 OR -8 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partners use?";

'QA23\_J63' During the past 12 months, which MAIN birth control method did you or your female partner{s} use?

過去的 12 個月內, 您或您的女性伴侶使用了哪種或哪幾種主要避孕方法?

## AJ243

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

0	TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED)1	
$\mathbf{O}$	VASECTOMY (MALE STERILIZATION)2	
$\mathbf{O}$	IUD (MIRENA®, PARAGARD®, SKYLA®,	
	KYLEENA®, LILETTA®, ETC.)3	
$\mathbf{O}$	IMPLANT (NEXPLANON® - THAT THING IN	
	YOUR ARM)4	
$\mathbf{O}$	BIRTH CONTROL PILLS5	[GO TO 'QA23_J65']
$\mathbf{O}$	OTHER HORMONAL METHODS	
	(INJECTION/DEPO-PROVERA, PATCH,	
	VAGINAL RING)6	[GO TO 'QA23_J65']
$\mathbf{O}$	CONDOMS (MALE OR FEMALE)7	[GO TO 'QA23_J65']
$\mathbf{O}$	PHEXXI (BIRTH CONTROL GEL)8	[GO TO 'QA23_J65']
$\mathbf{O}$	OTHER (SPECIFY:)91	[GO TO 'QA23_J65']
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_QA23_J68']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN_QA23_J68']

## PROGRAMMING NOTE 'QA23\_J64':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_J63' = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA23\_J64' Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

您或您的女性伴侶是否在過去 12 個月內接受{輸卵管結紮術、輸精管切除術、子宮環或皮下埋植避孕器}?

#### **AJ244**

•	Yes1	
O	No2	[GO TO
		'PN_QA23_J68']
$\mathbf{O}$	REFUSED7	
		'PN_QA23_J68']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN QA23 J68'1

#### PROGRAMMING NOTE 'QA23\_J65':

## **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your MAIN birth control method or prescription?"

IF 'QA23\_D8' > 1 OR -8 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your <u>MAIN</u> birth control method or prescription?";

**'QA23\_J65'** During the past 12 months, where did you or your female partner{s} get your MAIN birth control method or prescription?

過去 12 個月內, 您或您的女性伴侶從哪裡獲取主要避孕方法或處方藥?

#### AJ245

O	PRIVATE DOCTOR'S OFFICE1
$\mathbf{O}$	HMO FACILITY (KAISER,
	ANTHEM BLUE CROSS, HEALTH NET,
	UNITED HEALTHCARE, ETC.)2
$\mathbf{O}$	HOSPITAL OR HOSPITAL CLINIC3
$\mathbf{O}$	PLANNED PARENTHOOD4
O	COUNTY HEALTH DEPARTMENT5
$\mathbf{O}$	FAMILY PLANNING CLINIC6
$\mathbf{O}$	COMMUNITY CLINIC7
$\mathbf{O}$	SCHOOL OR SCHOOL-BASED CLINIC8
$\mathbf{O}$	NATIVE AMERICAN HEALTH CENTER/
	CLINIC9
$\mathbf{O}$	PHARMACY 10
$\mathbf{O}$	SOME OTHER PLACE (SPECIFY:) 91
$\mathbf{O}$	REFUSED
$\mathbf{O}$	DON'T KNOW8

**'QA23\_J66'** During the past 12 months, did you receive your main birth control method through a video or telephone visit?

過去 12 個月內, 您是否透過視像或電話就診獲取您的主要避孕方法或處方藥?

## AJ246

O	Yes, over a video visit	1
0	Yes, over a telephone visit	
0	No	_
O	REFUSED	7
O	DON'T KNOW	8

## PROGRAMMING NOTE 'QA23\_J67':

'QA23\_J62' = 2, then CONTINUE;

ELSE SKIP TO 'PN\_QA23\_J68'

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "What is the MAIN reason you and your male partner did not use birth control in the past 12 months?"

IF 'QA23\_D8' > 1 OR -7, -8 AND 'QA23\_D9' = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "What is the MAIN reason you and your female partners did not use birth control in the past 12 months?";

'QA23\_J67' What is the <u>main</u> reason you and your female partner{s} did <u>not</u> use birth control in the past 12 months?

您和您的女性伴侶在過去 12 個月內未使用避孕措施的主要原因是什麼?

## AJ175B

O	TRYING TO GET PREGNANT/
$\circ$	WANT A BABY1 HAVEN'T FOUND A METHOD I LIKE2
0	COST3
0	HAVEN'T HAD TIME TO GO IN
•	FOR BIRTH CONTROL4
$\circ$	NO TRANSPORTATION5
0	DON'T KNOW WHERE TO GET IT6
$\tilde{\mathbf{O}}$	DON'T BELIEVE IN BIRTH CONTROL7
Ö	WORRIED ABOUT SIDE EFFECTS AND/
	OR HEALTH RISKS8
$\mathbf{O}$	PARTNER WON'T LET ME9
•	FORGET TO USE BIRTH CONTROL 10
$\mathbf{O}$	FEEL UNCOMFORTABLE ASKING FOR/
	TALKING ABOUT BIRTH CONTROL 11
$\mathbf{O}$	OTHER (SPECIFY:) 91
•	REFUSED7
O	DON'T KNOW8

## Mammogram

#### PROGRAMMING NOTE 'QA23 J68':

IF R LIVES IN SANTA CLARA COUNTY AND ('QA23\_A5'= 2 AND 'AAGE'= 50-74) CONTINUE WITH 'QA23 J68';

ELSE SKIP TO 'PN\_QA23\_J70';

'QA23\_J68' During the past 2 years, have you had a mammogram?

過去2年, 您有否進行乳房造影檢查?

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

乳房X光造影是指以機器壓平或擠壓乳房,為每邊乳房拍攝X光片。

0	Yes1	[GO TO 'PN_QA23_J70']
$\mathbf{O}$	No2	
$\mathbf{O}$	REFUSED7	
		'PN_QA23_J70']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN_QA23_J70']

'QA23\_J69' What is the <u>one</u> most important reason why you have not had a mammogram in the past 2 years?

過去2年, 您沒有進行乳房造影檢查的一個最重要原因為何?

## AJ207

$\sim$		
<b>O</b>	No reason/never thought about it	
$\mathbf{O}$	Didn't know I needed this type of test	2
0	Doctor didn't tell me I needed it	3
O	Haven't had any problems	4
•	Put it off/laziness	
•	Too expensive/no insurance	6
•	Too painful, unpleasant, embarrassing	7
$\mathbf{O}$	Too young	8
O	Don't have a doctor	9
O	Transportation problem	10
O	Competing priorities	
	(work, childcare, caregiving)	11
•	REFUSED	
•	DON'T KNOW	8

**Dental Health** 

'QA23\_J70' About how long has it been since <u>you visited</u> a dentist or dental clinic? Include hygienists and all types of dental specialists.

您最後一次看牙醫或去牙科診所大約是多久以前?請包括牙科保健員及各類牙科專家。

AG1

•	HAVE NEVER VISITED0	[GO TO 'QA23_J74']
•	6 MONTHS AGO OR LESS1	
$\mathbf{O}$	MORE THAN 6 MONTHS,	
	AND UP TO 1 YEAR2	
$\mathbf{O}$	MORE THAN 1 YEAR,	
	AND UP TO 2 YEARS AGO3	
$\mathbf{O}$	MORE THAN 2 YEARS,	
	AND UP TO 5 YEARS AGO4	
$\mathbf{O}$	MORE THAN 5 YEARS AGO5	
$\mathbf{O}$	REFUSED7	[GO TO 'QA23_J74']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'QA23_J74']

PROGRAMMING NOTE 'QA23\_J71':

IF 'QA23\_J70' = 1-5, THEN CONTINUE;

ELSE GO TO 'QA23\_J74'

'QA23_J71'	Was it for a routine checkup or cleaning, or was it for a specific problem?		
AJ167	您是去接受常規檢查或洗牙還是因為某一具體問題接受治療?		
AJIOI	0 0 0	ROUTINE CHECKUP OR CLEANING	
	<b>NG NOTE 'AJ24</b> ' THEN CONTINU AG3'		
'QA23_J72'	How many time	s have you received a dental service within the	last 12 months?
AJ247	過去 12 個月內,	您接受過多少次牙科服務?	
		None	[GO TO 'QA23_J74']
'QA23_J73'	Where did you receive the dental service?		
AJ248B	您從何處獲取牙科服務?		
		Free health/dental event       1         Dentist office       2         Hospital       3         Other       4         REFUSED       -7         DON'T KNOW       -8	
'QA23_J74'	Do you now have any type of insurance that pays for part or all of your dental care?		
AG3	您目前是否有任	何類型的保險可以支付牙科護理的部份或全部費	'用?
	) ) )	YES	
'QA23_J75'	Where did you receive educational information about oral health or preventive dental care?		
AJ249B	您在何處獲取與	口腔健康或預防性牙科護理相關的宣傳教育資訊	(?
	O	Have not received	

		any educational information1	[GO TO
		From dental office2	'PN_QA23_J77'] [GO TO
		From school of my child3	'PN_QA23_J77'] [GO TO 'PN_QA23_J77']
		From social media4	[GO TO 'PN_QA23_J77']
		From family or friends5	[GO TO 'PN_QA23_J77']
		From Smile, California™ website6	[GO TO 'PN_QA23_J77']
		From other sources7	[GO TO 'PN_QA23_J77']
		From other online sources8	[GO TO 'PN_QA23_J77']
	•	REFUSED7	[GO TO 'PN_QA23_J77']
	•	DON'T KNOW8	[GO TO 'PN_QA23_J77']
	NG NOTE 'QA23 = 0, 3, 4, 5 DISP	_ <b>J76':</b> LAY "What is the main reason you have not visi	ted a dentist in the last 12
'QA23_J76'	What is the ma	in reason you have not visited a dentist in the la	st 12 months?
AJ250	您在過去 12 個	月內{從未/未}看牙醫的主要原因是什麼?	
110200	O	NOT APPLICABLE1	
	O	NO REASON TO GO/NO PROBLEM2	
	O	COULD NOT FIND A DENTIST3	
	O	COULD NOT AFFORD/NO INSURANCE4	
	•	OTHER(S)5	
	O	REFUSED7	
	•	DON'T KNOW8	
		_ <b>J77':</b> CTED TEEN, THEN CONTINUE;	
'QA23_J77'	Do you now ha	ve any type of insurance that pays for part or all	of (TEEN) dental care?
MA10	您現在是否有任	何類型的保險可以支付(青少年)的部分或全部	牙科護理費用?
	O	YES1	
	O	NO2	
	O O	REFUSED7 DON'T KNOW8	
'QA23_J78'	This next quest	ion is about dental health.	
MTF14B	下一個問題與牙	·齒健康有關。	

About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

自(青少年的名字)上次向牙科服務提供者求診以來已經有多久了?(例如:牙齒衛生員和牙醫)

$\mathbf{O}$	Have never visited0	[GO TO 'QA23_J82']
$\mathbf{O}$	6 months ago or less1	
$\mathbf{O}$	More than 6 months, and up to 1 year2	
$\mathbf{O}$	More than 1 year, and up to 2 years ago3	[GO TO 'QA23_J82']
$\mathbf{O}$	More than 2 years, and up to 5 years ago4	[GO TO 'QA23_J82']
$\mathbf{O}$	More than 5 years ago5	[GO TO 'QA23_J82']
$\mathbf{O}$	REFUSED7	[GO TO 'QA23_J82']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'QA23_J82']

#### **PROGRAMMING NOTE 'MTH64':**

IF 'MTF14B'= 1. 2 THEN CONTINUE:

ELSE GO TO 'MTH67'

'QA23\_J79' How many times has (teen's name) received a dental service within the last 12 months?

過去 12 個月內, (青少年的姓名)接受了多少次牙科服務?

## MTH64

0	NONE	1	[GO TO 'QA23_J81']
O	ONCE	2	
O	TWICE	3	
O	THREE TIMES	4	
O	FOUR TIMES	5	
0	FIVE TIMES OR MORE	6	
O	REFUSED	7	[GO TO 'QA23_J81']
O	DON'T KNOW	8-	[GO TO 'QA23_J81']

'QA23\_J80' Where did (teen's name) receive the dental service in the last 12 months?

(青少年的姓名)從何處獲取牙科服務?

## MTH65B

[CHECK ALL THAT APPLY]

	Free health/dental event	1
	Dentist office	
	Hospital	3
	Other	
0	REFUSED	7
O	DON'T KNOW	8

'QA23\_J81' Where did (TEEN) receive educational information about oral health or preventive dental care in the last 12 months?

(青少年的姓名) 在何處獲取與口腔健康或預防性牙科護理相關的宣傳教育資訊?

## MTH66B

$\mathbf{c}$	Have not received	
	any educational information	1
_	From dental office	
	From school of my child	3

		From social media4	
		From family or friends5	
		From Smile, California™ website6	
		From other sources	
		From other online sources8	
	O O	REFUSED7 DON'T KNOW8	
	9	DON 1 KNOW8	
'QA23_J82'	What is the m	ain reason (teen's name) has not visited a dentis	t in the last 12 months?
	(青少年的姓	名)在過去 12 個月內{從未/未}看牙醫的主要原因	是什麼?
MTH67	O	Not applicable1	
	Ö	No reason to go/No problem2	
	Ö	Could not find a dentist3	
	Ö	Could not afford/no insurance4	
	Ö	Other(s)91	
	Ö	REFUSED7	
	0	DON'T KNOW8	
Discrimination	in Healthcare S	etting	
'QA23_J83'		it when you are receiving medical care, was there all have gotten better care if you had belonged to	
DMC8	是否有過這樣	的時候如果您是屬於不同的種族您會接受到更	好的醫療服務?
DIVICO	Q	YES1	
	Ö	NO2	[GO TO 'PN_QA23_J85']
	Ö	REFUSED7	[GO TO 'PN_QA23_J85']
	Ö	DON'T KNOW8	[GO TO 'PN_QA23_J85"]
'QA23_J84'	Think about th	ne last time this happened. How long ago was tha	at?
DMC9	想一想最後一	次發生這種情況的時候。發生時間是在多久以前?	•
DIVICS	$\circ$	A YEAR AGO OR LESS1	
	O O	MORE THAN 1 UP TO 2 YEARS AGO2	
	Ö	MORE THAN 2 UP TO 3 YEARS AGO3	
	ŏ	MORE THAN 3 UP TO 5 YEARS AGO4	
	ŏ	MORE THAN 5 UP TO 10 YEARS AGO5	
	ŏ	MORE THAN 10 UP TO 20 YEARS AGO6	
	Ö	MORE THAN 20 YEARS AGO7	
	Ö	REFUSED7	
	O	DON'T KNOW8	
Caregiving			
(OA22 10E)	Somo nocala	provide abort term or long term help to a family r	nombor or friend who has

'QA23\_J85' Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.

有些人會協助患有嚴重或慢性疾病或殘疾的家庭成員或朋友。這可能包括協助他們做那些無法自行處理的事。

'QA23\_J86' During the past 12 months, did you provide any such help to a family member or friend?

在過去 12 個月內, 您是否提供過家人或朋友任何此類協助?

AJ87

[IF NEEDED, SAY: "This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing."]

這可能包括幫助洗澡、服用藥品、做家事、付帳單、開車去看醫生或到雜貨店、安排醫療和支援服務、或只是去看看他們過得好不好。

$\mathbf{O}$	YES1	
O	NO2	
O	REFUSED7	
O	DON'T KNOW8	'PN_QA23_K1'] [GO TO
		'PN_QA23_K1']

'QA23\_J87' For the next set of questions, please think about the person for whom you provided the most care.

請回想一下您提供最多照顧的人。

**AJ101B** 

Do you currently provide care for this person?

您目前是否在照顧這個人?

$\mathbf{O}$	Yes	
O	No	2
O	REFUSED	7
O	DON'T KNOW	8-

#### PROGRAMMING NOTE 'QA23\_J88':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_J87' = 1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was"

'QA23\_J88' {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

{此人幾歲/在您提供護理時},此人幾歲?最佳估算即可。

AJ201

	Age [HR: (	)-110]
O	REFUSED	<del>7</del>
O	DON'T KNOW	

'QA23\_J89' What is this person's relationship to you?

amily
or
or
_ = a

Yes.....1

O

	Q	No2
	<b>O</b>	REFUSED
	0	DON 1 KNOW8
PROGRAMMI	NG NOTE 'QA	23_J92':
<b>DISPLAY INS</b> IF AJ101B' = 1	TRUCTIONS: I THEN DISPLA	λΥ "is";
ELSE DISPLA	Y "was";	
'QA23_J92'	How much of you?	a financial stress would you say that caring for your {AJ90} (is/was) for
AJ193	您認為照顧您	的{AJ90}{對您/曾對您}造成多大的經濟壓力?
AUTOU	O	Extremely stressful1 壓力很大
	O	Somewhat stressful2 壓力較大
	•	A little stressful3 有點壓力
	•	Not at all stressful4 完全沒有壓力
	0	REFUSED7 DON'T KNOW8
'QA23_J93'	During the pa	st 12 months, did your {AJ90} live
AJ91B	過去 12 個月	为,您{AJ90}的居住狀況是:
7.00.12	[CHECK ALL	THAT APPLY]
		Alone1 獨居
		With you2 和您一起居住
		With some other family member3 和其他家庭成員一起居住
		In a nursing home4 住在療養院
		In an assisted-living facility5 住在輔助生活設施中
		In some other living situation6 其他居住情況
	O O	REFUSED

PROGRAMMIN	IG NOTE 'QA23	_J94':
		LAY "What", "does", and "requires". ELSE DISPLAY "At the time you "required".
'QA23_J94'	{What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {require/required} your help?	
	{他/她/他或她}{	有/曾有}哪些{需要}您幫助的殘障或疾病?/在您提供護理時,{他/她/他或
	-	上{需要}您幫助的殘障或疾病?
AJ194	[CHECK ALL THAT APPLY]	
		ALZHEIMER'S, CONFUSION, DEMENTIA, FORGETFULNESS
	O	DON'T KNOW8
PROGRAMMIN IF 'QA23_J87' : ELSE SKIP TO		<del>-</del>
'QA23_J95'	(Do you have a	Il of the support and services you need to care for your {AJ90}?
	{您是否擁有照顧	頁{AJ90}所需的所有支援和服務?
AJ197	O	Yes1
	ŏ	No2
	Ö	REFUSED7
	Ö	DON'T KNOW8
'QA23_J96'	During the past 12 months, have you experienced any physical health problems due to providing care to your {AJ90}?	
A 1400 A	過去的 12 個月內,您自己是否因照顧您的{AJ90}而出現任何身體健康問題?	
AJ199A	O	Yes1

	) )	No	
'QA23_J97'		ring the past 12 months, have you experienced any mental health problems due to viding care to your {AJ90}?	
AJ199B	過去的 12 個月內,您自己是否因照顧您的{AJ90}而出現任何精神健康問題?		
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	
'QA23_J98'	Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?		
4 1000	您的工作狀況是否因幫助您的{AJ90}而發生變化,例如工作職位的變化、工作時間的減少、辭職或退休?		
AJ200	[CHECK ALL THAT APPLY]		
		No change in job status	
	<b>O</b>	REFUSED	

# Section K: Employment, Income, Poverty Status, Food Security

Hours Worked

IF 'QA23_G27'	G NOTE 'QA23_K1': = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT 'QA23_G29' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA23_K1'; 'YN_QA23_K4'
'QA23_K1'	How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?
	您在從事的 <u>所有的</u> 工作或業務中每週 <u>通常</u> 工作多少小時?
AK3	[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]
	HOURS [HR: 0-95] REFUSED7 DON'T KNOW8
'QA23_K2'	How long have you worked at your main job?
AK7	您從事這份 <u>主要</u> 工作多久了?
AKI	[IF NEEDED, SAY: "THAT IS, FOR YOUR CURRENT EMPLOYER."].
	就是為現在的僱主工作
	[IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]
	□        MONTHS         [HR: 0-12]           □        YEARS         [HR: 0-50]           ○         REFUSED
Income Last Mo	onth
IF 'QA23_G27'	G NOTE 'QA23_K3': = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT A23_G29' = 1 (USUALLY WORKS), CONTINUE WITH 'QA23_K3'; 'PN_QA23_K4'
'QA23_K3'	What is your best estimate of all your earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
AK10	您 <u>上個月</u> 在所有工作和業務中,包括小時工資、薪水、小費和佣金, <b>稅</b> 前和其它扣除額之前的總收入是多少?請提供您的最佳估計數字。
	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]
	\$ AMOUNT [HR: 0-999995] O REFUSED7 O DON'T KNOW8

AK22

IF 'QA23_G35' (SPOUSE/PAR	TNER WITH JOI	PARTNER WOR	KING AT JOB OF B BUT NOT AT W ITINUE WITH ' <b>Q</b> .	/ORK)] OR ' <b>Q</b> A	
IF 'QA23_G27'	≠ 1 OR 2 (R NO	T AT A JOB OR	BUSINESS LAS	T WEEK, DID N	IOT WORK, AND
1 (MARRIED),	DISPLAY "The n	ext question is al	oout your spouse	's employment	RK), AND ' <b>QA23_A24</b> ' = " DID NOT WORK, AND
DOES NOT HA 1 OR 'QA23_D IF 'QA23_A24'	- VE A JOB) AND 14' = 1), THEN [ = 1 THEN DISP - <b>_D13</b> ' = 1 OR <b>'G</b>	` <b>'QA23_G29'</b> ≠ 1 DISPLAY "The ne LAY "spouse";	(R DOES NOT	USUALLY WOF	RK), AND (' <b>QA23_D13</b> ' = r's employment."
'QA23_K4'	How many hour businesses?	s per week does	your ( <u>spouse/pa</u>	urtner} usually w	ork at all jobs or
AK20	您的{丈夫/妻子 〇 〇 〇	REFUSED	所有的工作或業務 HOURS	7	作多少小時? [HR: <b>0-95</b> ]
PROGRAMMIN	IG NOTE 'QA23	_K5':			
IF 'QA23_A24'		THEN DISPLAY		ʻpartner's";	
'QA23_K5'	taxes and other		all jobs and busi		ngs <u>last month</u> before ng hourly wages,
AK10A	除各項稅款和其	它扣除額之前的場	<u>l月</u> 從事所有的工 收入,請包括小時 \$999,995, ENTE	F工資、薪資、/	有多少?這是指在沒有扣 ト費和佣金。
	O O	\$ REFUSED	AMOUNT	7	[HR: 0-999995]
'QA23_K6'	What is your be before taxes in		ur <u>household's to</u>	otal annual inco	me from all sources
	您的住戶 2021:	年來自所有來源的	<b>勺</b> 稅前全年總收入	是多少?	

[IF NEEDED, SAY: "INCLUDE MONEY FROM JOBS, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE AND

SO FORTH. ALSO INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT AND ANY OTHER MONEY INCOME."]

請包括工作、社會安全、退休收入、失業補助金、公共援助等收入。另外還請包括利息、 紅利、業務、農場或租金淨收入以及任何其他資金收入。

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	O	\$ AMOUNT REFUSED7	[HR: 0-999995] [GO TO 'PN_QA23_K8']
	•	DON'T KNOW8	[GO TO 'PN_QA23_K8']
'QA23_K7'		FY AMOUNT ENTERED: that your annual household income is (AMOUNT	). Is that correct?
AK22A	根據我的記錄,	您的住戶年收入是(AMOUNT)。這是否正確?	
	O	YES1	[GO TO PN 'QA23_K14']
	) )	NO	[GO TO 'QA23_K6']
IF 'QA23_K6'	G NOTE 'QA23_ = -7 OR -8 CON' 'PN_QA23_K14'	TINUE WITH 'QA23_K8';	
'QA23_K8'		to know exactly, but could you tell me if your <u>hou</u> s <u>before taxes</u> is more than \$20,000 per year or i	
AK11	我們不需要知道超過還是不足 2	館詳細的數字,但您可不可以告訴我,你們 <b>住戶</b> 所 20,000 美元 ?	有來源的稅前年收入是否
ARII	O O	MORE	[GO TO 'QA23_K10'] [GO TO
	•	DON'T KNOW8	'PN_QA23_K14'] [GO TO 'PN_ AK17']
'QA23_K9'	ls it		
AK12	是		
72	O	\$5,000 or less1	[GO TO 'PN_QA23_K14']
	O	\$5,001 to \$10,0002	[GO TO 'PN_QA23_K14']
	O	\$10,001 to \$15,0003	[GO TO 'PN_QA23_K14']
	O	\$15,001 to 20,0004	[GO TO 'PN_QA23_K14']
	•	REFUSED7	[GO TO

		O	DON'T KNOW8	'PN_QA23_K14'] [GO TO 'PN_QA23_K14']
'QA23_K10'	Is it mo	re or les	ss than \$70,000 per year	
AK13	是			
		0	MORE	[GO TO 'QA23_K12']
		0	DON'T KNOW8	'PN_QA23_K14'] [GO TO 'PN_QA23_K14']
'QA23_K11'	Is it			
AK14	是			
7		O	\$20,001 to \$30,0001	[GO TO 'PN_QA23_K14']
		•	\$30,001 to \$40,0002	[GO TO 'PN_QA23_K14']
		•	\$40,001 to \$50,0003	[GO TO 'PN_QA23_K14']
		•	\$50,001 to \$60,0004	[GO TO 'PN_QA23_K14']
		•	\$60,001 to \$70,0005	[GO TO 'PN_QA23_K14']
		•	REFUSED7	[GO TO 'PN_QA23_K14']
		O	DON'T KNOW8	[GO TO 'PN_QA23_K14']
'QA23_K12'	Is it mo	re or les	ss than \$135,000 per year?	
AK15	是			
		•	MORE1	[GO TO 'PN_QA23_K14']
		O	EQUAL TO \$70K OR LESS2 REFUSED7	[GO TO 'PN_QA23_K14']
		•	DON'T KNOW8	[GO TO 'PN_QA23_K14']
'QA23_K13'	Is it			
AK16	是			
		0	\$70,001 to \$80,0001	
		0	\$80,001 to \$90,0002 \$90,001 to \$100,0003	
		Ö	\$100,001 to \$135,0004	
		O	REFUSED7	
		<b>O</b>	DON'T KNOW8	

Number of Persons Supported

IF R IS ONLY N	IG NOTE 'QA23 MEMBER OF HH UE WITH 'QA23	, SET <b>'QA23_K14'</b> = 1 AND GO TO <b>'PN_QA23</b> _	K15';
'QA23_K14'	Including yourse household incom	elf, how many people living in your household are me?	supported by your total
AK17	包括您自己在 <b>内</b>	,住在您的住戶裡的多少人需要依靠您的住戶總收	女入生活?
	) )	NUMBER OF PEOPLE REFUSED7 DON'T KNOW8	[HR: 1-20]
'QA23_K15' MI IF R IS ONLY M IF NO CHILDRI OR TOTAL NUI ENUMERATION	MEMBER OF HH EN UNDER 18 IN MBER OF PEOF	HAN ' <b>QA23_K14</b> '; , GO TO ' <b>QA23_K16</b> '; N HH (AS DETERMINED FROM CHILD ENUME PLE LIVING IN HH (AS DETERMINED BY ADUL ' GO TO PROGRAMMING NOTE ' <b>QA23_K16</b> ';	
'QA23_K15'	How many of th of 18?	ese {INSERT NUMBER FROM AK17} people are	children under the age
AK18	在這{INSERT N	UMBER FROM AK17} ロ人中,有多少是 18 歳以	以下的孩子 <b>?</b>
ARIO	) )	NUMBER OF CHILDREN (UNDER AGE18) REFUSED7 DON'T KNOW8	[HR: 0-20]
'QA23_K16'		else living in the U.S., but not currently living in your household income?	our household, that is
AK32	是否有住在美國	、目前不住在您們住 <b>戶</b> 中、但依靠您們的住 <b>戶</b> 收力	\生活的任何其他人?
711102	) ) )	YES	[GO TO 'QA23_K18'] [GO TO 'QA23_K18'] [GO TO 'QA23_K18']
'QA23_K17'	How many?		
AK33	有幾個人?	NUMBER OF PEOPLE	[HR: 1-20]
	<b>O</b>	REFUSED -7 DON'T KNOW -8	
Paid Family Lea	ave		

'QA23_K18'	leave for eligible	a law passed in 2020 provides up to 8 weeks of paid family and medical e workers at 60-70% of their weekly earnings, up to a maximum of \$1,300 e you seen or heard anything about this law?
AK136		通過了一項新法律為合資格工人提供長達星期的有薪家事假及病假,薪資(人的 60-70%,每週最高金額為\$ 1,300。您是否有看過或聽過這條法律?
AKI30	) ) )	YES
'QA23_K19'	because of you	ars, have you taken a <u>paid</u> leave longer than two weeks from work r own or a family member's serious health condition or for the arrival of a radopted or foster child?
AK137		或有否因為自身或家庭成員的嚴重疾病,或因為要迎接新生命、新收養或領 新假超過兩週?
	0	YES
	o 0	PREFUSED
'QA23_K20'	What were the	reasons you took a leave from work?
AK138	您請假的原因是	甚麼?
AKISO	[CHECK ALL T	HAT APPLY]
		OWN HEALTH
		FOSTER CHILD
		_ <b>K21':</b> AKE LEAVE IN PAST 5 YEARS), THEN CONTINUE;
'QA23_K21'	What were the	reasons you didn't take family or medical leave in the past 5 years?
AK139	在過去5年間,	您沒有請家事假或病假的原因是什麼?
	[CHECK ALL T	HAT APPLY]
		FEAR OF LOSING JOB1 FEAR OF HURTING CHANGES OF

	JOB ADVANCEMENT	2
	COULD NOT AFFORD TO	
	GO ON LEAVE	3
	EMPLOYER DENIED REQUEST	
	FOR LEAVE	4
	NOT ELIGIBLE FOR LEAVE	5
	DIDN'T KNOW ABOUT LEAVE	
	PROGRAM	6
	PROCESS TO APPLY FOR LEAVE	
	TOO COMPLICATED	7
	USED OTHER AVAILABLE	
	LEAVE OPTIONS (E.G., VACATION OR	
	SICK LEAVE)	8
	DID NOT NEED TO TAKE LEAVE	9
•	REFUSED	
$\mathbf{C}$	DON'T KNOW	8

Availability of Food in the Household

# PROGRAMMING NOTE 'QA23\_K22':

IF POVERTY < 5 (HH Income  $\leq$  200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE  $\neq$  1)], CONTINUE WITH 'QA23\_K22' ELSE GO TO 'AL9';

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_K14' = 1, THEN DISPLAY "I", ELSE IF 'QA23 K14' > 1 DISPLAY "We"

# 'QA23\_K22'

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

以下是有關您們住戶在過去十二個月中所吃的食物以及是否有錢購買所需的食物的問題。

#### AM1

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:

我馬上會讀出兩句話,這是一般人針對家庭的食物狀況所**說**的。請就每一句話告訴我,這 是否經常符合、有時符合還是從不符合您和您的住戶在過去十二個月的情況。

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

第一句話是:「{我/我們}購買的食物總是不夠,{我/我們}沒有錢買更多的食物。」

Was that ...

這是…

$\mathbf{c}$	Often true	1
	經常是真的	
$\circ$	Sometimes true	2

		有時是真的	
	•	Never true3 從來不是真的	
	0	REFUSED7 DON'T KNOW8	
	0	DON 1 KNOW8	
PROGRAMMIN	IG NOTE 'QA23	3_K23':	
	RUCTIONS: = 1, THEN DISI 3_K22' > 1 DISP		
'QA23_K23'	The second sta	ntement is: '{I/We} couldn't afford to eat balanced	meals.'
AM2	第二句話是:	「{我/我們}沒有錢吃均衡的食物。」	
7	Was that		
	這是…		
	•	Often true1 經常是真的	
	•	Sometimes true2 有時是真的	
	•	Never true3 從來不是真的	
	O O	REFUSED7 DON'T KNOW8	
'QA23_K24'		nonths, did you or other adults in your household neals because there wasn't enough money for for	
		品去 12 個月中,您或住戶中的其他成年人有沒有因 就減少用餐次數?	日為沒有足 <b>夠</b> 的錢購買食物
AM3	O	Yes1	
	•	No2	
	<b>O</b>	REFUSED7 DON'T KNOW8	[GO TO 'QA23_K26'] [GO TO 'QA23_K26']
'QA23_K25'		his happen almost every month, some months	
	·	出現一次-幾乎每個月、有的月份但不是每個月、	、或只是在1或2個月
AM3A			
	0	ALMOST EVERY MONTH1 SOME MONTHS BUT	
	•	NOT EVERY MONTH2	
	Q	ONLY IN 1 OR 2 MONTHS3	
	0	REFUSED7 DON'T KNOW8	

Hun	ger
-----	-----

'QA23\_K26'

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

在過去 12 個月中, 您有沒有因為沒有足夠的錢購買食物而吃不飽?

AM4

0	YES	1
0	NO	2
0	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

'QA23\_K27'

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

在過去 12 個月中, 您有沒有因為買不起足夠的食物而挨餓?

AM5

O	YES	1
$\mathbf{O}$		
$\mathbf{O}$	REFUSED	7
0	DON'T KNOW	8

Dietary Intake

# PROGRAMMING NOTE 'QA23\_K28':

IF HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;

ELSE SKIP TO 'SECTION L'

'QA23\_K28'

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

現在請想想您上個月(即過去30天)的飲食,包括正餐及零食。

AE2B

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

上月您吃過多少次水果?不包括果汁。您可以告訴我每天、每週或每個月的次數。

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE."]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]

[IF NEEDED, SAY:'盡量估計就可以了。']

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

TIMES

O O	PER DAY1 PER WEEK]2	
O	PER MONTH3	[HR: 0-210; SR: 0-149]
O	REFUSED7	
0	DON'T KNOW8	

## 'QA23\_K29'

[During the past month,] how many times did you eat vegetables like green salad, green beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.

在上個月,您吃過多少次蔬菜,例如蔬菜沙拉、四季豆或馬鈴薯?{不包括炸薯條 或煮熟的乾豆,如豆泥(refried beans)、焗豆(baked beans)、或豆湯。

#### AE7B

[IF NEEDED, SAY: 'You can tell me per day, per week, or month'] [IF NEEDED, SAY: '您可以告訴我每天、每週或每個月的次數。']

[IF STRONGLY NEEDED, SAY: 'Such as tomatoes, carrots, onions, or broccoli.'] [IF STRONGLY NEEDED, SAY: '如番茄、胡蘿蔔、洋蔥、或花椰菜。']

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: 'Rice is not a vegetable.' [ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "米飯不是蔬菜。'

# \_\_\_\_TIMES

$\circ$	PER DAY [HR: 0-20; SR: 0-9]	1
$\mathbf{O}$	PER WEEK [HR: 0-70; SR: 0-29]	2
O	PER MONTH [HR: 0-210; SR: 0-149]	3
O	REFUSED	7
0	DON'T KNOW	

# 'QA23\_K30'

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

過去一個月中, 您喝加糖果汁飲料、運動或能量飲料的頻率有多高?

# AC46B

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

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

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

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

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

# \_TIMES

O	PER DAY1	[HR: 0-20; SR: 0-9]
$\mathbf{O}$	PER WEEK2	[HR: 0-70; SR: 0-29]
$\mathbf{O}$	PER MONTH3	[HR: 0-210; SR: 0-149]
$\circ$	REFUSED7	
$\mathbf{O}$	DON'T KNOW8	

PROGRAMMIN IF CAGE ≥ 2 Y ELSE SKIP TO	EARS AN	ID HOL			ME IS	≤ 185%	FPL	CONT	INUE	
'QA23_K31'	Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?									
CC13B	現在我希 例如蘋果			女昨天吃了你	什麼,	包括正	餐和零	<b>序食。₽</b>	乍天,	{他/她}吃了多少份水果,
CCI3B				ERVINGS A			EFINE	ED. A S	SERV	ING IS THE CHILD'S
	份數是自	己定義	的。-	一份是指孩	子吃這	種食物	的平常	的量。		
		O O		USED I'T KNOW					7	[HR: 0-20; SR 0-9]
'QA23_K32'				y servings o Oo not includ				reen sa	alad, g	reen beans, or potatoes
CC31B	{他/她}附	手天吃了	多少值	分緣色沙律、	、青豆	、馬鈴	薯等蔬	蕊菜?請	青不要 <sup>。</sup>	包括炸馬鈴薯。
		<b>O</b>		USED I'T KNOW					7	[HR: 0-20; SR 0-4]
'QA23_K33'	Yesterda did your			y glasses or	r cans	of swee	etene	d fruit o	drinks	, sports, or energy drinks
CC50B	<b>您</b> 的孩子	·[昨天][	喝了多	少杯或多少	〉罐含料	搪果汁食	欠料、	運動或	能量食	欠料?
CC30B	Such as	lemona	ade, G	Satorade, S	napple	e, or Re	ed Bull	l.		
	例如檸檬	蒙水、 <b>G</b>	atorac	de、Snappl	le 或 R	ed Bull	0			
		<b>O</b>		USED					7	[HR 0-15; SR 0-7]
		•	יוטע						0	

# **Section L: Public Program Participation**

## PROGRAMMING NOTE 'QA23\_L1':

IF HOUSEHOLD INCOME IS  $\leq$  200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE  $\neq$  1))] CONTINUE WITH 'SECTION L';

ELSE GO TO 'PN\_QA23\_L41'

'QA23\_L1' Are you now receiving TANF or CalWORKs?

您目前在接受TANF或CalWORKS嗎?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.]

TANF表示「貧困家庭臨時協助」; CalWORKS表示「加州工作機會及對孩子的責任」。 這兩項計劃用於替代加州原來的福利計劃AFDC。

$\mathbf{O}$	YES	1
$\mathbf{C}$	NO	2
$\mathbf{C}$	REFUSED	7
<b>O</b>	DON'T KNOW	8

#### PROGRAMMING NOTE 'QA23 L2':

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA23\_L2'; ELSE GO TO 'QA23\_L4';

'QA23 L2' Is (TEEN) now receiving TANF or CalWORKs?

(TEEN) 目前是否在領取 TANF 或 CalWORKS?

IAP1

[IF NEEDED, SAY: "TANF MEANS TEMPORARY ASSISTANCE TO NEEDY FAMILIES; AND CALWORKS MEANS CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITIES TO KIDS. BOTH REPLACED AFDC, CALIFORNIA'S OLD WELFARE ENTITLEMENT PROGRAM."]

TANF表示「貧困家庭臨時協助」; CalWORKS表示「加州工作機會及對孩子的責任」。 這兩項計劃用於替代加州原來的福利計劃AFDC。

$\mathbf{C}$	YES	1
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
	DON'T KNOW	0

Food Stamps	
rood Stamps	

	NG NOTE 'QA23_L3': CHILD IN HOUSEHOLD, CONTINUE WITH 'QA23_L3'; O 'QA23_L4'			
'QA23_L3'	Is (CHILD) now on TANF or CalWORKs?			
CE11	(CHILD)目前是否參加 TANF 或 CalWORKs?			
	[IF NEEDED, SAY: TANF MEANS 'TEMPORARY ASSISTANCE TO NEEDY FAMILIES," AND CALWORKS MEANS 'CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITIES TO KIDS.' BOTH REPLACED AFDC, CALIFORNIA'S OLD WELFARE ENTITLEMENT PROGRAM.]			
	<i>TANF</i> 表示「貧困家庭臨時協助」; <i>CalWORKS</i> 表示「加州工作機會及對孩子的責任」。 這兩項計劃用於替代加州原來的福利計劃AFDC。			
	O       YES       1         O       NO       2         O       REFUSED       -7         O       DON'T KNOW       -8			
'QA23_L4'	Are you receiving Food Stamp benefits, also known as CalFresh?			
AL E	您是否在領糧食券福利,糧食券也稱為 CalFresh。			
[IF NEEDED, SAY: "YOU RECEIVE BENEFITS THROUGH AN EBT CARD." STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD AND IS ALSO KI THE GOLDEN STATE ADVANTAGE CARD]				
	您可能透過EBT卡獲得福利。EBT表示電子福利轉換卡。又稱作「黃金州優惠卡」。			
	O       YES       1         O       NO       2         O       REFUSED       -7         O       DON'T KNOW       -8			
	NG NOTE 'QA23_L5': EEN IN HOUSEHOLD, CONTINUE WITH 'QA23_L5'; QA23_L7'			
'QA23_L5'	Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?			
IAP2	(TEEN) 是否在領糧食券福利?糧食券福利也稱為 CalFresh。			
10.2	[IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS AS STAMPS OR THROUGH AN EBT CARD. EBT STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD, AND IS ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]			
	您通過EBT卡接受福利。 <i>EBT</i> 表示電子福利轉帳卡,也稱為「黃金州優惠卡」。			
	O YES1			

	O       NO			
	NG NOTE 'QA23_L6': CHILD IN HOUSEHOLD, CONTINUE WITH 'QA23_L6'; D 'QA23_L7'			
'QA23_L6'	Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?			
CE11A	(CHILD)是否在領糧食券福利?糧食券福利也稱為 Cal Fresh。			
CE11A	[IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS THROUGH AN ELECTRONIC BENEFIT TRANSFER (EBT) CARD, ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]			
	您通過EBT卡接受福利。 <i>EBT</i> 表示電子福利轉帳卡,也稱為「黃金州優惠卡」。			
	O YES			
Supplemental	Security Income			
'QA23_L7'	Are you receiving Supplemental Security Income (SSI)?			
AL6	您是否在領取 SSI?			
ALO	[IF NEEDED, SAY: "SSI MEANS SUPPLEMENTAL SECURITY INCOME. THIS IS DIFFERENT FROM SOCIAL SECURITY"]			
	SSI指安全補助收入,這和社會安全金不同。			
	O YES1 O NO2			
	O REFUSED7 O DON'T KNOW8			
WIC				
PROGRAMMING NOTE 'QA23_L8':  IF 'AD65D' = 2 (FEMALE AT BIRTH) AND 'QA23_J51' = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'QA23_L8';  ELSE GO TO 'PN_AL9'				
'QA23_L8'	Are you on WIC?			
	您目前是否參加了 WIC?			
AL7	[IF NEEDED, SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN."]			

WIC指為婦女、嬰兒和兒童提供的補助食品計畫。

O	YES	1
O	NO	2
O	REFUSED	7
$\circ$	DON'T KNOW	-8

#### PROGRAMMING NOTE 'QA23 L9':

IF (CAGE < 7, OR CAGE = 8, 9) AND (HOUSEHOLD INCOME IS<=200 FPL or poverty<5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE  $\neq$  1)]), CONTINUE WITH 'QA23\_L9';

ELSE GO TO 'PN AL9'

'QA23\_L9' Is (CHILD) on WIC now?

(CHILD)目前是否參加了 WIC?

#### CE11C

WIC MEANS 'SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN.

WIC指為婦女、嬰兒和兒童提供的補助食品計劃。

$\mathbf{O}$	YES	
O	NO	2
O	REFUSED	7
O	DON'T KNOW	

#### Assets

# PROGRAMMING NOTE 'QA23\_L10':

IF 'QA23\_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA23\_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA23\_L10'; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_L12':

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA23 K14'.

IF 'QA23\_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

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IF 'QA23 K14'= 1 DISPLAY $ 130,000;
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IF 'QA23\_K14'= 2 DISPLAY \$ 195,000;

IF 'QA23\_K14'= 3 DISPLAY \$ 260,000;

IF 'QA23\_K14'= 4 DISPLAY \$ 325,000;

IF 'QA23\_K14'= 5 DISPLAY \$ 390,000;

IF 'QA23\_K14'= 6 DISPLAY \$ 455,000;

IF 'QA23\_K14'= 7 DISPLAY \$ 520,000;

IF 'QA23\_K14'= 8 DISPLAY \$ 585,000;

IF 'QA23 K14'= 9 DISPLAY \$ 650,000;

IF 'QA23\_K14'≥ 10 DISPLAY \$ 715,000;

IF 'QA23\_A24'= 1 (MARRIED) OR 'QA23\_D13'= 1 OR 'QA23\_D14'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA23\_L10' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

不把您擁有的任何房子或汽車計算在內,您認為{您/您家}的資產,也就是說{您/您家}所有的現金、儲蓄、投資的總值,有沒有超過{PROPERTY LIMIT}?

#### AL9B

•	YES1	[GO TO 'PN_QA23_L12']
•	NO2	
•	REFUSED7	
$\mathbf{O}$	DON'T KNOW8	

#### **PROGRAMMING NOTE 'QA23 L11':**

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA23 K14'

IF 'QA23\_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA23 K14'= 1 DISPLAY \$ 2,000;

IF 'QA23\_K14'= 2 DISPLAY \$ 3,000;

IF 'QA23 K14'= 3 DISPLAY \$ 3,150;

IF 'QA23 K14'= 4 DISPLAY \$ 3,300:

IF 'QA23\_K14'= 5 DISPLAY \$ 3,450;

IF 'QA23\_K14'= 6 DISPLAY \$ 3,600;

IF 'QA23\_K14'= 7 DISPLAY \$ 3,750;

IF 'QA23\_K14'= 8 DISPLAY \$ 3,900;

IF 'QA23\_K14'= 9 DISPLAY \$ 4,050;

IF 'QA23\_K14' ≥ 10 DISPLAY \$ 4,200;

IF 'QA23\_A24'= 1 (MARRIED) OR 'QA23\_D13'= 1 OR 'QA23\_D14'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA23\_L11' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

不把您擁有的任何房子或汽車計算在內,您認為{您/您家}的資產,也就是說{您/您家}所有的現金、儲蓄、投資的總值,有沒有超過{PROPERTY LIMIT}?

#### AL9C

$\mathbf{O}$	YES	1
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
<b>O</b>		

Child Support

## PROGRAMMING NOTE 'QA23 L12':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_A24' = 1 (MARRIED) AND 'QA23\_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF ['QA23\_A24' = 2 (LIVING WITH PARTNER) OR 'QA23\_D13' = 1 OR 'QA23\_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23\_A25' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your

partner"; ELSE DISPLA	Y "you"			
'QA23_L12'	Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for child support?			
AL15B	{您或您的配偶/您或您的伴侶/你們} 上個月有沒有收到任何子女扶養費?			
ALISB	<b>O</b>	YES	[GO TO 'PN_QA23_L14']	
	O	REFUSED7	[GO TO 'PN_QA23_L14']	
	O	DON'T KNOW8	[GO TO 'PN_QA23_L14']	
PROGRAMMI	NG NOTE 'QA2	23_L13':		
DISPLAY "com ELSE IF ['QA2 SAME-SEX CO "combined" AN	' = 1 (MARRIED nbined" AND "ar 2 <b>3_A24</b> ' = 2 (LI\		<b>QA23_D14</b> ' = 1 (LEGAL	
'QA23_L13'		{combined} total amount that you {and your spou child support last month and your spour sp		
AL16B	{您或您的配偶	//您或您的伴侶/你們 <u>}上個月</u> 收到的子女扶養費{合	計}總額是多少?	
ALIUB	[IF AMOUNT	GREATER THAN \$999,995, ENTER "999,995"]		
	• •	\$ AMOUNT REFUSED7 DON'T KNOW8	[000001-999995]	
PROGRAMMI	NG NOTE 'QA2	23_L14':		
DISPLAY "you ELSE IF ['QA2 SAME-SEX CO	' = 1 (MARRIED or your spouse 23_A24' = 2 (LIN OUPLE)] AND '( r or both of you"	D) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIV or both of you"; /ING WITH PARTNER) OR 'QA23_D13' = 1 OR QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN H	'QA23_D14' = 1 (LEGAL	
'QA23_L14'	Did (you or yo child support <u>l</u>	our partner or both of you/you or your spouse or boast month?	oth of you/you} pay any	
	{您或您的配偶	//您或您的伴侶/你們 <u>}上個月</u> 有沒有支付任何子女技	<b>夫養費?</b>	
AL17	•	YES, RESPONDENT PAID1		

	Q	YES, SPOUSE/PARTNER PAID	
	<b>O</b>	YES, BOTH PAID	
	O O	NO	
	9	KEFUSED	'PN_QA23_L16']
	•	DON'T KNOW	8 <b>[GO TO</b>
	•	2011 14404	'PN_QA23_L16']
PROGRAMMIN	IG NOTE 'QA23	_L15':	
DISPLAY "you of ELSE IF ['QA23	= 1 (MARRIED) or your spouse o 3_A24' = 2 (LIVII DUPLE)] AND 'Q	AND 'QA23_A25' = 1 (SPOUSE/PARTNER or both of you"; NG WITH PARTNER) OR 'QA23_D13' = 1 O A23_A25' = 1 (SPOUSE/PARTNER LIVES I	DR <b>'QA23_D14'</b> = 1 (LEGAL
ELSE DISPLAY			
LLOL DIOI LAI	you		
'QA23_L15'		otal amount {you or your spouse or both of your spouse or both or both of your spouse or both o	ou/you or your partner or both
	{您或您的配偶或 少?	找你們兩人/您或您的伴侶或你們兩人} <u>上個月</u>	支付的子女扶養費總共是多
AL18			
	[IF AMOUNT G	REATER THAN \$999,995, ENTER "999,995	"]
		AMOUNT	[000004 0000051
	•	REFUSED AMOUN	[ <b>000001-999995]</b>
	Ŏ	DON'T KNOW	
Worker's Comp	ensation		
IF 'QA23_A24'	IG NOTE 'QA23 = 1 (MARRIED) or your spouse";	<b>_L16</b> ': AND <b>'QA23_A25</b> ' = 1 (SPOUSE/PARTNER	LIVES IN HH), THEN
ELSE IF ['QA23 SAME-SEX CO	3_ <b>A24</b> ' = 2 (LIVII	NG WITH PARTNER) OR <b>'QA23_D13'</b> = 1 ( <b>A23_A25'</b> = 1 (SPOUSE/PARTNER LIVES I	
partner";			
ELSE DISPLAY	r "you"		
'QA23_L16'	Did {you or you workers compe	r spouse/you or your partner/you} receive annsation?	y money last month for
AL32	{您或您的配偶/1	您或您的伴侶/您 <u>}上個月</u> 是否領取任何工傷賠何	賞付款?
	O	YES	1
	Ö	NO	
			<sup>-</sup> PN_QA23_L18']
	0	REFUSED	-
	O	DON'T KNOW	'PN_QA23_L18'] 8

	<b>PROGR</b>	AMMING	NOTE	<b>'QA23</b>	L17':
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#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_A24' = 1 (MARRIED) AND 'QA23\_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF ['QA23\_A24' = 2 (LIVING WITH PARTNER) OR 'QA23\_D13' = 1 OR 'QA23\_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23\_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";

ELSE CONTINUE WITHOUT DISPLAYS

'QA23\_L17' What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

您{和您的配偶/伴侶}上個月從工傷賠償領取的{合計}總額是多少?

AL33

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	AMOUNT	[000001-999995]
$\mathbf{O}$	REFUSED7	
O	DON'T KNOW8	

Social Security/Pension Payments

#### PROGRAMMING NOTE 'QA23 L18':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA23\_A24'= 1 (MARRIED) AND 'QA23\_A25'= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA23\_L18' AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND 'QA23\_A25' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA23\_L18' AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'QA23\_L18' AND DISPLAY "you";

ELSE GO TO 'PN\_QA23\_L20'

'QA23\_L18' Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments <u>last month</u>?

{您或您的配偶/您或您的伴侶/您} 上個月有沒有領取任何社會安全金 (Social Security)或退休金?

# AL18A

$\mathbf{O}$	YES1	
O	NO2	[GO TO
		'PN_QA23_L20']
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_QA23_L20']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN QA23 L20'1

<b>PROGRAMMING</b>	NOTE	<b>'QA23</b>	_L19':
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IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA23\_A24'= 1 (MARRIED) AND 'QA23\_A25'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND 'QA23\_A25'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, DISPLAY "you";

'QA23\_L19' What was the total amount {you} received <u>last month</u> from Social Security and Pensions {for both you and your spouse/partner}?

您上個月領取的社會安全金和養老金總額是多少?

AL18B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	AMOUNT	[000001-999995]
O	REFUSED7	
$\mathbf{O}$	DON'T KNOW -8	

Reasons for Non-Participation in Medi-Cal\*

# PROGRAMMING NOTE 'QA23\_L20':

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA23\_L20'; ELSE GO TO 'QA23\_L21'

'QA23\_L20' What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

您{和您的配偶/伴侶}上個月從工傷賠償領取的{合計}總額是多少?

AL19

$\mathbf{O}$	PAPERWORK TOO DIFFICULT	1
$\mathbf{O}$	DO NOT KNOW IF ELIGIBLE	2
$\mathbf{O}$	INCOME TOO HIGH, NOT ELIGIBLE	3
$\mathbf{O}$	NOT ELIGIBLE DUE TO	
	CITIZENSHIP/IMMIGRATION STATUS	4
$\mathbf{O}$	DO NOT BELIEVE IN HEALTH	
	INSURANCE	6
$\circ$	DO NOT NEED INSURANCE	
	BECAUSE HEALTHY	7
$\mathbf{O}$	ALREADY HAVE INSURANCE	8
0	DID NOT KNOW ABOUT IT	9
$\mathbf{O}$	DO NOT LIKE / WANT WELFARE	10
$\mathbf{O}$	OTHER (SPECIFY:)	91
$\mathbf{O}$	REFUSED	7
O	DON'T KNOW	

Medi-Cal Eligibility

Modi Cai Liigibiiliy				
PROGRAMMIN	IG NOTE 'QA2	3_L21':		
'QA23_L21' AN IF ARMCAL = 1	= 1 OR 'QA23_ ND DISPLAY "Yo I (MEDI-CAL) O you have Medi-	H76' = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH ou previously said you had Medi-Cal. How long did you have Medi-Cal?"; R 'QA23_H74' = 1, CONTINUE WITH 'QA23_L21' AND DISPLAY "{You Cal. How long have you had Medi-Cal?"	; ,	
'QA23_L21'		y said you had Medi-Cal. How long did you have Medi-Cal?} {You you have Medi-Cal. How long have you had Medi-Cal?}		
AL40		译補助計劃白卡(Medi-Cal)有多久了?/ 您之前提及您曾經有 Medi-Cal。您的時間有多長?	您	
ALTO		YEARS		
		MONTHS		
	O	MONTHS REFUSED7		
	O	DON'T KNOW8		
'QA23_L22'		t 12 months, when you most recently contacted the County office Medi-Cal benefits, how long did you have to wait before speaking to a ?		
	在過去 12 個月 多長時間才能與	內,最近因為有關 Medi-Cal 福利的事,您聯絡了縣政府辦公室,您需要等 與其代表交談?	等	
AL86	O O	5 MINUTES OR LESS1 MORE THAN 5 MINUTES, UP TO 15 MINUTES2		
	•	MORE THAN 15, UPS TO 30 MINUTES3		
	0	MORE THAN 30 MINUTES4  NEVER CONTACTED THE COUNTY  OFFICE		
	O	REFUSED		
'QA23_L23'	Most recently,	DON'T KNOW8 [GO TO 'QA23_L27'] how did you contact the County office?		
AL87	您如何聯絡縣政	<b>收府辦公室?當您最近聯絡縣政府辦公室時,您</b>		
	•	VISITED OFFICE IN PERSON1		
	O	CALLED OFFICE2		
	O	DIRECTLY CONTACTED ELIGIBILITY		
		WORKER3		
	O	ONLINE4		
	Q	MAIL5		
	Q	OTHER (SPECIFY:) 91		
	0	REFUSED7 DON'T KNOW8		
	•	DOIN 1 KINOVV8		

'QA23_L24'	How long did	it take for the County representative to take care of your problem?
AL88	縣代表花了多	長時間解決您的問題?
ALGO	0 0	A WEEK OR LESS
'QA23_L25'		yly agree, agree, neither agree nor disagree, disagree, or strongly disagree ving statements.
AL89	請告訴我您對	以下陳述的贊成程度。
ALO9	The County re	epresentative was able to answer all of my questions. Do you
	縣代表能夠解	決我的所有問題。
	O	Strongly agree1 極度同意
	•	Agree2 同意
	0	Neither agree nor disagree3 模稜兩可
	0	Disagree4 不同意
	O	Strongly disagree5 極度不同意
	0	REFUSED
	•	DON 1 KNOW
'QA23_L26'	The County re	epresentative treated me with dignity and respect.
AL90	縣代表以有尊	嚴和敬重的態度對待我。
	O	Strongly agree1 極度同意
	•	Agree2 同意
	O	Neither agree nor disagree3 模稜兩可
	•	Disagree4 不同意
	O	Strongly disagree5 極度不同意
	O	REFUSED7
	0	DON'T KNOW8

What areas should the County office consider improving? 'QA23\_L27'

A1 04	縣政府應該考	慮改善哪些方面?	
AL91	[CHECK ALL	THAT APPLY]	
	0	REDUCE WAIT TIMES	
		TELL ME WHAT THE NEXT STEPS ARE4 NO IMPROVEMENT NEEDED5	
	ā	OTHER (SPECIFY:) 91	
	<b>O</b>	REFUSED7 DON'T KNOW8	
'QA23_L28'	How satisfied	are you with the County office? Would you say	
AL92	您對縣辦公室	的滿意度如何?	
	O	Very satisfied1	
	O	Somewhat satisfied2	
	O O	Neither satisfied or dissatisfied3 Dissatisfied4	
	0	Very dissatisfied5	
	Ö	Not applicable6	
	Ō	REFUSED7	
	O	DON'T KNOW8	
'QA23_L29'	Have you ren	ewed your Medi-Cal in the last 12 months?	
AL93	在過去 12 個	月內,您是否有續保 Medi-Cal ?	
	O	YES1	
	O	NO2	[GO TO 'QA23_L32']
	O	REFUSED7	[GO TO 'QA23_L32']
	0	DON'T KNOW8	[GO TO 'QA23_L32']
'QA23_L30'	When renewi	ng your Medi-Cal, did you have any issues or prob	olems?
AL94	在續保 Medi-G	Cal 時,您是否有任何議題或問題?	
	•	YES1	[GO TO 'QA23_L33']
	O	NO2	
	O O	REFUSED7 DON'T KNOW8	
'QA23_L31'		orarily lose coverage for 1 to 2 months, lost coverage	ago completely, or had to
QAZ3_L31	reapply?	orally lose coverage for 1 to 2 months, lost cover	age completely, or flacto
AL95	您是否暫時失	去 1 至 2 個月的保險、完全失去保險、或者必須重	<b>主新申請保險?</b>
	O	YES, LOST COVERAGE FOR	
	O	1-2 MONTHS1 YES, LOST COVERAGE2	

	) ) )	YES, HAD TO REAPPLY	
'QA23_L32'		d Medi-Cal, what health coverage did you have?	
AL96	在投保 Medi-C	Cal 保險之前,您有哪種健康保險?	
ALOV	0 0 0 0	NO INSURANCE       1         EMPLOYER-BASED       2         PRIVATE       3         COVERED CALIFORNIA       4         OTHER       5         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_L35'] [GO TO 'QA23_L35'] [GO TO 'QA23_L35'] [GO TO 'QA23_L35'] [GO TO 'QA23_L35']
'QA23_L33'	Did you have a	a problem changing to Medi-Cal?	
AL97	在轉換到 Med	i-Cal 時,您是否遇到任何問題?	
	0 0 0	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_L35'] [GO TO 'QA23_L35'] [GO TO 'QA23_L35']
'QA23_L34'	What was the	problem?	
AL 00	出了什麼問題	?	
AL98	[CHECK ALL	THAT APPLY]	
		Had to pay premiums while waiting for Medi-Cal decision1 在等待 Medi-Cal 作決定時,必須支付保險費	
		Received conflicting eligibility notices2 收到前後不一致的資格通知	
		Delay in receiving Medi-Cal3 延遲獲得 Medi-Cal	
		Could not see my provider4 無法去看我的醫療服務提供者	
		Required to provide a lot of paperwork5 要求大量的申請文件	
		Had to file an appeal6 不得不提出申訴	
	•	REFUSED7	
	O	DON'T KNOW8	

Public Charge Related

'QA23\_L35' The Medi-Cal program sends written Notice of Actions to provide information about eligibility, and changes in status, level of benefits, or Share of Cost.

加州低收入醫療保險 (Medi-Cal) 計劃發送書面《行動通知》,以提供有關資格、狀態、福利級別或成本分擔的變化資訊。

# AL105

	The Notice of	Actions I have received in the past are:	
	我在過去曾收	到的《行動通知》(Notice of Actions):	
		Easy to read or understand1 易於閱讀或理解	
		Difficult to read or understand2 難於閱讀或理解	
		Contain helpful information3 包含有用資訊	
		Does not contain helpful information4 並未包含有用資訊	
	O	I never got a Notice of Actions5 我從未收到《行動通知》	[GO TO 'QA23_L37']
	O O	REFUSED -7 DON'T KNOW -8	[GO TO 'QA23_L37'] [GO TO 'QA23_L37']
'QA23_L36'	How can Noti	ce of Actions be improved?	
AL106	《行動通知》	可以如何改善?	
		REDUCE TEXT	
'QA23_L37'	Were you abl	e to update your contact information?	
AL107	您能更新聯絡	資訊嗎?	
	0 0 0	YES	[GO TO 'QA23_L39'] [GO TO 'QA23_L41'] [GO TO 'QA23_L41'] [GO TO 'QA23_L41']
'QA23_L38'	Why not?		
AL108	為甚麼無法更	新?	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>O</b>	MY CHANGES DID NOT UPDATE1 I DON'T KNOW HOW TO UPDATE	

 $\mathbf{O}$ 

REFUSED .....-7

	•	DON'T KNOW8
'QA23_L39'		if you strongly agree, agree, neither agree or disagree, disagree, or ree with the following statement:
AL109	就以下陳述,允	您是否十分同意、同意、既非同意亦非反對、反對或強烈反對:
AL109	Updating my o	contact information was easy.
	更新我的聯絡責	資料非常簡易。
	0 0 0 0 0	STRONGLY AGREE       1         AGREE       2         NEITHER AGREE NOR DISAGREE       3         DISAGREE       4         STRONGLY DISAGREE       5         REFUSED       -7         DON'T KNOW       -8
'QA23_L40'	How did you u	pdate your contact information?
AL110	您怎樣更新聯絡	各資訊?
ALIIU		VISITED OFFICE IN PERSON       1         CALLED COUNTY OFFICE       2         CALLED HEALTH PLAN       3         DIRECTLY CONTACTED       ELIGIBILITY WORKER       4         ONLINE       5         MAIL       6         PORTAL       7         OTHER, SPECIFY: ()       91         REFUSED       -7         DON'T KNOW       -8
		<b>3_L41':</b> 26, CONTINUE WITH <b>'QA23_L41'</b> ;
'QA23_L41'	Was there eve	er a time when you decided not to apply for one or more non-cash enefits, such as Medi-Cal, food stamps, or housing subsidies, because you t would disqualify you, or a family member, from obtaining a green card or S. citizen?
		為擔心會使您或家人失去獲得綠卡或成為美國公民的資格,而決定不申請一金政府福利,例如:Medi-Cal、食物券(Food Stamp)、或住宅補貼(dies)。
AL99	O O O	YES
'QA23_L42'	Did this happe	n in the last 12 months?

A1 104	這種情況是在過	過去 12 個月內發生的嗎?		
AL104	) ) )	YES NO REFUSED DON'T KNOW	2 7	
'QA23_L43'	Have you ever	been asked to provide you egal status when you tried t	r Social Security Numb	
AL100	當您嘗試獲得醫身份或合法地位	醫療服務時,您是否曾被要求 立的證明文件?	求提供您的社會安全保障	檢號碼、或出示您的公民
ALIOU	0 0 0	YES NOREFUSED DON'T KNOW	2 7	[GO TO 'QA23_L45'] [GO TO 'QA23_L45'] [GO TO 'QA23_L45']
'QA23_L44'	Did this happe	n in the past 12 months?		
AL101	這種情況是在過	過去 12 個月內發生的嗎?		
	) ) )	YES NOREFUSED DON'T KNOW	2 7	
'QA23_L45'		been asked to provide you egal status when you tried t		
		已或孩子申請入學時,您是否 艾合法地位的證明文件?	<b>否曾被要求提供您的社</b> 位	會安全保險號碼、或出示
AL102	O O O	YES NOREFUSEDDON'T KNOW	2 7	[GO TO 'QA23_M1'] [GO TO 'QA23_M1'] [GO TO 'QA23_M1']
'QA23_L46'	Did this happe	n in the past 12 months?		
AL103	這種情況是在過	過去 12 個月內發生的嗎?		
	) ) )	YES NO REFUSED DON'T KNOW	2 7	

# **Section M: Housing and Social Cohesion**

Housing			
'QA23_M1'	Do you live in	a house, a duplex, a building with 3 or more un	its, or in a mobile home?/
	您是住在獨立	屋、雙連屋、三單元或多單元建築物還是活動房	屋中?
AK23	[IF NEEDED,	SAY: "A duplex is a building with 2 units."]	
	雙連屋指有兩	個單元的建築物。	
	0 0 0 0	HOUSE	<u>.</u> 3 4
'QA23_M2'	Do you own o	r rent your home?	
AK25	•	住宅還是租用住宅 <b>?</b> OWN1	
	0 0	RENT	3
'QA23_M3'	Did you live in	this house or apartment one year ago?	
AM204	您一年前是否	5住在這間房屋或公寓?	
AMZUT	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_M5']
'QA23_M4'	In what zipcod	de did you live one year ago?	
AM205	您一年前居住!	的地方郵政編碼是什麼?	
	) )	Specify:	
'QA23_M5'	secure, fairly s	eel about your current housing situation – do yo stable and secure, just somewhat stable and se unstable and insecure?	
AM183		的住房狀況如何,是覺得非常穩定及安全、相當 不穩定及不安全、還是非常不穩定及不安全?	穩定及安全、只是有點穩定
AWIO	Q	VERY STABLE AND SECURE1	

	<b>O</b>	FAIRLY STABLE AND SECURE,2 JUST SOMEWHAT STABLE AND	
	O	SECURE3 FAIRLY UNSTABLE AND INSECURE,	
		OR4	
	0	VERY UNSTABLE AND INSECURE?5	
	0	REFUSED	
QA23_M6'		e how often you personally worry about the following – ne to time, or almost never.	very often, somewhat
AM184	請告訴我您個。	人有多常擔心以下事情,是經常、頗常、有時還是幾乎	從不。
AWTO4	Struggling to k	keep up with your mortgage or rent payments	
	為繳付按揭與	租金而苦惱	
	0	VERY OFTEN1	
	•	SOMEWHAT OFTEN2	
	•	FROM TIME TO TIME3	
	O	ALMOST NEVER4	
	O O	REFUSED7 DON'T KNOW8	
	9	DON 1 KNOW0	
QA23_M7'		imes struggle to pay their rent or mortgage. In order to ve you had to do any of the following in the past three y	
	人有時會因繳位 情 <b>?</b>	付按揭與租金而苦惱。為支付租金與按歇,過去三年間	,您有否做過以下事
AM185	[CHECK ALL	THAT APPLY]	
	П	Take on an additional job or 1	
		Take on an additional job or1 多做一份工或增加現職工時	
		work more at their current job Stop saving for retirement2 停止為退休儲蓄	
		Accumulate credit card debt3 積累信用卡債項	
		Cut back on health care4 降低醫療保健計劃開支	
		Cut back on healthy, nutritious food5 降低健康及營養飲食開支	
		Move to a neighborhood that they feel is less safe6	
		搬到感覺較不安全的社區	
		Move to a place where the schools	
		are not as good7 搬到學校較差的地區	
	•	None of these/not sure8	
	•	以上皆非/不肯定	
	•	REFUSED7	
	Ö	DON'T KNOW8	

'QA23_M8'	buying a home	our experiences with housing; for example, expee, obtaining a mortgage, getting your landlord to ith your neighbors.	
	請想想您在住 互動時的經歷。	房方面的經歷;例如:在租房或買房、獲得按揭、	請房東進行修理或與鄰居
AM189		t two years, do you think your directly experience lated to housing?	ed discrimination or
	過去兩年中,5	您是否直接經歷過與住房有關的歧視或騷擾?	
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_M11'] [GO TO 'QA23_M11'] [GO TO 'QA23_M11']
'QA23_M9'	Why do you th	nink you were targeted for this discrimination or h	arassment?
AM190	您認為自己為何	何會成為該類歧視或騷擾的目標?	
		Because of your ancestry, national origin or language1 因為您的血統、國籍或語言	
		Because of your race or skin color2 因為您的種族或膚色	
		Because of your gender or sex, including gender identity	
		Because of your sexual orientation4 因為您的性取向	
		Because of your religion5 因為您的宗教	
		Because of your disability6 因為您的殘障狀態	
		Because of your immigration status7 因為您的移民身分	
		Because you have children8 因為您有小孩	
		Because of some other reason:9 因為其他原因:	

# PROGRAMMING NOTE 'QA23\_M10':

 $\mathbf{O}$ 

IF MORE THAN ONE RESPONSE FROM 'QA23\_M9', THEN CONTINUE WITH 'QA23\_M10' WITH SELECTED CHOICES FROM 'QA23\_M9' DISPLAYED; ELSE SKIP TO 'QA23\_M11'

REFUSED.....-7

DON'T KNOW .....-8

'QA23_M10'	What do you think is the MAIN reason you were targeted for this discrimination or harassment?		
AM191	您認為自己成為	哥歧視或騷擾目標的主要原因為何? 	
7	•	Because of your ancestry, national origin or language1 因為您的血統、國籍或語言	
	•	Because of your race or skin color2 因為您的種族或膚色	
	0	Because of your gender or sex, including gender identity	
	O	Because of your sexual orientation4 因為您的性取向	
	O	Because of your religion5 因為您的宗教	
	•	Because of your disability6 因為您的殘障狀態	
	•	Because of your immigration status7 因為您的移民身分	
	•	Because you have children8 因為您有小孩	
	O	Because of some other reason:9 因為其他原因:	
	0	REFUSED7 DON'T KNOW8	
'QA23_M11'	In the past 2 ye voucher?	ears, did you or your household receive or use a l	Housing Choice Section 8
	過去 2 年 <b>内</b> , 的代金券?	您或您的家庭是否收到了住房選擇第 8 節(Hous:	ing Choice Section 8)
AM192		HOUSING CHOICE SECTION 8 VOUCHERS AR T ASSISTANCE WITH HOUSING]	E A FORM OF
	住房選擇第 8	節代金券是政府提供住房援助的一種形式	
	O O O	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_M15'] [GO TO 'QA23_M15'] [GO TO 'QA23_M15']
'QA23_M12'	Were you or yo	our household	
	您或您的家庭是	≧否	
AM193	[CHECK ALL T	THAT APPLY]	
		Unable to use your Housing voucher1 無法使用您的住房代金券	

		Denied housing because of your Housing voucher2 由於您的住房代金券而被拒絕提供住房,	
		Told by a landlord that they do not accept Housing vouchers, or3 被房東告知他們不接受住房代金券,或	
	0	None of these	
Hate Incident	J	DON 1 KNOW	
'QA23_M13'			
	stressful. Your have to answer	ions are about hate incidents. Thinking about the answers will be kept confidential. If any question rit. At the end of this section, we will give you infolated hat can provide resources and support.	upsets you, you don't
	。如果有任何問	是關於仇恨事件。想到這些事件可能會讓人感到有 問題讓您感到不安,您不必回答。在本節的末尾, 日織的相關資訊。	
'AM194INTRO'	because of pre may or may no someone targe something from	questions focuses on whether you may have been judice toward people with certain characteristics to actually have these characteristics or religious buting you for other reasons, such as being angry on you. Hate incidents can include physical abuse, property damage, or something else.	or religious beliefs. You peliefs. It is different from or wanting to get
	目標。事實上,	重點是您是否可能由於對具有某些特徵或宗教信仰 您不一定具有這些特徵或宗教信仰,但與其他針 理得到一些東西。仇恨可包括身體虐待、語言暴力	對您的原因不同,例如生
'QA23_M15'	During the pas	t 12 months, do you think you directly experience	d a hate incident?
AM194	過去的 12 個月	<b>内</b> ,您是否直接經歷過仇恨事件?	
	) ) )	Yes       1         No       2         REFUSED       8         DON'T KNOW       9	[GO TO 'QA23_M20'] [GO TO 'QA23_M20'] [GO TO 'QA23_M20']
'QA23_M16'	Did you experie	ence	
	您經歷的是:		
AM195	[SELECT ALL	THAT APPLY]	
		Physical abuse or attack1 肢體虐待或攻擊	

		Verbal abuse or insults 言語攻擊或侮辱	2
		Cyberbullying網絡欺凌	3
		Property damage, or 財產損失,或	4
		Something else (Specify:) 其他方面(請註明:)	
	<b>O</b>	REFUSEDDON'T KNOW	-7 -8
QA23_M17'	Where did the	e incident or incidences take place?	
AM196	事件發生在何	處?	
AWITO	[SELECT ALL	THAT APPLY]	
		At home 在家	1
		At school 在學校	2
		At work 在工作地點	3
		At a store, theater, gas station, or other business	4
		在商店、劇院、加油站或其他商業場所 On the street or sidewalk 在街上或行人路上	5
		在街上或刊八品上 Online, or 在網上,或	6
		Somewhere else (Specify:) 其他地方(請註明:)	7
	<b>O</b>	REFUSEDDON'T KNOW	-7 -8
'QA23_M18'	Why do you t	hink you were targeted?	
AM197	您認為自己為	何會成為仇恨事件的目標?	
		Because of your race or skin color 因為您的種族或膚色	1
		Because of your sexual orientation 因為您的性取向	2
		Because of your gender or sex, including gender identity	
		Because of your religion 因為您的宗教	
		Because of your ancestry, national origin, or language	5

		因為您的血統、國籍或語言
		Because of your disability6 因為您的殘障狀態
		Because of your immigration status7 因為您的移民身分
		Because of your age8 因為您的年齡
		Because of some other reason:9 因為其他原因:
	0	REFUSED7 DON'T KNOW8
IF MORE THA	HOICES FROM	23_M19': NSE FROM 'QA23_M18', THEN CONTINUE WITH 'QA23_M19' WITH 'QA23_M18' DISPLAYED;
'QA23_M19'	What do you t	hink is the MAIN reason you were targeted for a hate incident?
AM198	您認為自己成為	為仇恨事件目標的主要原因為何?
7		SAY: IF YOU EXPERIENCED MORE THAN ONE INCIDENT, PLEASE T THE MOST RECENT INCIDENT]
	如果您經歷過	不止一次事件,請回想最近一次發生的事件。
	O	Because of your race or skin color1 因為您的種族或膚色
	O	Because of your sexual orientation2 因為您的性取向
	O	Because of your gender or sex, including gender identity3 因為您的社會性別或生理性別,包括性別認同
	O	Because of your religion4 因為您的宗教
	O	Because of your ancestry, national origin, or language5 因為您的血統、國籍或語言
	O	Because of your disability6 因為您的殘障狀態
	•	Because of your immigration status7

'QA23\_M20' During the past 12 months, have you witnessed another person experiencing a hate incident?

因為您的移民身分

因為其他原因: \_\_\_\_\_\_

因為您的年齡

O

0

0

Because of your age .....8

Because of some other reason: \_\_\_\_\_\_....9

REFUSED.....-7

DON'T KNOW .....-8

AM199	過去的 12 個月	1內,您是否曾目睹另一個人經歷仇恨事件?	
AWI199	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'QA23_M26'] [GO TO 'QA23_M26'] [GO TO 'QA23_M26']
'QA23_M21'	Did you witnes	SS	
AM200	您目睹的是:		
	[SELECT ALL	THAT APPLY]	
		Physical abuse or attack1 肢體虐待或攻擊	
		Verbal abuse or insults2 言語攻擊或侮辱	
		Cyberbullying3 網絡欺凌	
		Property damage, or4 財產損失,或	
		Something else (Specify:)5 其他方面(請註明:)	
	O O	REFUSED7 DON'T KNOW8	
'QA23_M22'	Where did the	incident take place?	
A B4204	事件發生在何点	<b>起?</b>	
AM201	[SELECT ALL	THAT APPLY]	
		At home1 在家	
		At school2 在學校	
		At work3 在工作地點	
		At a store, theater, gas station, or other business4 在商店、劇院、加油站或其他商業場所	
		On the street or sidewalk5 在街上或行人路上	
		Online, or6 在網上,或	
		Somewhere else (Specify:)7 其他地方(請註明:)	
	0	REFUSED7 DON'T KNOW8	

'QA23_M23'	Why do you think the person was targeted for a hate incident?		
AM202	<b>您認為</b> 該名人士	<b>≒為何會成為仇恨事件的目標?</b>	
AWZUZ	[SELECT ALL	THAT APPLY]	
		Because of their race or skin color1 因為他們的種族或膚色	
		Because of their sexual orientation2 因為他們的性取向	
		Because of their gender or sex, including gender identity3 因為他們的社會性別或生理性別,包括性別認同	
		Because of their religion4 因為他們的宗教	
		Because of their ancestry, national origin, or language5 因為他們的血統、國籍或語言	
		Because of their disability6 因為他們的殘障狀態	
		Because of their immigration status7 因為他們的移民身分	
		Because of their age8 因為他們的年齡	
		Because of some other reason:9 因為其他原因:	
	) )	REFUSED7 DON'T KNOW8	
IF MORE THAI	HOICES FROM '	B_M24': ISE FROM 'QA23_M23', THEN CONTINUE WITH 'QA23_M24' WITH QA23_M23' DISPLAYED;	
'QA23_M24'	What do you th	ink is the MAIN reason that person was the target for a hate incident?	
AM203	<b>您認為</b> 該名人士	□成為仇恨事件目標的主要原因為何?	
720		SAY: IF YOU WITNESSED MORE THAN ONE INCIDENT, PLEASE THE MOST RECENT INCIDENT.]	
	O	Because of their race or skin color1 因為他們的種族或膚色	
	•	Because of their sexual orientation2 因為他們的性取向	
	O	Because of their gender or sex, including gender identity3 因為他們的社會性別或生理性別,包括性別認同	
	O	Because of their religion4 因為他們的宗教	
	O	Because of their ancestry,	

	national origin, or language	5
	因為他們的血統、國籍或語言	
O	Because of their disability 因為他們的殘障狀態	6
O	Because of their immigration status 因為他們的移民身分	7
O	Because of their age 因為他們的年齡	8
O	Because of some other reason: 因為其他原因:	
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

#### PROGRAMMING NOTE 'QA23 M25':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'QA23 M15', 'QA23 M20'.

#### 'QA23 M25'

If you would like mental or emotional support, someone is available 24 hours a day at the toll-free number 855-845-7415. You do not have to provide your full name or contact information if you prefer to stay anonymous. You can also visit <a href="https://www.mentalhealthsf.org/peer-run-warmline/">www.mentalhealthsf.org/peer-run-warmline/</a>.

如果您需要心理或情緒支援,全天候 24 小時均可以撥打免費電話 855-845-7415 取得支援。如果您想,您可以保持匿名。您亦可以瀏覽 www.mentalhealthsf.org/warm-line/.

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit <a href="www.Cavshate.org/">www.Cavshate.org/</a> or call 833-866-4283, Monday to Friday from 9 a.m. to 6 p.m. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement immediately or you are in present danger, please call 911.

如果您想報告仇恨事件或取得資源,包括心理健康和法律服務,請瀏覽 www.CAvsHATE.org/或致電 833-866-4283。California vs Hate 不隸屬於執法部門,您可 以匿名舉報。如果您想向執法部門舉報仇恨犯罪,請聯絡當地警察局或撥打 911。

#### PROGRAMMING NOTE 'QA23\_M26':

IF 'QA23\_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'QA23\_M26' ELSE GO TO 'QA23\_M27'

'QA23 M26'

Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

在您醫生或醫療保健提供者的辦公室或診所中,是否有人協助您的家人聯絡您可能需要的 社區服務,例如:住宅援助、食物支持、或社會支持?

#### AJ178

$\mathbf{O}$	YES	.1
$\mathbf{c}$	NO	.2

CHIS 2023 AUI	iii Questioririaire	Ve	2181011 3.03		IVIAY 15, 202
	<b>O</b>				
Encounters with	h Police				
'QA23_M27'		er those experien		a person's physical ar or example, encounter	
AM186	困難的生活經歷 警察或司法系統		〉健康產生有害影響,	即使這些經歷已經過	去,例如:與
AWITOU			pped by the police for shave you been sto	or many different reas pped by the police?	ons. In the
	現今,公眾經常	基於各種原因而被	支警察攔截。過去三 <sup>左</sup>	<b>丰間,您被警察攔截了</b>	多少次 <b>?</b>
		1		2 4 5 6 7	
Social Cohesio	n				
'QA23_M28'	Tell me if you st statements:	rongly agree, agr	ee, disagree, or stro	ngly disagree with the	following
	請告訴我您對以	下陳述的贊成程度	度。您是極為贊成、贊	贊成、不贊成還是極不	贊成:
AM19	People in my ne	eighborhood are v	villing to help each o	ther.	
	我所在社區的居	民很願意互相幫助	b.		
	[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"]				
	您是極為贊成、	贊成、不贊成還是	是極不贊成?		
	[DO NOT PROB	BE A "DON'T KNO	DW" RESPONSE.]		
	) )	AGREE	REE	2	

'QA23\_M29' People in this neighborhood generally do <u>not</u> get along with each other.

O C

請告訴我您對以下陳述的贊成程度。您是極為贊成、贊成、不贊成還是極不贊成:

STRONGLY DISAGREE.....4

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

AM20

May 15, 2024

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

您是極為贊成、贊成、不贊成還是極不贊成?

### [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

$\mathbf{O}$	STRONGLY AGREE	1
O	AGREE	2
O	DISAGREE	3
O	STRONGLY DISAGREE	4
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

'QA23\_M30' People in this neighborhood can be trusted.

請告訴我您對以下陳述的贊成程度。您是極為贊成、贊成、不贊成還是極不贊成:

AM21

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

您是極為贊成、贊成、不贊成還是極不贊成?

## [DO NOT PROBE A 'DON'T KNOW' RESPONSE]

$\mathbf{O}$	STRONGLY AGREE	1
O	AGREE	2
O	DISAGREE	3
O	STRONGLY DISAGREE	4
O	REFUSED	7
O	DON'T KNOW	8

Safety

'QA23\_M31' Do you feel safe in your neighborhood...

您在居住區附近感到安全……

AK28

$\mathbf{O}$	All of the time1
	所有的時間
O	Most of the time2
	大多數時間
O	Some of the time, or3
	有些時候
O	None of the time4
	從未
0	REFUSED7
0	DON'T KNOW8

Civic Engagement

'QA23\_M32' In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

	在過去 12 個月	內,您是否曾經自願組織或領導行動以協助解決您所在社區的問題?
AM39	) ) )	YES
'QA23_M33'	Do you think your represents you	ou could contact an elected official or someone else in government who ir community?
AM45	您認為您可以職	締絡民選官員或在政府中其他代表您社區的人嗎?
71111-10	O	Definitely could not1 絕對不可以
	•	Probably could not2 可能不可以
	O	Maybe could3 也許可以
	O	Probably could4 可能可以
	O	Definitely could5 絕對可以
	<b>O</b>	REFUSED
'QA23_M34'		months, have you been an active member of any group that tries to c policy or government, not including a political party?
	在過去 12 個月 的積極成員?	內,您是否曾經是試圖影響公共政策或政府的任何團體(但不包括政黨)
AM48	) ) )	YES

# **Section P: Voter Engagement**

Voter Engagement

IF 'QA23_G5'	NDS, CONTINU		R 9 (GUAM) OR 22 (PUERTO RICO) OR	26
'QA23_P1'	How often do	you vote in presidential election	ons?	
	您多常在總統	選舉中投票?		
AP73				
	O	Always 總是	1	
	•	Sometimes, or 有時	2	
	•	Never? 從未	3	
	0	REFUSED	7	
	•	DON'T KNOW	8	
'QA23_P2'		you vote in state elections, su舉(例如州長或州提案)中投	uch as for Governor or state proposition?	
AP74	70.7 III 127112	1 (1) 1) 11 200 11 13 200 1	A	
ALIT	O	Always 總是	1	
	O	Sometimes, or 有時	2	
	O	Never? 從未	3	
	•	REFUSED	7	
	O	DON'T KNOW	8	
'QA23_P3'	How often do	you vote in local elections, su	ich as for Mayor or school board?	
AP75	您多常在本地	選舉(例如市長或教育委員會	)中投票?	
	O	Always 總是	1	
	O	Sometimes, or 有時	2	
	O	Never? 從未	3	
	O	REFUSED	7	
	$\bigcirc$	DON'T KNOW	-8	

# PROGRAMMING NOTE 'QA23\_P4':

IF 'QA23\_P1' OR 'QA23\_P2' or 'QA23\_P3' = 2 OR 3, CONTINUE WITH 'QA23\_P4'; ELSE SKIP TO 'QA23\_S1'

'QA23\_P4' For the most recent election that you did <u>not</u> vote in, what is the <u>main</u> reason why you did not vote?

對於最近一次您未參與投票的選舉, 是什麼主要原因讓您未參與投票?

# AP80

O	I DISLIKE POLITICS1
0	VOTING HAS LITTLE TO DO WITH THE
	WAY REAL DECISIONS ARE MADE2
0	I DID NOT LIKE ANY OF THE CANDIDATES
	ON THE BALLOT3
0	MY ONE VOTE IS NOT GOING TO AFFECT
	HOW THINGS TURN OUT4
0	I WAS NOT INFORMED ENOUGH ABOUT
	THE CANDIDATES OR ISSUES TO MAKE
	A GOOD DECISION5
O	I DID NOT SEE A DIFFERENCE BETWEEN
	THE CANDIDATES OR PARTIES6
O	I WAS NOT INTERESTED IN WHAT
	IS HAPPENING IN GOVERNMENT7
O	I JUST DID NOT THINK ABOUT DOING IT8
O	I FORGOT9
O	I HAD TO WORK 10
0	I DID NOT HAVE TRANSPORTATION 11
O	OTHER (SPECIFY:)91
0	REFUSED7
$\mathbf{O}$	DON'T KNOW8

# **Section Q: Adverse Childhood Experiences**

#### **ACEs Screener**

'QA23\_Q1' Adverse Childhood Experiences are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

負面童年經驗是指從出生至 18 歲期間所經歷的壓力或創傷事件,並與兒童虐待、疏忽、 及/或家庭功能失調類別相關。醫療專業人員,包括:醫生、執業護士、助產士、心理學 家及其他人士,能夠進行負面童年經驗評估。

'QA23 Q2' Have you heard the term Adverse Childhood Experiences or ACEs before?

您是否聽說過負面童年經驗 (ACEs) 一詞?

AQ28
------

$\mathbf{O}$	Yes	1
	是	
$\mathbf{O}$	No	2
	否	
O	Don't know	3
	不清楚	
O	REFUSED	7

Past ACEs assessment

'QA23\_Q3' Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

AQ23

$\mathbf{O}$	Yes1	
	是	
$\mathbf{O}$	No2	[GO TO
	否	'PN_QA23_Q5']
O	Don't know3	[GO TO
	不清楚	'PN_QA23_Q5']
O	REFUSED7	[GO TO
		'PN_QA23_Q5']

**'QA23\_Q4'** When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

當您的醫療服務提供者審核您對負面童年經驗篩檢問題的回答時,他們是否討論了您的優 點、適應能力或生活中的積極經歷?

AQ29

O	Yes	1
	是	
O	No	2
	否	
$\mathbf{O}$	Don't know	3
	不清楚	
$\mathbf{O}$	REFUSED	-7

<b>PROGRAMMING NOTE 'QA23_</b>	Q5':
IF SELECTED TEEN CONTINUI	F٠

ELSE SKIP TO 'PN AQ25'

'QA23\_Q5' Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

您是否曾與醫護人員或心理健康專家一起完成過對 (青少年) 負面童年經驗的評估?

#### AQ24

C	Yes	1
$\mathbf{a}$	是 No	2
	否	∠
C	Don't know 不清楚	3
$\mathbf{c}$	REFUSED	-7

# PROGRAMMING NOTE 'QA23\_Q6':

IF SELECTED CHILD, CONTINUE;

ELSE SKIP TO 'QA23 Q7'

'QA23\_Q6' Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences with a medical health or mental health professional.

您是否曾與醫護人員或心理健康專家一起完成過對 (兒童) 負面童年經驗的評估?

#### AQ25

$\mathbf{c}$	Yes	1
	是	
$\mathbf{C}$	No	2
	否	
$\mathbf{C}$	Don't know	3
	不清楚	
$\mathbf{c}$	REFUSED	7

'QA23\_Q7'

The following questions are about events that might have happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

以下問題可能與您童年時發生的事件有關。這些資訊將使我們能夠更好地理解人生早期可能出現的問題,並可能在將來幫助其他人。這是一個敏感的話題,有些人可能會感到不自在。但在本節的最後部分載有一個機構的電話號碼,可就這些問題提供資訊及轉介。您可以跳過任何您不想回答的問題。所有問題均針對您 18 歲之前的時期。

'QA23\_Q8' Before you were 18 years of age...

在您 18 歲之前……

AQ1

Did you live with anyone who was depressed, mentally ill, or suicidal?

	您是否曾經與患	有扣鬱症、精神病,或有目殺傾向的人士一起生活?
	O O O	YES
'QA23_Q9'	[Before you we	re 18 years of age]
	在您 18 歲之前	
AQ2	Did you live wit	h anyone who was a problem drinker or alcoholic?
	您曾否與喝酒或	<b>酗酒人士住在一起?</b>
	) ) )	YES
'QA23_Q10'	[Before you we	re 18 years of age]
	在您 18 歲之前	
AQ3	Did you live wit medications?	h anyone who used illegal street drugs or who abused prescription
	您曾否與使用非	法市售毒品或濫用處方藥物的人住在一起?
	) ) )	YES
'QA23_Q11'	[Before you we	re 18 years of age]
AQ4	在您 18 歲之前	
ANT	Did you live wit or other correct	h anyone who served time or was sentenced to serve time in a prison, jail, ional facility?
	您曾否與在監獄	或其他懲教設施服過刑的住在一起?
	O O O	YES
'QA23_Q12'	Before you wer	e 18 years of age
	在您 18 歲之前	
AQ5	Were your pare	ents separated or divorced?

	您的父母是否分	居或離婚?	
	) ) )	YES	
'QA23_Q13'	[Before you wer	e 18 years of age]	
	在您 18 歲之前		
AQ6	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?		
	您的父母或家裡	的其他成年人有多常掌摑、打、踢、拳打或毆打對方?	
	<b>O</b>	NEVER	
'QA23_Q14'	14' [Before you were 18 years of age]		
407	在您 18 歲之前.		
AQ7	How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.		
	在您 18 歲前,您以任何形式傷害	您的父母或家裡的其他成年人有多常掌摑、打、踢、拳打或毆打您,又或您的身體?	
		NEVER	
'QA23_Q15'	[Before you wer	e 18 years of age]	
	在您 18 歲之前.		
AQ8	How often did a parent or adult in your home ever swear at you, insult you, or put you down?		
	您的父母或家裡	的其他成年人有多常對您使用粗言穢語、侮辱您或貶低您?	
	) ) )	NEVER	

'QA23_Q16'	[Before you were 18 years of age]		
	在您 18 歲之前	Í	
AQ9	How often did sexually?	anyone at least 5 years older than you or an adult, ever touch you	
	至少比您大5	歲的人,又或者是成年人有多常對您進行帶有性意味的碰觸?	
	) ) )	NEVER       1         ONCE       2         MORE THAN ONCE       3         REFUSED       -7         DON'T KNOW       -8	
'QA23_Q17'	[Before you w	ere 18 years of age]	
AQ10	在您 18 歲之前	<b>Ū</b>	
AQ10	How often did them sexually	anyone at least 5 years older than you or an adult, try to make you touch?	
	至少比您大5	歲的人,又或者是成年人有多常嘗試讓您對其進行帶有性意味的碰觸?	
	) ) ) )	NEVER       1         ONCE       2         MORE THAN ONCE       3         REFUSED       -7         DON'T KNOW       -8	
'QA23_Q18'	[Before you were 18 years of age]		
AQ11	在您 18 歲之前	$\hat{ar{\mathbb{I}}}$	
AUII	How often did anyone at least 5 years older than you or an adult, force you to have sex?		
	至少比您大5	歲的人,又或者是成年人有多常強迫您進行性行為?	
	) ) )	NEVER       1         ONCE       2         MORE THAN ONCE       3         REFUSED       -7         DON'T KNOW       -8	
'QA23_Q19'		ere 18 years of age. Were you ever the victim of violence or witness any ur neighborhood?	
AQ12	在您 18 歲之前您是否曾經是	前 暴力行為的受害者,或在社區目睹過任何暴力行為 <b>?</b>	
	) ) )	YES	

'QA23_Q20'	[Before you we your race or et	ere 18 years of age] Were you ever treated or judged unfairly because of hnic group?
AQ13	在您 18 歲之前您是否曾因為私	] 重族或民族而受到過不公正的對待或評價 <b>?</b>
AQIS	0 0 0	YES
'QA23_Q21'	[Before you we died?	ere 18 years of age] Did you ever live with a parent or guardian who
A044	在您 18 歲之前 您曾否與已去t	J 世的父母或監護人住在一起 <b>?</b>
AQ14	0 0 0	YES
'QA23_Q22' [Before you were 18 years of age] How often was it very hard to get by on you income, for example, it was hard to cover the basics like food or housing? Work very often, somewhat often, not very often, or never?		ample, it was hard to cover the basics like food or housing? Would you say
AQ15	在您 18 歲之前您的家庭遭遇生	] 生活拮据的頻率有多高,例如:難以支付食物或住宿等基本生活費用 <b>?</b>
	0 0 0 0	VERY OFTEN       1         SOMEWHAT OFTEN       2         NOT VERY OFTEN       3         NEVER       4         REFUSED       -7         DON'T KNOW       -8
'QA23_Q23'		of your childhood was there an adult in your household who made you feel cted? Would you say
AQ30	在您的童年中,	有多少時間家裡有一個成年人讓您感到安全和受保護?您會認為是
	O	Never1 從來沒有
	O	A little of the time2 一點時間
	•	Some of the time3 有些時間
	0	Most of the time4 大部分時間
	0	All of the time5 全部時間
	0	REFUSED7 DON'T KNOW -8

**'QA23\_Q24'** For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say..

在您的童年時中,有多少時間家裡有一個成年人努力確保滿足您基本需求?您會認為 是……

#### AQ31

$\mathbf{O}$	Never	1
	從來沒有	
O	A little of the time 一點時間	2
O	Some of the time	3
	有些時間	
O	Most of the time	4
	大部分時間	
O	All of the time	5
	全部時間	
O	REFUSED	
O	DON'T KNOW	8

#### PROGRAMMING NOTE ACES RESOURCE:

#### **DISPLAY INSTRUCTIONS:**

IF [('QA23\_Q16' OR 'QA23\_Q17' OR 'QA23\_Q18') = -7, -8 OR ('QA23\_Q16' OR 'QA23\_Q17' OR 'QA23\_Q18') >1], DISPLAY RAINN RESOURCE AND (IF 'QA23\_Q14' = 1 OR 'QA23\_Q14' = -7, -8) DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE; ELSE SKIP TO 'QA23\_S1'

'QA23 Q25'

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counsellor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

我們發現,這類主題可能勾起人談論過去的欲望。如果您或您認識的某位人士希望與受過訓練的輔導員交談,請致電 1-800-656-HOPE (4673)或瀏覽此網站: www.rainn.org.

**National Domestic Violence hotline**: We have a toll-free number if you'd like to talk about these issues. Would you like the toll-free number?"

[IF R SAYS "YES", SAY: Someone is available 24 hours a day to provide information. GIVE OUT 1-800-799-7233 TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

如果您想談論這些問題,我們有免費電話。有人每天 24 小時都可以提供對您有幫助的資訊。電話號碼是 1-800-799-7233 或 TTY 1-800-787-3224。這是全國家庭暴力熱線。

[IF CATI, DISPLAY: Would you like me to repeat this information?]

# **Section S: Suicide Ideation and Attempts**

Suicide Ideation and Attempts

'QA23\_S1' The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it. 下一節是有關自我傷害的想法。再說一遍,如果提出的任何問題使您感到不安,您不需要 AF86 Have you ever seriously thought about committing suicide? 您是否曾經認真地考慮過自殺? O YES......1 NO......2 0 [GO TO 'PN AM10B']  $\mathbf{O}$ REFUSED ......-7 [GO TO 'PN\_AM10B']  $\mathbf{O}$ DON'T KNOW .....-8 [GO TO 'PN AM10B'] 'QA23\_S2' Have you seriously thought about committing suicide at any time in the past 12 months? 您在過去十二個月內的任何時間是否認真地考慮過自殺? AF87 YES......1 O  $\mathbf{O}$ NO......2 [GO TO 'QA23 S4'] REFUSED ......-7 [GO TO 'QA23 S4'] 0 DON'T KNOW.....-8 [GO TO 'QA23\_S4'] 'QA23 S3' Have you seriously thought about committing suicide at any time in the past 2 months? 您在過去兩個月的任何時間是否曾經認真地考慮過自殺的問題? AF91 YES......1  $\mathbf{O}$ O NO.....2  $\mathbf{O}$ REFUSED .....-7 DON'T KNOW.....-8 'QA23 S4' Have you ever attempted suicide? 您是否曾經嘗試過自殺? AF88  $\mathbf{O}$ YES......1 O NO.....2  $\mathbf{O}$ REFUSED ......-7 DON'T KNOW .....-8 PROGRAMMING NOTE 'QA23 S5': IF 'QA23\_S2' = (2, -7, -8) AND 'QA23\_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE; IF 'QA23\_S3' = (2, -7, -8) AND 'QA23\_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE; IF 'QA23 S3' = 1 AND 'QA23 S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

'QA23 S5' Have you attempted suicide at any time in the past 12 months?

ELSE CONTINUE WITH 'QA23\_S5'

您在過去十二個月內的任何時間是否曾經嘗試過自殺?

Δ	⊢¤a

0	YES	1
0	NO	_
O	REFUSED	7
O	DON'T KNOW	

'QA23\_S6': You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help.

您可以撥打 988 與他人談論自殺念頭或企圖自殺的相關話題。988 是免費且保密的服務, 每週 7 天、每 天 24 小時均提供服務。

您也可以前往 9881ifeline.org, 在線上聊天或查詢如何求助的詳情。

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

# PROGRAMMING NOTE FOR 'QA23\_S7':

IF 'QA23\_S2' = (2, -7, -8) AND 'QA23\_S4' = (2, -7, -8) THEN SKIP TO 'NEXT SECTION'; ELSE CONTINUE;

'QA23\_S7' Would you like to discuss your thoughts with this person or would you like to continue with the survey?

AF90

$\mathbf{O}$	DISCUSS THOUGHTS WITH PERSON1	
O	CONTINUE WITH SURVEY2	[GO TO 'PN_AM10B']
O	TEL 00ED	
O	DON'T KNOW8	[GO TO 'PN_AM10B']

# **Follow-Up Survey Permission**

IF ('QA23_D4' QUESTIONS";	<b>IG NOTE 'AM1</b> ( OR <b>'QA23_D5'</b> / "JUST A FINA	OR <b>'QA23_D6'</b> = 1), THE	N DISPLAY "JUST A C	OUPLE OF FINAL
'AM10B'		of} final question{s} and th ber so that we may call yo		
AM10B	只剩最後一個{ 可與您聯絡。	幾個}問題就完成了。請提	<b>共您的姓名和電話號碼,</b>	以便我們有其他問題時
AIII10D	First Name: Phone Number	r:	Last Name: 	
IF ('QA23_D4'	<b>IG NOTE 'LTSS</b> OR <b>'QA23_D5</b> ' PROGRAMMINO	<b>S_A':</b> OR <b>'QA23_D6'</b> = 1), THE GNOTE <b>'CLOSE1'</b> AND '(	N CONTINUE; CLOSE 2'	
'LTSS_A'	usually takes a	responses, we'd like to as bout 15 minutes and you e difficulties with activities	will be paid \$25. This of	ther survey is for people
LTSS_A	後,您將獲得 或處理生活事務	我們想進一步請教您一些 \$25 作為報酬。另一項調 <b>3</b> 8)方面遇到困難的人。 to participate in this surve	<b>查</b> 適用於在日常生活活動	
	您願意參加本問	問卷調查嗎?		
	) ) )	YES NO REFUSED DON'T KNOW	2 7	
'LTSS_RECON		to participate in this surve	ey at a later date?	
LTSS_RECO		於加本問卷調查嗎?		
	•	YES	1	
	O	NO	2	[GO TO 'PN_SUICIDE RESOURCE2']
	O	REFUSED	7	[GO TO 'PN_SUICIDE RESOURCE2']
	•	DON'T KNOW	8	[GO TO 'PN_SUICIDE RESOURCE2']

#### PROGRAMMING NOTE 'LTSS FOLLOW-UP':

IF ('QA23\_D4' OR 'QA23\_D5' OR 'QA23\_D6'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'LTSS FOLLOW UP';

ELSE GO TO 'PN\_SUICIDE RESOURCE2'

#### 'LTSS FOLLOW UP'

# LTSS\_FOLLOW\_UP

Please provide your name and telephone number so that we may call you if we have additional questions.

請提供姓名及電話號碼,以便我們在幾週後就本問卷調查與您聯絡。

First Name:	Last Name:

Phone Number	•

## **PROGRAMMING NOTE SUICIDE RESOURCE 2:**

IF 'QA23 S7' = (2, -7, -8),

AND ['QA23\_S3' = 1 OR ('QA23\_S3' = 2, -7, -8 AND 'QA23\_S5' = 1)], THEN CONTINUE WITH SUICIDE RESOURCE 2:

ELSE GO TO PROGRAMMING NOTE CLOSE2

**'SUICIDE RESOURCE2':** Again, you can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help

重複一次,您可以撥打 988 與他人談論自殺念頭或企圖自殺的相關話題。988 是免費且保密的服務,每週7天、每天 24 小時均提供服務。

您也可以前往 988lifeline.org, 在線上聊天或查詢如何求助的詳情。

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

You can also visit <u>988lifeline.org</u> to chat online or find information about getting help.

您也可以前往 988lifeline.org, 在線上聊天或查詢如何求助的詳情。

### PROGRAMMING NOTE CLOSE1 AND CLOSE2:

IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO 'CLOSE2'; ELSE CONTINUE WITH 'CLOSE1'

**'CLOSE1'** Let me check to see if there is anyone else.

If true, goto 'HH\_SELECT'

# 'CLOSE2'

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator.

Dr. Ponce can be reached toll-free at 1-866-275-2447.

**謝謝您的時間與合作!您幫助我們進行了一項非常重要的健康調**查。如果您有任何疑問, 請與研究負責人Ninez Ponce博士聯繫。他的免費電話號碼是1-866-275-2447。

Thank you, and good-bye.

再次感謝, 再見。