

CHIS 2023 Adult CAWI Questionnaire

(Self- administered) Version 3.01 October 2, 2023 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.	
Question and	On CAWI, this text is displayed.	
Response Text		
Uppercase Text	On CAWI, this text is NOT shown to the respondent.	
Range	On CAWI, 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] January1 0 0 February.....2 0 March3 April4 0 May5 0 June6 0 July......7 0 August.....8 0 September.....9 October 10 November.....11 0 0 December......12 REFUSED/ DON'T KNOW.....-3 0 [Range: 1-31] REFUSED/ DON'T KNOW.....-3 0 [Range: 1907-2005] REFUSED/ DON'T KNOW.....-3 0

'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?



This includes Head Start, day care centres, before- or after-school care programs, and any baby-sitting arrangements.

•	Yes1	
•	No2	[GO TO 'QA23_A22']
0	REFUSED/DON'T KNOW3	

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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

PROGRAMMING NOTE 'QA23_A1':

SET AADATE = 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] 月
•	January1
•	1月 February2
•	2 月 March3
•	3 月 April4
•	4 月 May5
•	5 月 June6
O	6 月 July7
O	7 月 August8
O	8 月 September9
O	9 月 October10
•	10 月 November11
•	11 月 December12
•	12 月 REFUSED/DON'T KNOW3
	Day [Range: 1-31]
O	天 REFUSED/DON'T KNOW3
	Year [Range: 1907-2005]
O	年 REFUSED/DON'T KNOW

'QA23_A2' What month and year were you born?

您在哪年哪月出生?

		4		
-	٩A	١1	А	

'QA23_A3'

AA2

	Month [Range: 1-12]
•	月1 January1
•	1月 February2 2月
O	March3 3 月
•	April4
O	4 月 May5
O	5月 June6
O	6月 July7
•	7月 August8
•	8月 September9
O	9月 October10 10月
O	November11
•	11 月 December12 12 月
	REFUSED/DON'T KNOW3
	Year [Range: 1907-2005] 年
•	REFUSED/DON'T KNOW3
What is your ag	e?
請告訴我您的年	龄?
	Years of age [RANGE: 0-120]
•	REFUSED/DON'T KNOW3

'QA23_A4' Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

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

AA2A

O	Between 18 and 29	1
	介於 18 及 29 歲之間	
O	Between 30 and 39	2
	介於 30 及 39 歲之間	
O	Between 40 and 44	3
	介於 40 及 44 歲之間	
O	Between 45 and 49	4
	介於 45 及 49 歲之間	
O	Between 50 and 64	5
	介於 50 及 64 歲之間	
•	65 or older	3
	65 歲或以上	
\mathbf{O}	REFUSED/DON'T NOW	3

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 QUESTIONS; IF 'QA23_A1', 'QA23_A2', OR 'QA23_A3' = -3, THEN USE 'QA23_A4':

ELSE USE ENUM.AGE

Gender Identity

'QA23_A5' What sex were you assigned at birth, on your original birth certificate?

在出生證明原件上, 您出生時被指定的性別是什麼?

AD65E

O	Female	2
	女性	
O	Male	1
	男性	
O	Don't know	3
	不清楚	
O	Prefer not to answer	9
	不願作答	
O	Refused	3
	拒 絕 回答	

'QA23_A6' What is your current gender?

目前您自我認同的性別是什麼?

AD66C

O	Female2
	女性
0	Male1
	男性
0	Transgender3
	医性 切考

	•	Non-binary5 非二元性别者	
	O	I use a different term: ()	
	O	Don't know8	
	•	不清楚 Prefer not to answer9 不願作答	
	•	Refused -3 拒絕回答	
IF ['QA23_A5' :	$A23_A6' = 1, 3,$	_ A7': IRTH) AND 'QA23_A6' = 2, 3, 5, 7] OR ['QA23 _ 5, 7] THEN CONTINUE WITH 'QA23_A7' ;	A5 ' = 2 (FEMALE AT
	-		4(0.100, 1.71)
'QA23_A7'		you were assigned {INSERT RESPONSE FROM	
ADCOD		您出生時是{INSERT RESPONSE FROM 'QA23 SPONSE FROM AD66 OR 'QA23_A6' }。	
AD68B	•	Yes1	
	O	是 No2	[GO TO 'QA23_A5']
	•	否 REFUSED/DON'T KNOW3	
POST NOTE: C	N SECOND AT	TEMPT IF = 2 GO TO 'QA23_A5' AND FLAG 'Q	A23_A7 ' = 1
Ethnicity			
'QA23_A8'	Are you Latino	or Hispanic?	
	您是拉丁裔或西	裔嗎?	
AA4	•	Yes1 是	
	•	No2 否	[GO TO 'PN_QA23_A10']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_A10']
'QA23_A9'	And what is you	r Latino or Hispanic ancestry or origin?	
AA5	您的拉丁裔或西	裔祖籍或原國籍是哪里?	
AAJ	Check all that a	pply	
	O	Mexican/Mexican American/Chicano1 墨西哥人/墨西哥裔美國人/齊卡諾人(Chican	o)
	O	Salvadoran	

O	Guatemalan5
	瓜地馬拉人(Guatemalan)
\mathbf{O}	Costa Rican6
	哥斯大黎加人(Costa Rican)
O	Honduran7
	宏都拉斯人(Honduran)
O	Nicaraguan8
	尼加拉瓜人(Nicaraguan)
O	Panamanian9
	巴拿馬人(Panamanian)
\mathbf{O}	Puerto Rican 10
	波多黎各人(Puerto Rican)
\mathbf{O}	Cuban11
	古巴人(Cuban)
\mathbf{O}	Spanish-American (from Spain)12
	西班牙裔-美國人(來自西班牙)
O	Other Latino (Specify:) 91
	其他拉丁美洲人(請詳述:)
\mathbf{O}	REFUSED/DON'T KNOW3

Race

PROGRAMMING NOTE 'QA23_A10':

IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA23_A10', CONTINUE WITH 'PN_QA23_A13'

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

DISPLAY INSTRUCTIONS:

IF 'QA23_A8' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";

'QA23 A10'

{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...

{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

	White1	
	白人 Black or African American2	[GO TO
	黑人或非洲裔美國人 Asian3 亞洲人	'PN_QA23_A12'] [GO TO 'PN QA23 A16']
	American Indian or Alaska Native4 美洲原住民或阿拉斯加原住民	[GO TO 'PN QA23 A13']
	Pacific Islander5 其他太平洋島民	[GO TO 'PN QA23 A17']
	Native Hawaiian6 夏威夷原住民	[GO TO 'PN QA23 A18']
	Other (Specify:)91 其他(請詳述:	[GO TO
0	共他(萌辞地:) REFUSED/DON'T KNOW	'PN_QA23_A18'] [GO TO 'QA23_A20']

'QA23_A11'	What are your white origin or origins?			
AA5H	您的白人血統源自何處?			
ААЭП	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。		
	O	Specify: ()1 請註明:()		
	O	REFUSED/DON'T KNOW3		
IF 'QA23_A10	NG NOTE 'QA2 ' = 2 (BLACK OF 'PN_QA23_A13	R AFRICAN AMERICAN), CONTINUE WITH 'QA23_A12';		
'QA23_A12'	What are your	Black origin or origins?		
AA5I	您的黑人血統测	原自何處?		
AAJI	For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.			
	例如:非裔美國	國人、尼日利亞人、埃塞俄比亞人、牙買加人、海地人、加納人等。		
	O	Specify: ()1 請註明:()		
	O	REFUSED/DON'T KNOW		
IF 'QA23_A10	NG NOTE 'QA2 ' = 4 (AMERICA 'PN_QA23_A16	N INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA23_A13';		
'QA23_A13'	You said, Ame	rican Indian or Alaska Native, and what is your tribal heritage?		
AA5B	您說您是美洲印地安人或阿拉斯加原住民,您屬於哪一個部落?如果屬於一個以上部落,請告訴我所有這些部落。			
AAJB	Check all that apply			
	(11 maximum	responses)		
		Apache1 阿帕契族(Apache)		
		Blackfoot/Blackfeet2 黑腳族 (Blackfoot/Blackfeet)		
		Cherokee3 切羅基族(Cherokee		
		Choctaw4 喬克托族(Choctaw)		
		Mexican American India5 墨西哥美洲原住民(Mexican American Indian)		

		Navajo6 納瓦荷族(Navajo)	
		Pomo7	
	_	波莫族(Pomo)	
		Pueblo8	
	_	普韋布洛族(Pueblo)	
		Sioux9	
	_	蘇族(Sioux)	
		Yaqui10	
	_	雅季族(Yaqui)	
		Other tribe (Specify:)91	
	_	其他部落(請詳述:)	
	O	REFUSED/DON'T KNOW3	
QA23_A14'	Are you an er	nrolled member in a federally or state recognized to	ribe?
AA5C	您是不是聯邦	或州政府認可的部落的一名註冊成員?	
	O	Yes1 是	
	0	No2	[GO TO
		·····································	'PN_QA23_A16']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_A16']
QA23_A15'	Which tribe a	re you enrolled in?	
AA5D	您在哪一個部	落註冊?	
AAJD	Apache		
	O	Mescalero Apache, NM1	
		梅斯卡勒羅阿帕契族,新墨西哥州(Mescalero	Apache, NM)
	O	Apache (not specified)2 阿帕契族(未指定)	, p ,
	O	Other Apache (Specify:)3 其他阿帕契族(請詳述)	
	Blackfeet		
	•	Blackfoot/Blackfeet4 黑腳族(Blackfoot / Blackfeet)	
	Cherokee		
	•	Western Cherokee5 西切羅基族	
	0	Cherokee (not specified)6 切羅基族(未指定)	
	0	Other Cherokee (Specify:)7 其他切羅基族(請詳述:)	
	Choctaw		
	•	Choctaw Oklahoma8 奧克拉荷馬州喬克托族	
	O	Choctaw (not specified)9 喬克托族(未指定)	
	O	简兄托族(未有足) Other Choctaw (Specify:) 10 其他喬克托族(請詳述:	

	Navajo			
	•	O	Navajo (not specified)	
	Pomo			
		O	Hopland Band, Hopland Rancheria 12 霍普蘭群落,霍普蘭村落(Hopland Band, Hopland Rancheria)	
		O	Sherwood Valley Rancheria	
		O	Pomo (not specified)	
		O	Other Pomo (SPECIFY:) 15	
	Pueblo		其他波莫族(請詳述:)	
	i debio	0	Hopi16	
		•	霍皮族(Hopi)	
		O	Ysleta del Sur Pueblo of Texas 17	
		\sim	德州依斯雷達普魏布勒族(Ysleta Del Sur Pueblo Of Texas)	
		0	Pueblo (not specified)	
		0	Other Pueblo (Specify:) 19 其他普韋布洛族(請詳述:)	
	Sioux			
		0	Oglala/ Pine Ridge Sioux20 奥格拉拉/派里吉蘇族(Oglala/Pine Ridge Sioux)	
		0	Sioux (not specified)	
		•	Other Sioux (Specify:) 22 其他蘇族(請詳述:)	
	Yaqui			
		0	Pascua Yaqui Tribe of Arizona 23 亞利桑那州巴斯卡雅季族(Ascua Yaqui Tribe Of Arizona)	
		•	Yaqui (not specified)	
		O	Other Yaqui (Specify:) 25 其他雅季族 (請詳述:)	
	Other		央他在学族 (萌莳型:/	
	Other	O	Other (Specify:)	
		O	其他(請詳述:) REFUSED/DON'T KNOW	
PROGRAMMIN				
ELSE GO TO 1			NTINUE WITH 'QA23_A16';	
'QA23_A16'	You sai	id Asian,	, and what specific ethnic group are you?	
	您選擇	了亞裔,	您指的是哪一個具體族裔?	
AA5E	Check all that apply			
	(18 max	ximum r	esponses)	
			Bangladeshi1	

		孟加拉人
	•	Burmese2
	_	
	•	Cambodian3
		柬埔寨人
	•	Chinese4
		華人
	O	Filipino5
	_	菲律賓人
	•	Hmong6
		西部苗族人(Hmong)
	0	Indian (India)7 印度人(印度)
	•	Indonesian8
	•	印尼人
	•	Japanese9
		日本人
	•	Korean 10
		韓國人
	•	Laotian 11
		老撾人或寮國人
	•	Malaysian 12
	Q	馬來西亞人 Pakistani13
	9	ビ基斯坦人
	•	Sri Lankan 14
		斯里蘭卡人
	•	Taiwanese 15
		台灣人
	•	Thai 16
	_	泰國人
	•	Vietnamese
	O	越南語 Other Asian (Specify:)91
	9	其他(請詳述:
	•	REFUSED/DON'T KNOW
	_	
	IG NOTE 'QA23	
		CIFIC ISLANDER) CONTINUE WITH 'QA23_A17';
ELSE GO TO P	ROGRAMMING	NOTE 'PN_QA23_A18'
'QA23_A17'	You said you a	re Pacific Islander. What specific ethnic group are you?
QA20_A11	Tod Sald you c	ite i donte istander. What opeoine etimo group are you.
	您說您是太平洋	群島人。 您具體屬於哪一個種族團體?
AA5E1		
	Check all that a	apply
	/F mayi	onongo)
	(5 maximum re	sponses)
	0	Samoan/American Samoan1
		薩摩亞人/美屬薩摩亞人(Samoan/American Samoan)
	O	Guamanian2

關島人 (Guamanian)

	O	Tongan3 東加人(Tongan)	
	•	Fijian4	
	O	斐濟人(Fijian) Other Pacific Islander (Specify:) . 91	
		其他太平洋島民(請詳述:)	
	•	REFUSED/DON'T KNOW3	
IF 'QA23_A8' = PACIFIC ISLAN = 3 (ASIAN) OF 'QA23_A10' = ! ELSE IF THER	NDÈR) OR 'QA2 R 'QA23_A10' = 91 (OTHER)], C E WERE MULTI CONTINUE WI	G_A18': ID ['QA23_A10' = 6 (NATIVE HAWAIIAN) OR 'QA23_A10' = 5 (OTHER 3_A10' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA23_A10' 2 (BLACK/AFRICAN AMERICAN) OR 'QA23_A10' = 1 (WHITE) OR ONTINUE WITH 'QA23_A18'; PLE RESPONSES TO 'QA23_A10', 'QA23_A16', OR 'QA23_A17' [NOT TH 'QA23_A18';	
'QA23_A18'		ou are: {INSERT MULTIPLE RESPONSES FROM 'QA23_A9', QA23_A16' AND 'QA23_A17'}.	
AA5G		(INSERT MULTIPLE RESPONSES FROM 'QA23_A9', 'QA23_A10', ND 'QA23_A17'}.	
AAJO	Do you identify	with any one race in particular?	
	您是否認同任何	了一個特定的種族?	
	•	Yes1 是	
	•	No	
	O	REFUSED/DON'T KNOW3 [GO TO 'QA23_A20']	
IF 'QA23_A8' = IF 'QA23_A10' DISPLAY 'QA2	= 5 (YES, OTHI 3_A19 ' = 17 (O	QA23_A19': O) AND 'QA23_A9' ≠ -3, DO NOT DISPLAY 'QA23_A19' = 14 (LATINO): ER PACIFIC ISLANDER) AND 'QA23_A17' = 1 TO 4 OR 91, DO NOT THER PACIFIC ISLANDER); _A16' = 1 TO 17 OR 91, DO NOT DISPLAY 'QA23_A19' = 19 (ASIAN)	;
'QA23_A19'	Which do you r	nost identify with?	
AA5F	您最認同的是哪	R一個族裔?	
AAU	O	Mexican/Mexican American/Chicano1 墨西哥人/墨西哥裔美國人/齊卡諾人(Chicano)	
	O	Salvadoran4 薩爾瓦多人(Salvadoran)	
	O	Guatemalan5 瓜地馬拉人(Guatemalan)	
	O	Costa Rican6 哥斯大黎加人(Costa Rican)	
	O	Honduran7 宏都拉斯人(Honduran)	

0	Nicaraguan	8
_	尼加拉瓜人(Nicaraguan)	_
O	Panamanian	9
\sim	巴拿馬人(Panamanian)	40
0	Puerto Rican 波多黎各人(Puerto Rican)	10
•		4.4
•	Cuban 古巴人(Cuban)	11
O	Spanish-American (from Spain)	12
•	西班牙裔-美國人(來自西班牙)	12
O	Latino, Other Specify	13
•	種族,其他,請詳述	
O	Latino	14
O	Native Hawaiian	16
	夏威夷原住民	
O	Other Pacific Islander	17
	其他太平洋島民	
O	American Indian or Alaskan Native	18
	美洲原住民或阿拉斯加原住民	
O	Asian	19
_	亞洲人	
\mathbf{O}	Black or African American	20
\sim	黑人或非洲裔美國人	0.4
•	White	21
O	白人 Bass Other Specify	22
•	Race, Other Specify 種族, 其他, 請詳述	22
0	理族,兵也,明中处 Bangladeshi	30
•	孟加拉人	
0	Burmese	31
O	Cambodian	32
	柬埔寨人	
O	Chinese	33
	華人	
O	Filipino	34
	菲律賓人	
O	Hmong	35
_	西部苗族人(Hmong)	
0	Indian (India)	36
\sim	印度人(印度)	27
0	Indonesian 印尼人	31
\circ	日から入 Japanese	30
•	日本人	30
\circ	Korean	39
•	韓國人	
O	Laotian	40
	老撾人或寮國人	_
O	Malaysian	41
	馬來西亞人	
O	Pakistani	42

		巴基斯坦人	
	O	Sri Lankan	43
		斯里蘭卡人	
	•	Taiwanese	44
	_	台灣人	
	•	Thai	45
	Q	泰國人 Vietnamese	46
	9	越南人	40
	O	Asian, Other Specify	49
		亞洲人,其他,請詳述	
	•	Samoan/American Samoan	50
		薩摩亞人/美屬薩摩亞人(Samoan/Ameri	can Samoan)
	•	Guamanian	51
		關島人(Guamanian)	
	•	Tongan	52
		東加人(Tongan)	
	•	Fijian	53
	Q	斐濟人(Fijian) Pacific Islander, Other Specify	EE
	9	太平洋島民,其他,請詳述	55
	O	Both/All/Multiracial	90
	•	兩者/所有/多種族的	00
	•	None of these	95
		以上皆非	
	O	Other (Specify)	97
		其他(請詳述:)	
	•	REFUSED/DON'T KNOW	3
Language Spol	ken at Home		
'QA23_A20'	What language	s do you speak at home?	
	<i>版</i>	== + + ≥k 0	
AH36	您在家中用什麼	浩 吉父谈?	
Aliso	Check all that a	nnly	
	oncon an that a	ppiy	
		English 英語	1
		Spanish 西班牙語	2
		Cantonese 廣東話	3
		Vietnamese 越南語	4
		Tagalog	5
		他加祿語(TAGALOG) Mandarin	6
	П	國語 Karana	7
		Korean 韓國語	
		Asian Indian languages 亞洲印度語	8

Russian9
俄語
Japanese 12
日本語
French 14
法語
German 15
德語
Farsi 18
現代伊朗語
Armenian
亞美尼亞語
Arabic 20
阿拉伯語
Other 1 (Specify:) 91
其他 1 (請詳述:)
Other 2 (Specify:)92
其他 2 (請詳述:)
REFUSED/DON'T KNOW3

Additional Language Use

PROGRAMMING NOTE 'QA23 A21':

IF 'QA23_A20' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO 'PN_QA23_A23';

DISPLAY INSTRUCTIONS:

IF 'QA23_A20' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'QA23_A21' AND DISPLAY:

"Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA23_A21' WAS ASKED

'QA23_A21' {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

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

AH37

O	Very well 非常好	1
O	Well	2
•	好 Not well	3
\mathbf{O}	不好 Not at all	4
	完全不會	
\mathbf{O}	REFUSED/DON'T KNOW	3

Educational Attainment

'QA23_A22' What is the highest grade of education you have completed and received credit for?

您完成的最高教育和獲得學分的最高年級是什麼?

AH47		
	•	No Formal Education
		沒有受過正規教育
	O	Grade School2
	O	High School or Equivalent3
	O	4-Year College or University4
	O	Graduate or Professional School5
	O	2-Year Junior or Community College6
	O	Vocational, Business, or Trade School7
Grade	_	
	0	1st Grade1
		1 年級
	•	2nd Grade2
	_	2 年級
	0	3rd Grade3
		3 年級
	0	4th Grade4
		4 年級
	0	5th Grade5
		5 年級
	0	6th Grade6
		6 年級
	O	7th Grade7
		7年級(初中/國中1年級)
	O	8th Grade8
		8年級(初中/國中2年級)
High		
3	_	
3	•	9th Grade
3	_	9年級(初中/國中3年級)
ý	O	9 年級(初中/國中 3 年級) 10th Grade
ŭ	0	9 年級(初中/國中 3 年級) 10th Grade
	_	9 年級(初中/國中 3 年級) 10th Grade
	• •	9 年級(初中/國中 3 年級) 10th Grade
	0	9 年級(初中/國中 3 年級) 10th Grade
	• •	9 年級(初中/國中 3 年級) 10th Grade
College	• • •	9 年級(初中/國中 3 年級) 10th Grade
	• •	9 年級(初中/國中 3 年級) 10th Grade
	• • •	9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
	• • •	9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
College		9 年級(初中/國中 3 年級) 10th Grade
		9 年級(初中/國中 3 年級) 10th Grade
College		9 年級(初中/國中 3 年級) 10th Grade

		英名形式电类图达 1 年级	
	O	研究所或專業學校 1 年級 2nd year of graduate or	
	9	professional school (MA/MS)	10
		研究所或專業學校 2 年級	19
	•	3rd year of graduate or professional	
	•	School	20
		研究所或專業學校 3 年級	20
	O	More than 3 years of graduate or	
	•	professional school (PhD)	21
		3年以上研究所或專業學校(博士)	
Community			
	O	1st year of junior or community college	22
		1年制初級學院(專科學校)或社區大學	
	O	2nd year of junior or	
		community college (AA/AS)	23
		大學2年級(文學副學士/理學副學士)	
Business			
	O	1st year of vocational, business, or	
		trade school	24
		1年制職業、商業、或貿易學校	
	O	2nd year of vocational, business, or	
		trade school	25
		2年制職業、商業、或貿易學校	
	O	More than 2 years of vocational,	
		business,or trade school	26
		超過2年以上職業、商業、或貿易學校	
Marital Status			
Marital Status			
'QA23_A23'	Are you now m	arried, living with a partner in a marriage-like	e relationship, widowed.
<u>-</u>		rated, or never married?	o . o.aop,aooa,
	, ,	·	
	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?
AH43			
	O	Married	1
		已婚	
	O	Living with partner	2
		與伴侶同居	
	O	Widowed	3 [GO TO
		鰥寡	'PN_QA23_A27']
	O	Divorced	-
		離婚	PN_QA23_A27']
	O	Separated	5 [GO TO
		分居	'PN_QA23_A27']
	O	Never married	6 [GO TO
		未婚	'PN_QA23_A27']
	O	REFUSED/DON'T KNOW	-
			'PN_QA23_A27']

Spouse/P	artner
----------	--------

DDOOD AMMINO NOTE (OAGO AGA).				
PROGRAMMING NOTE 'QA23_A24':				
	= 1, THEN D	DISPLAY "spouse"; DISPLAY "partner";		
'QA23_A24'	Is your {spou	use/partner} also living in your household?		
A1144	您的不是也自	生在您的住戶中?		
AH44	O	Yes1 是		
	•	No2 否		
	O	REFUSED/DON'T KNOW3		
'QA23_A25'	May I have y	your {spouse/partner}'s age and gender?		
SC11A	請問您能否携	提供{spouse/partner}的年齡及性別?		
	Enter spouse	e's/Partner's age and sex		
		Spouse/Partner age	8-120]	
	O	· 您的配偶/伴侶性別 REFUSED/DON'T KNOW		
PROGRAMMIN IF 'WSC6' = -3 ELSE SKIP TO	IN SCREENE	ER, CONTINUE WITH 'QA23_A26';		
Adult Roster				
'QA23_A26'		urself (and your spouse/partner), are there other adults, age ng in this household?	18 or older,	
	除了您自己 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	
PRE-ROSTER	2			
	O	Yes1		
		是		
	0	No2 否		
	O	REFUSED/DON'T KNOW3		
PROGRAMMIN IF CHILD ROST ELSE GOTO 'C	ΓER NOT ALF	A23_A27': READY COMPLETE, CONTINUE;		

NAME/SEX)

'QA23_A27'	How many child household?	Iren, age 11 and younger including babies, normally live in this
SC7B	通常有幾個 11	歲及以下的兒童, 包括嬰兒, 住在這個家庭?
33.2	O O	Children under 123 REFUSED/DON'T KNOW
'QA23_A28'	And how many	adolescents age 12-17, normally live in this household?
SC8B	而且,通常有幾	個 12 至 17 歲的青少年居住在這個家庭?
	O	Children 12 -173
POST NOTE 'C	QA23_A28': SET	KIDCNT = 'QA23_A27' + 'QA23_A28'
'QA23_A29'	{Let's start with initials?	the oldest} What is {the child's/this child's/the next child's} first name or
SC13A1	{從年紀最大的脖	開始} (兒童/這名兒童/下一名兒童}的姓名或姓名縮寫是什麼?
	0	Name/ Initials given (Specify) REFUSED/DON'T KNOW
'QA23_A30'	What is {the chi	ld's/this child's} age?
SC13A2	(兒童/這名兒童)	年紀多大?
	O	AGE REFUSED/DON'T KNOW3
	IO NOTE (O A OO	A041
IF KIDCNT = 1	IG NOTE 'QA23 INSERT "the chi INSERT "this ch	ld's"
'QA23_A31'	What is {the chi	ld's/this child's} gender?
GENDER6	{兒童/這名兒童}	的性別是什麼?
	•	Male1 男性
	•	Female2 女性
	•	REFUSED/DON'T KNOW3
IF AGE IS REF MEMBER WITH NOTE 'QA23_A (IF 'QA23_A30	HOUT AN AGE \32 ' IS PART OF ' = -3. ASK 'QA2	_A32': 'CHILD ROSTER MEMBER, ASK 'QA23_A32' FOR EACH ROSTER THE CHILD ROSTER 3_A32' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT ID 'QA23_A29' = -3 INSERT "the child" AND DO NOT DISPLAY CHILD

'QA23_A32'	Is {CHILD NAM	IE/ the child}
SC15A4	(CHILD NAME	/ the child }是
OOTOAT	•	0 to 5 years old1 0 至 5 歳
	O	6 to 11 years old2 6 至 11 歲
	O	12 to 17 years old3 12 至 17 歲
	O	REFUSED/DON'T KNOW3
IF 'KIDCNT' =	NG NOTE 'QA23 1 INSERT "the c 1 INSERT "all the	nild"
'QA23_A33'	Are you the par	rent or legal guardian of (the child/all the children) in your household?
SC14B4	您是家庭內(兒主	童/所有兒童)的家長或法定監護人嗎?
	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
	MG NOTE 'QA23 ' = 2 ASK 'QA23	3_A34': _A34' FOR EACH CHILD IN THE ROSTER
	' = 2 ASK ' QA23	
'QA23_A33'	Y = 2 ASK 'QA23 Are you the par	_A34' FOR EACH CHILD IN THE ROSTER
IF 'QA23_A33	Y = 2 ASK 'QA23 Are you the par	_A34' FOR EACH CHILD IN THE ROSTER rent or legal guardian of {CHILD NAME/AGE/SEX}? AME/AGE/SEX}的家長或法定監護人嗎? Yes1
'QA23_A33'	Y = 2 ASK 'QA23 Are you the par 您是{CHILD NA	_A34' FOR EACH CHILD IN THE ROSTER rent or legal guardian of {CHILD NAME/AGE/SEX}? AME/AGE/SEX}的家長或法定監護人嗎? Yes
'QA23_A33'	Y = 2 ASK 'QA23 Are you the par 您是{CHILD NA	_A34' FOR EACH CHILD IN THE ROSTER rent or legal guardian of {CHILD NAME/AGE/SEX}? AME/AGE/SEX}的家長或法定監護人嗎? Yes1 是
'QA23_A33' 'QA23_A34' SC14B PROGRAMMII IF NAME GIVE ELSE INSERT IF 'KIDCNT' =1	Y = 2 ASK 'QA23 Are you the par 您是{CHILD NA O O O NG NOTE 'QA23 EN AT 'QA23_A2	A34' FOR EACH CHILD IN THE ROSTER rent or legal guardian of {CHILD NAME/AGE/SEX}? AME/AGE/SEX}的家長或法定監護人嗎? Yes
'QA23_A33' 'QA23_A34' SC14B PROGRAMMII IF NAME GIVE ELSE INSERT IF 'KIDCNT' =1	Are you the pare 您是{CHILD NATE OF STATE OF STAT	A34' FOR EACH CHILD IN THE ROSTER rent or legal guardian of {CHILD NAME/AGE/SEX}? AME/AGE/SEX}的家長或法定監護人嗎? Yes
PROGRAMMII IF NAME GIVE ELSE INSERT IF 'KIDCNT' >1	Y = 2 ASK 'QA23 Are you the par 您是{CHILD NA O O NG NOTE 'QA23 EN AT 'QA23_A2 AR ADULT NAM I INSERT "the ch I INSERT "all the Is {SC11A NAM guardian of (the	Tent or legal guardian of {CHILD NAME/AGE/SEX}? AME/AGE/SEX}的家長或法定監護人嗎? Yes

	O	是 No2
	•	否
	O	REFUSED/DON'T KNOW3
POST NOTE 'C		QA23_A35' = 1 AUTO POPULATE 'QA23_A36' AS 'YES' FOR ALL
	NG NOTE 'QA23 = 2 ASK 'QA23	3_A36': 3_A36' FOR EACH CHILD IN THE ROSTER
'QA23_A36'		R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal ERSON NAME/AGE/SEX)?
SC14C2	(AR NAME/AG	E/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?
001402	O	Yes1
	•	^定 No2 否
	O	台 REFUSED/DON'T KNOW
	NG NOTE 'QA2	3_A37':
CHILD2CNT = TEENCNT = Co # Child selection	COUNT OF CH COUNT OF CH OUNT OF CHIL on from only thos	ILDREN IN 'QA23_A34' AGED 0 TO 5 YRS ILDREN IN 'QA23_A34' AGED 6 TO 11 YRS DREN IN 'QA23_A34' AGED 12 TO 17 YRS se with 'QA23_A34'=1
	=1, CHILD AGE 01CNT>1, SELE	ED 0 TO 5 YRS IS [SELECTED CHILD], ECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD ELSE, FOR EA	D2CNT>1, SELE	ED 6 TO 11 YRS IS [SELECTED CHILD] ECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT ED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT +
CHILD2CNT) FOR EACH CH CHILD2CNT) S CHILDPROB	IILD AGED 6 TO SELECT [SELEC	D 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY
IF TEENCNT=	1, CHILD AGED	se with ' QA23_A34 '=1 12 TO 17 YRS IS [SELECTED TEEN] , LECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT
'QA23_A37'		ded {CHILD1CNT+CHILD2CNT+TEENCNT} child{ren} 17 or younger in . Have we missed anyone aged 17 or younger who usually lives here but is ay?
SC13A		HILD1CNT+CHILD2CNT+TEENCNT}個 17 歲或以下兒童住在這個家庭。我可 17 歲或以下,通常居住在這裡但暫時離家的兒童?
22.0	•	No, no one missed1 沒有任何錯過
	O	Yes2 [GO TO 'QA23_A29'

是 __LOOP]
O REFUSED/DON'T KNOW.....-3

POST NOTE 'QA23_A37': 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_A38' What is your relationship to {CHILD NAME/ AGE/SEX}?

您與{CHILD NAME/ AGE/SEX}之間是什麼關係?

SC17B

\mathbf{O}	Mother (Birth/Adoptive/Step)	1
	母親(生母/領養/繼母)	
O	Father (Birth/Adoptive/Step)	2
	父親(生父/領養/繼父)	
O	Sister (Birth/Adoptive/Step)	3
	姊妹,包括繼姊妹、領養姊妹	
\mathbf{O}	Brother (Birth/Adoptive/Step)	4
	兄弟,包括繼兄弟、領養兄弟	
O	Grandmother	5
	祖母	
\mathbf{O}	Grandfather	6
	祖父	
\mathbf{O}	Aunt	7
	姑/姨/嬸/舅母	
O	Uncle	8
	伯/叔/舅/姑/姨丈	
0	Cousin	9
	堂/表兄弟姐妹	
0	Other relative	10
	其他親戚	
0	Nonrelative	11
	非親屬	
\mathbf{O}	REFUSED/DON'T KNOW	3

POST NOTE 'QA23_A38': 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."

Section B: Health Conditions

General Health

'QA23_B1'	Would you	say that in general your health is excellent, very good, good, fair, or poor?
AB1	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?
[7121]	O	Excellent1 極好
	O	Very good2 很好
	O	Good3 好
	•	Fair4 普通
	•	Poor5 很差
	0	REFUSED/DON'T KNOW3
Asthma		
'QA23_B2'	Has a doct	or ever told you that you have asthma?
AB17B	有沒有醫生	曾經告訴過您患有哮喘(氣喘)病?
	0	Yes1 是
	0	No2 [GO TO 否 'PN_QA23_B9']
	•	REFUSED/DON'T KNOW3 [GO TO 'PN_QA23_B9']
'QA23_B3'	Do you still	have asthma?
AB40	你是否依然	患有哮喘(氣喘)病?
	O	Yes1 是
	•	No2 否
	•	REFUSED/DON'T KNOW3
'QA23_B4'	During the	past 12 months, have you had an episode of asthma or an asthma attack?
AB41	在過去 12 位	固月中,您是否曾經有過哮喘(氣喘)發作?
	•	Yes1 是
	•	
	•	REFUSED/DON'T KNOW3
'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?			
	If not working	g, enter zero.			
AB42		DAYS (0 - 365)			
	O	REFUSED/DON'T KNOW3			
'QA23_B6'	Are you now given to you	taking a <u>daily</u> medication to control your asthma that was prescribed or by a doctor.			
AB18	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(氣喘)的藥物?			
	This includes quick relief.	s both oral medicine and inhalers. This is different from inhalers used for			
	包括口服藥和	如吸入劑,但不是用於快速緩解症狀的吸入劑。			
	O	Yes 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA23_B7'		octors or other medical providers worked with you to develop a plan so the w to take care of your asthma?	at		
AB43	是否曾經有醫的哮喘(氣喘)	§生或其他醫療服務提供者與您一起制定一項計劃,以便您瞭解如何控制自)?	2		
AB43	O	Yes1			
	O	是 No2 否			
	O	REFUSED/DON'T KNOW3			
'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	This can be an electronic or hard copy.				
	電子版本或戶	印刷本均可。			
	•	Yes1			
	O	是 No2			
	O	否 REFUSED/DON'T KNOW			
Diabetes	-	, <u>-</u>			

IF 'QA23_A5' =	IG NOTE 'QA23 2 (FEMALE AT ISPLAY WITH "I	BIRTH) DISPLAY "Other than during pregnancy	v, has";
'QA23_B9'	{Other than duri	ing pregnancy, has/Has} a doctor <u>ever</u> told you th	hat 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?	
	•	Yes1 是	
	•	No2 否	[GO TO 'QA23_B16']
	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_B16']
'QA23_B10'	Are you now tak	king insulin?	
AB24	您目前在使用胰	島素嗎?	
	0	Yes1 是	
	•	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA23_B11'	Do you now tak	e diabetic pills to lower your blood sugar?	
	您目前在服用降	血糖的糖尿病藥物嗎?	
	These are some	etimes called oral agents or oral hypoglycemic a	gents.
AB25	有時稱作口服藥	劑或口服降血糖藥劑。	
	•	Yes1 是	
	O	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA23_B12'		y times in the last 12 months has a doctor or oth hemoglobin A1c?	er health professional
AB27		月中,醫生或其他健康專業人員大約為您進行過 one C')測定?	多少次糖化血色素(
		Number of times 次	[HR: 0-52]
	O	REFUSED/DON'T KNOW3	

'QA23_B13'		st 12 months, has a doctor, nurse, or health professional told you your 1C level is less than 9%?
	過去 12 個月內	内,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%?
		s under 5.7%; Prediabetes is between 5.7 and 6.4%; Diabetes is over 6.5; lled Diabetes is over 9%.
AD450	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;糖尿病超過 6.5%;不受控制 9%。
AB150	O	Yes1 是
	O	No2 否
	•	Don't know3 不清楚
	O	REFUSED3
'QA23_B14'	This would ha 您最近一次接	e last time you had an eye exam in which the pupils were dilated? ve made your eyes sensitive to bright light for a short time. 受瞳孔放大眼科檢查是什麼時候? 您的眼睛在短時間內對亮光敏感。
AB03	•	Less than 1 month ago1 1 少於 1 個月以前
	•	Between 1 and 12 months ago2 介於 1 個月至 12 個月以前
	•	Between 1 and 2 years ago3 介於 1 年至 2 年以前
	•	2 or more years ago4 2 年或 2 年以上
	•	Never5 從來沒有
	O	REFUSED/DON'T KNOW3
'QA23_B15'	you know how	ctors or other medical providers worked with you to develop a plan so that to take care of your diabetes? 他醫療服務提供者是否曾經與您一起制定一項計劃,以便讓您瞭解如何護理?
ABITZ	O	Yes1 是
	O	定 No2 否
	•	REFUSED/DON'T KNOW3
Hypertension		

Hypertension

'QA23_B16' Has a doctor ever 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		V
	O	Yes1 是
	O	No
	O	Borderline or pre-hypertension
	O	REFUSED/DON'T KNOW3 [GO TO 'QA23_B20']
'QA23_B17'	Are you now ta	king any medications for high blood pressure?
AB30	您目前是否在服	跟用任何治療高血壓的藥物?
	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_B18'		ou had your blood pressure checked by a doctor, nurse, or health the past 12 months, was it under control (less than 140/90)?
	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血壓時,血壓是否得到 0/90) ?
AB152		
	O	Yes1 是
	O	No2 否
	•	Don't know3 不清楚
	O	REFUSED3
'QA23_B19'	During the past blood pressure	12 months, did you reduce the salt in your diet to 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?
715100	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_B20'		t 12 months, has a doctor, nurse, or health professional ever told you that nolesterol (high cholesterol is defined as a total cholesterol greater than
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,您有高膽固醇(高膽固醇的 專大於 240)?
דטוטה	O	Yes1

		是		
	•	No	2	[GO TO 'QA23_B22']
	O	否 Don't know	2	[CO TO (OA22 B22)]
	9	不清楚	3	[GO TO 'QA23_B22']
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA23_B22']
'QA23_B21'	The last time a than 200 ?	a doctor, nurse, or health professional c	checked yo	ur cholesterol, was it less
AB155	您上一次由醫生	生、護士或健康專業人士檢查您的膽固醇	淳時,膽固	醇是否低於 200?
	O	Yes 是	1	
	O	No 否	2	
	•	REFUSED/DON'T KNOW	3	
Heart Disease				
'QA23_B22'	Has a doctor e	ever told you that you have any kind of	heart disea	ase?
AB34	有沒有醫生告記	诉過您患有任何一種心臟病?		
ABOT	O	Yes 是	1	
	O		2	
	O	REFUSED/DON'T KNOW	3	
'QA23_B23'	Has a doctor,	nurse, or other health professional ever	r told you t	hat you had a stroke ?
AB156	是否有醫生、語	雙士或健康專業人士曾告訴您,您曾 中 原	虱?	
712100	O	Yes 是	1	
	O	ළ No 否	2	
	Q	TET REFUSED/DON'T KNOW	3	

Section CV: COVID-19

'QA23_CV1'	Did you ever	Did you ever receive a positive test result for COVID-19?			
0)/50	您是否曾被確診感染新型冠狀病毒(COVID-19)?				
CV5B	O	Yes1			
	O	是 No2 否	[GO TO 'QA23_CV4']		
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_CV4']		
'QA23_CV2'	How did you	get your positive test result for COVID-19?			
CV23	您是如何獲得	新型冠狀病毒肺炎 (COVID-19) 陽性檢測結果的?			
	O	From a clinic, hospital, lab or other testing site			
	O	從診所、醫院、化驗室或其他檢測地點獲得 From a self-test kit			
	O	From both a testing site and a self-test kit3 從檢測地點和自助檢測套裝兩處獲得			
	O	REFUSED/DON'T KNOW3			
'QA23_CV3'	Long-lasting COVID-19 symptoms could include tiredness, shortness of breath, changes to taste or smell, finding it hard to concentrate, or any other symptoms that impact on everyday functioning. Did you experience any of these symptoms for 2 months or longer?				
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			
31.0	O	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA23_CV4'	Have you experienced any of the following situations because of the Coronavirus or COVID-19 pandemic?				
CV7B	您曾否由於新冠肺炎或疫情爆發而遇到以下任何情況?				
	Check all that apply				
	•	l've quit my regular job to take care of myself or a family member due to COVID-19 illness			
		以解云 1 找的固定工作。 I've had difficulty in obtaining childcare, or had an increase in childcare expenses8			

		我難以獲得兒童托管服務,或增加了兒童托管	
		服務方面的開支。	
		I've had financial difficulties with paying rent or mortgage9	
		我在支付租金或按揭供款方面有經濟困難。	
		I've been treated unfairly	
		because of my race/ethnicity	
		I have had financial difficulties	
		with paying Covid-19 medical bills	
	Q	我在支付新冠肺炎醫療費用時遇上財務困難 None of these	
	•	以上皆非	
	O	REFUSED/DON'T KNOW3	
'QA23_CV5'	Have you com	npleted the primary vaccine series for COVID-19?	
	您是否已接種類	新型冠狀病毒肺炎 (COVID-19) 疫苗的初始系列?	
		imary vaccine series means one of the following: erna vaccine, a single shot of the Johnson & Johr	
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	熱疫苗、一劑強生疫苗。
	O	Yes1	
	O	是 No2	[GO TO 'QA23_CV7']
	•	否	[00 10 QA20_011]
	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_CV7']
'QA23_CV6'	Have you rece	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?	
	O	Yes1	[GO TO 'QA23_CV8']
		是	
	•	No2	[GO TO 'QA23_CV8']
	O	否 REFUSED/DON'T KNOW	[GO TO 'QA23_CV8']
'QA23_CV7'	What are the r COVID-19?	reasons why you have not completed the primary	vaccine series for
CV17	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?
CVII	Check all that	apply	
		I am worried about side effects1	
		擔心有副作用 I think the vaccine was	
	_	developed too quickly2	
		我認為疫苗的研發速度太快	
		I don't know enough about the vaccine	

		to make the decision to get it	決定
		I think a vaccine for COVID-19 is unnecessary4	
		我認為沒有必要施打新冠肺炎疫苗 I don't believe in vaccines in general5	
		基本上,我不相信任何疫苗 I do plan to get fully vaccinated6	
		我有計劃要完全接種 Something else, (specify:)91	
	•	其他原因(請註明:) REFUSED/DON'T KNOW3	
'QA23_CV8'	If health guideli	ines recommend additional COVID-19 vaccine de	oses will you get them?
CV24	如果健康指南建	建議額外接種新型冠狀病毒肺炎(COVID-19)疫苗	,您是否會接種?
7.21	•	Yes1 是	[GO TO 'QA23_CV10']
	•	~	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_CV10']
'QA23_CV9'	What would ma	ake you more likely to get the additional COVID-1	9 vaccine doses?
CV25	有什麼因素會證	§您更有可能接種新型冠狀病毒肺炎 (COVID-19)	疫苗額外劑量?
	•	91	
	•	I would not get them2 我不會接種	
	O	Don't know3 不清楚	
	O	REFUSED3	
'QA23_CV10'	Do you have ar	n N95, KN95 or KF94 mask?	
CV26	您是否有 N95、	KN95 或 KF94 口罩?	
3723	O	Yes1 是	[GO TO 'SECTION C']
	•	No2 否	
	•	REFUSED/DON'T KNOW3	[GO TO 'SECTION C']
'QA23_CV11'	Can you get an from COVID-19	N95, KN95, or KN94 mask if public health recor	nmended it to protect you
		『門建議您使用 N95、KN95 或 KN94 口罩來保護 染,您是否能獲取這類口罩?	您免遭新型冠狀病毒肺炎
CV27			
	O	Yes1 是	[GO TO 'SECTION C']

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		否	
	O	I would not wear one3 我不會佩戴這類口罩	[GO TO 'SECTION C']
	•	Don't know4 不清楚	[GO TO 'SECTION C']
	O	Refused3	[GO TO 'SECTION C']
		not able to get an N95, KN95, or KF94 mask? 取 N95、KN95 或 KF94 口罩?	
CV28		They are too expensive1 這類口罩太昂貴	
		I don't know where to buy them/can't find them2 我不知道在哪裡買/找不到	
	O	Don't know3 不清楚	
		Refused -3	

Section C: Health Behaviors

'QA23_C1'	about moderat dancing, swimi	sical activities make you breathe somewhat harder e physical activities you do in your <u>free time,</u> like ming, and gardening. During the past 7 days, did y for a total of 150 minutes (2.5 hours)?	walking, bicycling,
AC212		协會使您呼吸比平時更加困難。請想想您在空閒時 挑舞、游泳和園藝。過去 7 天內,您是否進行了總 协?	
	O O	Yes 1 No 2 REFUSED/DON'T KNOW -3	
Cigarette Use			
'QA23_C2'	Altogether, hav	ve you smoked at least 100 or more cigarettes in	your entire lifetime?
AE15	. – . , ,	您抽煙的總量是否至少有 100 支或 100 支以上	
	0	Yes1 是	
	O	No2 否	[GO TO 'PN_QA23_C5']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_C5']
'QA23_C3'	Do you now sn	noke cigarettes every day, some days, or not at a	all?
AE15A	您現在是每天、	某些天抽煙還是完全不抽煙?	
	•	Every day1 每天	[GO TO 'PN_QA23_C5']
	O	Some days2 有些天	[GO TO 'PN_QA23_C5']
	O	Not at all3 從未	
	O	REFUSED/DON'T KNOW3	
'QA23_C4'	How long has i	t been since you last smoked a cigarette, even o	ne or two puffs?
AC173	距離您上次吸煙	至已有多長時間了(即使只是吸一或兩口)?	
		Amount of time 時間	[IF 'QA23_C4' > 30 DAYS OR > 5 WEEKS OR MONTH OR= -3, GO TO 'PN_QA23_C11']
		Unit of time 時間單位	

	O	Days1 天	[HR: 0-365]
	O	人 Weeks2 週	[HR: 0-52]
	O	Months3 個月	[HR: 0-12]
	•	Years4	[HR: 0-AAGE]
	O	REFUSED/DON'T KNOW3	
IF 'QA23_C2'	l' <= 1 MONTH,	3_C5': :3_C3' = 1, 2 OR 'QA23_C4' <= 30 DAYS OR 'Q CONTINUE WITH 'QA23_C5';	QA23_C4 ' <= 5 WEEKS
'QA23_C5'	During the pas	at 30 days, on how many days did you smoke ciga	arettes?
AC174	在過去的 30 天	F中,您有多少天抽過煙?	
AOTT		Number of days 日數	[HR: 0-30]
	O	REFUSED/DON'T KNOW3	
IF 'QA23_C3'	3_C3 ' = 2 (SMC	3_C6': 'ERY DAY), CONTINUE WITH 'QA23_C6 '; OKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 3	0-DAY SMOKER), GO TO
'QA23_C6'	On average, h	ow many cigarettes do you now smoke a day?	
1000	目前您每天平均	均抽多少支煙?	
AD32	A pack usually	contains 20 cigarettes	
	一包香煙通常	裝有20支香煙	
		Number of cigarettes 支香煙	[HR: 0-120]
	O	REFUSED/DON'T KNOW3	
	C7';	3_C7': DME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY S	SMOKER), CONTINUE
'QA23_C7'	In the past 30	days, when you smoked, how many cigarettes di	d you smoke in a typical

day?

在過去30天中您抽煙的日子裡,您每天抽多少支煙?

If you did not smoke every day in the past 30 days, consider the days you did smoke. A pack usually contains 20 cigarettes.

A540	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	
AE16	O	Number of cigarettes	[HR: 0-120]
	O	支香煙 REFUSED/DON'T KNOW3	
	NG NOTE 'QA2:		
ELSE IF 'QA2	= 1 (SMOKE EV 3_C3' = 2 (SMO vs when you smo	ERY DAY), THEN READ "How"; KE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30- lke, how";	DAY SMOKER), THEN
'QA23_C8'	(On days wher your first cigare	n you smoke, how/How} soon after you are awake ette?	e do you usually smoke
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	堙?
		Amount of time 時間	[0-24 HOURS]
	O	Minutes1	
	O	Hours2 小時	
	O	REFUSED/DON'T KNOW3	
	NG NOTE 'QA2: = 1 (SMOKE EV	B_C9': ERY DAY) OR 2 (SMOKE SOME DAYS), CONT	INUE WITH 'QA23_C9'
'QA23_C9'	Were any of th	e cigarettes you smoked menthol flavored?	
	您有否吸食過潮	尊荷醇味的香煙?	
AC175B	O	Yes1	
	O	是 No2 否	
	•	REFUSED/DON'T KNOW3	
'QA23_C10'	How old were	you when you smoked your first whole cigarette?	
AC176	您首次吸完整式	乏香煙時是幾歲?	
AOTO	•	Age in years	[HR: 1 THRU AAGE (OR 105 IF AAGE = -
	•	REFUSED/DON'T KNOW3	3)]
PROGRAMMII	NG NOTE 'QA2	3_C11':	

IF 'QA23_C3' = 1 (SMOKE EVERY DAY) OR 'QA23_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER) OR 'QA23_C4' <= 365 DAYS OR 'QA23_C4' <= 52 WEEKS OR 'QA23_C4' <= 1 YEAR, CONTINUE WITH 'QA23_C11';

ELSE GO TO 'QA23_C16';

'QA23_C11'	Were you smoking cigarettes at all around this time 12 months ago?		
	在 12 個月前的	這段時間,您是否在吸煙?	
AC177	O	Yes1	
		是 N-	
	•	No2 否	
	O	REFUSED/DON'T KNOW3	
	,	_ C12': ERY DAY) OR 'QA23_C3' = 2 (SMOKE SOME)	DAYS), CONTINUE WITH
'QA23_C12'		12 months, have you stopped smoking for one 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?
7010	O	Yes1 是	
	O	No2 否	[GO TO 'QA23_C14']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_C14']
'QA23_C13'		o ask you about the last attempt you made to quing did you go without smoking a cigarette?	it smoking. During that
AC178	就您最近一次嘗	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?
		Amount of time	
		時間 Unit of time	
		—— 時間單位	
	O	Days1 天	[HR: 0-365]
	O	Weeks2 週	[HR: 0-52]
	O	Months3 個月	[HR: 0-12]
	O	Years4	[HR: 0-10]
	O	REFUSED/DON'T KNOW3	
'QA23_C14'	In the past 12 n smoking?	nonths, did a doctor or other health professional	advise you to quit
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	煙?
ACII	•	Yes1	
	0	是 No 2	

	O	否 REFUSED/DON'T KNOW	3	
'QA23_C15'	Are you thinki	ng about quitting smoking in the next six	c months?	,
AC50	您是否在考慮	在今後六個月內戒煙?		
A030	•	Yes 是	1	
	O	No 否	2	
	O	REFUSED/DON'T KNOW	3	
E-cigarette Us	е			
'QA23_C16'	Have you eve your lifetime?	r used an e-cigarette or other electronic	vaping pr	oduct, even just once in
	您是否曾經使	用過電子煙和其他電子煙產品,即使一生	三只用過一	·次?
AC81C	Do <u>not</u> include	e products used only for marijuana.		
	不包括僅用於	吸大麻的產品。		
	•	Yes 是	1	
	O	No	2	[GO TO 'QA23_C28'
	O	否 REFUSED/DON'T KNOW	3	[GO TO 'QA23_C28'
'QA23_C17'	In the past 30 vaping produc	days, on how many days did you use a	n e-cigare	ette or other electronic
AC82C	在過去 30 天序	內,您曾有多少天使用電子煙和其他電子	煙產品?	
AC62C	•	Number (of days	[HR: 0-30]
	O	REFUSED/DON'T KNOW	3	
'QA23_C18'	Were any of the	ne e-cigarettes you used in flavors such	as mint, f	ruit, candy, or wine?
	您使用的電子	香煙中,是否有薄荷、水果,糖果或酒的	可以味?	
AC134	•	Yes 是	1	
	O	No	2	[GO TO
	O	否 REFUSED/DON'T KNOW	3	'PN_QA23_C27'] [GO TO 'PN_QA23_C27']
'QA23_C19'	Which flavor o	lid you use in e-cigarettes or other elect	ronic 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	是品是否	?

AC179			
	Fruit flavored (e.g., cherry, grape, mango)?		
	水果味(例如	車厘子/櫻桃、提子/葡萄、芒果等)?	
	O	Yes1	
	O	是 No2 [GO TO	
	•	否	
'QA23_C20'	Which flavor d	d you use in e-cigarettes or other electronic vaping products? Was it	
A 0400	您使用過哪種口	1味的電子煙或其他電子煙產品?這類產品是否?	
AC180	Candy or swee	et flavored (e.g., chocolate, vanilla)?	
	擁有糖果或甜呀	k (例如:朱古力/巧克力、雲呢拿/香草等)?	
	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA23_C21'	Which flavor d	d you use in e-cigarettes or other electronic vaping products? Was it	
	您使用過哪種口	1味的電子煙或其他電子煙產品?這類產品是否?	
AC181	Alcohol or lique	or flavored (e.g., wine, Russian cream, honey bourbon, cognac)?	
	擁有酒精或烈剂	雪味(例如:葡萄酒、俄羅斯忌廉、蜂蜜波旁威士忌、干邑等)?	
	O	Yes1	
	O	是 No2	
	O	否 REFUSED/DON'T KNOW	
'QA23_C22'	Which flavor d	d you use in e-cigarettes or other electronic vaping 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?		
AC182A	Mint flavored (e.g., arctic ice, wintergreen)?		
	擁有薄荷味(例	刊如:北極冰、、冬青油等)?	
	O	Yes1 是	
	O	No2	
	O	否 REFUSED/DON'T KNOW	

'QA23_C23'	Which flavor did you use in e-cigarettes or other electronic vaping products? Was it		
AC182B	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?		
ACTOZB	Menthol flavore	ed?	
	擁有薄荷味?		
	•	Yes 是	1
	•	No	2
	•	否 REFUSED/DON'T KNOW	-3
'QA23_C24'	Which flavor di	d you use in e-cigarettes or other electronic	vaping 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?
AC183	Tobacco flavor	ed?	
	擁有煙草口味?		
	O	Yes	1
	O	是 No	2
	•	否 REFUSED/DON'T KNOW	-3
'QA23_C25'	Which flavor di	d you use in e-cigarettes or other electronic	vaping products? Was it
	您使用過哪種口	1味的電子煙或其他電子煙產品?這類產品是	否?
AC184	Some other fla	vor?	
	擁有其他口味?		
	O	Yes (Specify:)	1
	•	是 (請註明:) No	2
	O	否 REFUSED/DON'T KNOW	3
	NG NOTE 'QA23 =1 TO 30 CONT (QA23 C28'		
	-	dava baya yay atannad yaing a aigarattaa a	er other electronic vaning
'QA23_C26'		days, have you stopped using e-cigarettes on e day or longer because you were trying to	
AC244	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?
AC214	•	Yes	1

		是	
	O	No2	
		否	
	O	Not applicable3 不適用	
	O	REFUSED/DON'T KNOW3	
	NG NOTE 'QA2 ' > 0, THEN CO ' 'QA23_C28'		
'QA23_C27'	Do you plan to	o quit using e-cigarette or other electronic vaping	products for good?
AC185	您是否計劃永久	久戒除電子煙或其他電子煙產品?	
	•	In the next 30 days1 未來30日內	
	•	In the next 3 months2 未來三個月內	
	0	In the next 6 months3 未來六個月內	
	O	In the next year4 未來一年內	
	0	Do not have a plan to quit5 我沒有任何戒煙的打算	
	•	REFUSED/DON'T KNOW3	
'QA23_C28'	During the pass snus?	st 30 days, on how many days did you use chewi	ng tobacco, snuff, or
AC135	在過去30天內	R,有多少天您曾使用過嚼用煙草、濕鼻烟粉、或i	 乾鼻烟粉?
	O	0 days1 0 天	[GO TO 'QA23_C30']
	O	1-2 days2 1~2 天	
	•	3-5 days3 3~5 天	
	•	6-9 days4 6~9 天	
	0	10-19 days5 10~19 天	
	•	20-29 days6 20~29 天	
	•	30 days7 30 天	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_C30']
'QA23_C29'	Were any of th	ne chewing tobacco you used in flavors such as n	nint, fruit, candy, or wine?
AC136	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	的口味?
	•	Yes1	

	_	是	
	O	No2	
	•	否 REFUSED/DON'T KNOW3	
'QA23_C30'	During the past	30 days, on how many days did you smoke ciç	garillos, or little cigars?
AC137	在過去30天內,	有多少天您曾抽過小雪茄?	
7.0.01	•	0 days1 0 天	[GO TO 'QA23_C32']
	O	1-2 days2 1~2 天	
	O	3-5 days3 3~5 天	
	O	6-9 days4 6~9 天	
	O	10-19 days5 10~19 天	
	O	20-29 days6 20~29 天	
	•	30 days7 30 天	
	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_C32']
'QA23_C31'	Were any of the	e 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	口味?
	O	Yes1 是	
	•	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA23_C32'		30 days, on how many days did you smoke big	g cigars?
AC139	在過去30天裡,	有多少天您曾抽過大雪茄?	
	0	0 days1 0 天	[GO TO 'QA23_C34']
	•	1-2 days2 1~2 天	
	O	3-5 days3 3~5 天	
	•	6-9 days4 6~9 天	
	•	10-19 days5 10~19 天	
	•	20-29 days6 20~29 天	
	O	30 days7 30 天	

	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_C34']
'QA23_C33'	Were any of the	e cigars you smoked in flavors such as mint, fruit	, candy, or wine?
AC140	您使用過的雪茄	T是否有例如薄荷、水菓、糖果或是酒之類的口味	?
	0	Yes1 是	
	O	No2 否	
	0	REFUSED/DON'T KNOW3	
'QA23_C34'	During the past	30 days, on how many days did you use a hook	ah water pipe?
AC444	在過去30天裡	,有多少天您曾使用過'胡卡'水烟?	
AC141	O	0 days1 0 天	[GO TO 'QA23_C36']
	O	1-2 days2 1~2 天	
	O	3-5 days3 3~5 天	
	0	6-9 days4 6~9 天	
	O	10-19 days5 10~19 天	
	0	20-29 days6 20~29 天	
	0	30 days7 30 天	
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_C36']
'QA23_C35'	Were any of the	e hookahs you smoked in flavors such as mint, fr	ruit, candy, or wine?
AC142	您使用過的'胡-	卡'水烟是否有例如薄荷、水菓、糖果或是酒之類	的口味?
	0	Yes1 是	
	0	No2 否	
	•	REFUSED/DON'T KNOW3	
IF 'QA23_C3'		6': _C5' > 0 OR 'QA23_C17' > 0 OR 'QA23_C28' > _C34' > 1, CONTINUE WITH 'QA23_C36';	> 1 OR 'QA23_C30' > 1
ELOE 00 TO		,	

ELSE GO TO '**QA23_C37**'

'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?

> 在剛開始使用煙草產品時,您是否先嘗試帶有調味的煙草產品,例如薄荷或薄荷醇、水果 、糖果或酒味的煙草產品?

AC186

	O	Yes	1	
	O	是 No	2	
	•	否		
	•	REFUSED/DON'T KNOW	3	
'QA23_C37'	During the pa	ast year, when has someone else smok	ed tobacco	or vaped around you in
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?
7.0.01	O	In the past week 過去一星期	1	
	•	In the past two weeks	2	
	O	In the past month 過去一個月	3	[GO TO 'QA23_C42']
	O	Longer than a month ago, but within the past year 一個月或更久之前,但在過去一年內		[GO TO 'QA23_C42']
	O	No one has smoked tobacco or vap around me within the past year		[GO TO 'QA23_C42']
	O	過去一年間,沒有人曾在我周圍吸煙 REFUSED/DON'T KNOW		[GO TO 'QA23_C42']
'QA23_C38'	In the past tw vapor	o weeks, were you exposed to second	hand tobac	co smoke or e-cigarette
AC188	on the sidewa	alks?		
	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 是	1	
	O	~	2	
	O	REFUSED/DON'T KNOW	3	
'QA23_C39'	In the past tw vapor	o weeks, were you exposed to second	hand tobac	cco smoke or e-cigarette
AC 103	Inside your h	ome?		
	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	?
	O	Yes 是	1	
	O	No 否	2	
	O	REFUSED/DON'T KNOW	3	

'QA23_C40'	In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor			
		orkplace (do not include home-based workplace)? e past two weeks.	Please indicate if you did	
		您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	
	O	Yes1 是		
	O	No2 否		
	O O	Did not work in the past two weeks3 REFUSED/DON'T KNOW3		
'QA23_C41'	In the past two vapor	o weeks, were you exposed to second hand tobac	co smoke or e-cigarette	
ACI91	At a public pa	rk or beach?		
	過去兩週,您	是否暴露於公共公園或海灘的二手煙或電子煙的環境	境裡?	
	O	Yes1 是		
	O	2 否		
	O	REFUSED/DON'T KNOW3		
Marijuana Use				
'QA23_C42'	hashish, and	ny methods for consuming marijuana, also called on their products containing THC. Methods for consum ng, vaporizing, dabbing, eating, or drinking.		
AC115		是關於大麻,又稱大麻或大麻草、哈希什及其他含多 多種方法,包括吸食、蒸氣抽吸、塗抹、進食或進度		
ACTIO	Have you eve	r, even once, tried marijuana or hashish in any for	m?	
	您曾否使用(即使只是一次)大麻或哈希什?		
	O	Yes1 是		
	O	No2 否	[GO TO 'QA23_C57']	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_C57']	
'QA23_C43'	How long has	it been since you last used marijuana or hashish i	n any form?	
AC116	自您上次使用	大麻或哈希什起有多久了?		
AUTIU	If less than or	ne day since last used marijuana or hashish, enter	0	

	自從上次使用大麻或哈希什	(hashish)	至今,	如果不足-	<i>一天的時間,</i>	請輸入	0
--	--------------	-----------	-----	-------	---------------	-----	---

	O	Days1	[HR: 0-365]
		天 Mantha	[UD. 0.40]
	0	Months2 月	[HR: 0-12]
	O	Years3	[0-99]
	O	REFUSED/DON'T KNOW3	
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?	30 days, on how many days did you use marijua	ana, hashish, or another
10447	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 days1 0 天	[GO TO 'QA23_C57']
	O	1-2 days2 1~2 天	
	0	3-5 days3 3~5 天	
	•	6-9 days4 6~9 天	
	O	10-19 days5 10~19 天	
	O	20-29 days6 20~29 天	
	O	30 days7 30 天	
	•	REFUSED/DON'T KNOW3	
'QA23_C45'	How often have	e you used tobacco and marijuana at the same ti	me?
AC118	您同時抽煙及抽	3大麻的頻率為何?	
	•	Usually1 通常	
	•	Sometimes2 有時	
	O	Never3 從未	
	•	REFUSED/DON'T KNOW3	
'QA23_C46'		30 days, how did you use marijuana? Did you	
AC119	過去 30 天內,	您如何使用大麻?您曾否	

	Smoke it in a joint, bong, or pipe?			
	用煙卷、水煙壺或煙斗吸食?			
	•	Yes1		
	•	是 No2		
	O	否 REFUSED/DON'T KNOW		
'QA23_C47'	During the pas	st 30 days, how did you use marijuana? Did you		
AC420	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?		
	吸食內含部分或	或全部大麻的雪茄(有時稱為小雪茄煙)?		
	O	Yes1		
	O	是 No2		
	O	否 REFUSED/DON'T KNOW		
'QA23_C48'	During the pas	at 30 days, how did you use marijuana? 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?			
	For example, i	in brownies, cakes, cookies or candy		
	例如布朗尼、	蛋糕、曲奇/餅乾或糖果形式		
	O	Yes1		
	•	是 No2		
	•	否 REFUSED/DON'T KNOW		
'QA23_C49'	During the pas	at 30 days, how did you use marijuana? Did you		
AC122	過去 30 天內,	您如何使用大麻?您有否		
ACIZZ	Drink it?			
	進飲大麻?			
	For example, i	in tea, cola, alcohol or other drinks		
	例如茶、可樂、	酒或其他飲品形式		

	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_C50'	During the pas	st 30 days, how did you use marijuana? Did you
A C422	過去 30 天內,	您如何使用大麻?您有否
AC123	Vaporize it?	
	蒸氣抽吸大麻	?
	For example,	in an e-cigarette type vaporizer
	例如電子煙式	蒸發器
	O	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
'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?	
	For example,	using butane hash oil, wax or concentrates
	例如塗抹丁烷	大麻油、蠟或精華
	O	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
'QA23_C52'	During the pas	st 30 days, how did you use marijuana? Did you
AC125	過去 30 天內,	您如何使用大麻?您有否
A0123	Use it some of	ther way?
	以其他方式使从	用大麻?
	O	Yes1 是
	O	定 No 2

	O	否 REFUSED/DON'T KNOW
'QA23_C53'	Was <u>any</u> of yo health care pr	our marijuana use in the past month recommended by a doctor or other ovider?
AC126	上月您使用大	麻,是醫生或其他醫護人員建議的嗎?
AC126	•	Yes1 是
	•	No2 [GO TO 'QA23_C57'] 否
	•	REFUSED/DON'T KNOW3
'QA23_C54'	Was <u>all</u> of you health care pr	ovider?
AC127	上月您使用大	麻,是醫生或其他醫護人員建議的嗎?
7.0.27	•	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
IF 'QA23_C43 METHOD USE	D IN 'QA23_C PTIONS WHEF	23_C55': R >1 MONTH, THEN GO TO 'QA23_C57' IF USED MORE THAN 1 46' -'QA23_C52' CONTINUE WITH 'QA23_C55' AND DISPLAY ONLY RE =1 FOR 'QA23_C46' - 'QA23_C52';
'QA23_C55'	During the pa	st 30 days, how did you use marijuana or cannabis most often?
AC193	在過去的 30 5	天中,您最常是如何使用大麻的?
7.0.00	•	Smoke it in a joint, bong, or pipe1 用捲煙、煙槍或煙斗的方式吸食
	O	Smoke part or all of a cigar with marijuana in it2 吸食部分或全部含有大麻的雪茄
	•	Eat it3 食用
	O	Drink it4 飲用
		EV/11
	O	Vaporize it5 霧化吸取
	• •	Vaporize it5
		Vaporize it5 霧化吸取 Dab it6

'QA23_C56' Where did you get the marijuana or cannabis you used in the past 30 days?

在過去的30日,您是從何處取得大麻的?

Α	C1	94

	Licensed cannabis dispensary1 持牌大麻藥房
	Vape or smoke shop2 電子煙或煙草專門店
	Another type of shop3 其他商店
	Cannabis delivery service4 大麻送貨服務
	Website5 網站
	Pop-up shop6 短期零售(Pop-up) 商店
	Family or friend7 親友
	Another person8 其他人
	I grow or make it myself9 自己種植或製成
	Other, specify
O	REFUSED/DON'T KNOW3

'QA23_C57' During the past year, when has someone else smoked marijuana around you in California?

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

O	In the past week 過去一星期	1
O	In the past two weeks 過去兩星期	2
O	In the past month 過去一個月	3
•	Longer than a month ago but within the past year	4
C	No one has smoked marijuana around me within the past year	5
O	REFUSED/DON'T KNOW	3

CBD Use

'QA23_C58' CBD, or cannabidiol, is a chemical found in both marijuana and hemp plants that many people use for medicinal purposes. CBD does not make the user high.

CBD 或大麻二酚,是在大麻和大麻植物中發現的一種化學物質,許多人用於藥用目的。 CBD 並不會讓使用者感到興奮。

AC195

These questions specifically ask about products that contain CBD, but not THC.

Have you ever, even once, tried CBD in any form?

您曾否以任何形式吸食 CBD?	
-----------------	--

\mathbf{O}	Yes1	
	是	
\mathbf{O}	No2	[GO TO 'QA23_C70']
	否	
O	REFUSED/DON'T KNOW3	[GO TO 'QA23_C70']

'QA23_C59' How long has it been since you last used CBD in any form?

距離您上次以任何形式使用大麻二酚 (CBD) 已有多長時間了?

AC196

If less than one day since last used CBD, enter 0

\mathbf{O}	Days [HR: 0-365]	1
	天	
0	Months [HR: 0-12]	2
	月	
O	Years [0-99]	3
	年	
\mathbf{O}	REFUSED/DON'T KNOW	-3

POST NOTE 'QA23_C59':

COMPUTE CBDLASTUSE = (YEAR*365) + (MONTH*30) + (DAY) IF CBDLASTUSE > 30, GO TO 'QA23_C70'

'QA23_C60' During the past 30 days, on how many days did you use CBD or 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

\circ	0 days	
•	0 days1 0 天	
\circ	- / (100 TO (0 to 0 0 TO)
)	1-2 days2	[GO TO 'QA23_C70']
\mathbf{O}	1-2 天	
\mathbf{O}	3-5 days3	
\mathbf{O}	3-5 天	
\mathbf{O}	6-9 days4	
\mathbf{O}	6-9 天	
\mathbf{O}	10-19 days5	
\mathbf{O}	10-19 天	
\mathbf{O}	20-29 days6	
\mathbf{O}	20-29 天	
\mathbf{O}	30 days7	
\mathbf{O}	30 天	
O	REFUSED/DON'T KNOW3	

'QA23_C61' During the past 30 days, how did you use CBD? Did you...

過去 30 天, 您怎樣吸食大麻二酚 (CBD) ?您是否將其口服?

AC198

Take it orally?

	For example, s	ublingual tinctures, pills, capsules, or drops			
	例如:舌下酊劑	別、藥丸、膠囊、滴劑等			
	•	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA23_C62'	Did you				
AC199	您是否將其進食?				
	Eat it?				
	For example, e	dibles, like cookies or gummies			
	例如:加入茶料	頁或汽水中			
	0	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA23_C63'	Did you				
40000	您是否將其飲用?				
AC200	Drink it?				
	For example, in a tea or soda				
	例如:加入茶料	頁或汽水中			
	O	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA23_C64'	Did you				
AC201	您是否將其塗在皮膚上?				
	apply it on you	skin?			
	For example, in	n a cream, lotion, or oil that is applied to the skin			
	例如:塗在皮膚	<i>青上的乳霜、乳液或油之中</i>			
	O	Yes1			

	o o	是 No2 否 REFUSED/DON'T KNOW			
'QA23_C65'	Did you				
AC202	您是否將其吸	入?			
HOZUZ	Smoke it?				
	For example,	in a joint, bong, cigar (blunt), or pipe			
	例如:用捲煙	一大麻煙捲、煙槍或煙斗的方式吸入			
	O	Yes1 是			
	O	No2			
	O	否 REFUSED/DON'T KNOW			
'QA23_C66'	Did you				
A C 202	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			
	O	Yes1 是			
	O	No2			
	O	否 REFUSED/DON'T KNOW			
'QA23_C67'	Did you				
10001	您是否用煙筒吸取?				
AC204	dab it?				
	For example, oils.	inhaling the smoke made from heating concentrated CBD wax, resin, or			
	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			
	O	是 No2			
	•	否 REFUSED/DON'T KNOW			

'QA23_C68'	Did you	
A C 205	您是否以其他方	式使用?
AC205	use it some oth	er way?
	•	Yes, specify:()1 是 (請註明:)
	•	No2 否
	O	REFUSED/DON'T KNOW3
IF USED MOR	ONLY RESPON	S_C69': HOD USED IN 'QA23_C61' - 'QA23_C68' CONTINUE WITH 'QA23_C69' HSE OPTIONS WHERE 'QA23_C61' - 'QA23_C68' = 1;
'QA23_C69'	During the past	30 days, how did you use CBD most often?
AC206	在過去的 30 日	,您通常是如何使用大麻二酚 (CBD) ?
	O	Take it orally1 口服
	•	Eat it2 食用
	•	Drink it3 飲用
	0	Apply it on your skin3 塗在自己的皮膚上
	o •	Smoke it
	0	Vaporize it5 霧化吸取 Dab it6
	• •	煙筒吸取 Use it another way
	•	以其他方式使用 REFUSED/DON'T KNOW
'QA23_C70'	_	heroin in the past 12 months?
AC128	過去 12 個月內	,您曾否使用海洛英?
AC120	O	Yes1 是
	•	No2 否
	•	REFUSED/DON'T KNOW3
'QA23_C71'	Have you used	methamphetamines in the past 12 months?
AC166	在過去 12 個月	內您是否使用過甲基安非他命?

	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
Prescription pa	inkiller Use		
QA23_C72'	Percocet® and	rescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone I Methadone. Have you used prescription painkillers in the past 12 se include prescription painkillers, whether or not a doctor prescribed	·,
	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 是方止痛藥?請包括所有處方止痛藥,無論其是否由醫生開立處方。	12
AC215	•	Yes1 是	
	O	No2 [GO TO 'QA23_C78	"]
	O	REFUSED/DON'T KNOW3 [GO TO 'QA23_C78	"]
QA23_C73'	Think about the this prescription	e prescription painkiller you took in the last 12 months. Why did you taken painkiller?	Э
40000	請想想您在過去	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?	
AC222	Check all that	apply.	
		Dental work/dental pain1 牙科治療/牙痛	
		Pain after surgery, not accident related2 外科手術後出現的疼痛,無關意外事故	
		Pain after an accident or injury3 意外事故或受傷後出現的疼痛	
		Chronic pain, regardless of cause4 慢性疼痛,無論原因為何	
		関注を用,無調原囚為門 Recreational use5 娛樂性用途	
		Depression, anxiety, or stress6 憂鬱、焦慮或壓力	
		To treat substance use disorder7 用於治療藥物使用障礙	
		Addiction to painkillers8 對止痛藥上癮	
		Other (Specify)91	
	O	其他(請註明) REFUSED/DON'T KNOW	

'QA23_C74'	74' Think about the prescription painkiller you took in the last 12 months. Where did you get from?		
AC217	請想想您在過去	5 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?	
110211	Check all that a	apply.	
		A prescription from my doctor1 我醫生開立的處方	
		A prescription from someone else's doctor (a friend, a family friend)	
		其他人(朋友、家人)的醫生開立的處方 Not from a prescription (bought or received from elsewhere)3 沒有處方(從其他地方購買或收到)	
	•	REFUSED/DON'T KNOW3	
	NG NOTE 'QA23 = 1 CONTINUE O 'QA23_C78'		
'QA23_C75'		nonths, have you used any prescription painkiller in a way that did not tor's directions?	
AC129	過去 12 個月內	,您曾否未按醫囑而服用任何處方止痛藥?	
AC129	Examples of pr Percocet® and	rescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Methadone.	
		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)。	
	O	Yes1 是	
	O	No	
	•	REFUSED/DON'T KNOW3	
'QA23_C76'	, -	prescription(s) from one doctor or from more than one doctor?	
AC131	您有否獲一位或	就多位醫生處方? 	
	O	One doctor1 一位醫生	
	O	More than one doctor2 多於一位醫生	
	O	Didn't get it from a doctor3 沒有從醫生那裡取得	
	O	REFUSED/DON'T KNOW3	
'QA23_C77'	What condition	or conditions have you taken the medicine for?	

[GO TO 'QA23_C83']

在什麼狀況或多種狀況下, 您曾經 服用該藥? AC133 Check all that apply Dental work/ dental pain1 牙齒治療/牙痛 Surgery, not accident related2 手術,無關意外事故 Recent injury3 最近的傷害 Chronic pain, regardless of cause4 慢性疼痛,無論原因為何 Other (Specify) 其他(請詳述: 0 REFUSED/DON'T KNOW......-3 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. 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 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. 即使一次也好,您曾否喝過任何類型的酒精飲品?如果您只飲了一兩口,請勿包括在內。 0 Yes.....1 是 No......2 0 [GO TO 'QA23_C83'] REFUSED/DON'T KNOW.....-3 O [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 0 Within the past 30 days.....1 在過去30天內 More than 30 days ago, but \mathbf{O} within the past 12 months2 [GO TO 'QA23_C83'] 多於 30 天而少於 12 個月 More than 12 months ago3 0 [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?

REFUSED/DON'T KNOW.....-3

超過 12 個月前

 \mathbf{O}

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		ions a drink means a can or bottle of r sherry; a shot of liquor or a mixed d	beer; a wine cooler or a glass of wine, rink or cocktail.
		的一份飲品是指一罐或一樽啤酒;冰釒 合飲品或雞尾酒。	真果酒或一杯葡萄酒、香檳或雪利酒;
	O	Number of days 天數	[RANGE 1-30]
	O	REFUSED/DON'T KNOW	3
'QA23_C81'	have each day	at you drank during the past 30 days ? Count as a drink a can or bottle of r sherry; a shot of liquor or a mixed d	beer; a wine cooler or a glass of wine,
AC210		」,如果您曾喝過酒,您每天通常飲用 填果酒或一杯葡萄酒、香檳或雪利酒;	
ACZIO	•	Number of drinks 酒精飲品數量	[SR: 1-20, HR: 0-99]
	O	REFUSED/DON'T KNOW	3
IF 'QA23_A5'		3_C82': LAY "4 or more"; I DISPLAY "5 or more"	
'QA23_C82'		ot 30 days, on how many days did youn? By 'occasion,' we mean at the sam	u have {4/5} or more drinks on the ne time or within a couple of hours of
AC244	在過去的 30 日	1,您有多少天在同一場合喝過 4 份 夏	以上5份或以上份或以上的酒精飲品
AC211		Number of days 天數	[RANGE: 0-30]
	O	REFUSED/DON'T KNOW	3
Gambling			
'QA23_C83'	take many forn		vager) on an uncertain outcome. It can ng the lottery or scratch-offs, betting on nline games such as slots or cards.
AC218			以採取多種形式,例如:賭場遊戲、彩 果,以及一些線上遊戲,如老虎機或卡
ACZIO	Have you gam	bled in the past 12 months?	
	您是否在過去 ·	12個月內賭博過?	

	O	No2 [GO TO 'QA23_GV1']
	O	REFUSED/DON'T KNOW3 [GO TO 'QA23_GV1']
'QA23_C84'	During the past stop/ cut down	12 months, have you become restless, irritable or anxious when trying to on gambling?
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?
7.02.0		laying the lottery, buying scratch offs, playing bingo, playing casino games, cards on line, betting on sports.
	例如,玩彩票、 育比賽。	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、投注體
	•	Yes1
	•	是 No2
	O	否 REFUSED/DON'T KNOW
'QA23_C85'	During the past much you gamb	12 months, have you tried to keep your family or friends from knowing how ble?
40000	過去 12 個月內,	您是否嘗試向您的家人或朋友隱瞞您賭博的次數?
AC220	•	Yes1 是
	O	No2
	•	否 REFUSED/DON'T KNOW
'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	O	Yes1 是
	O	No2 否
	•	REFUSED/DON'T KNOW3

Section GV: Gun Violence

'QA23_GV1'	How many firearms are kept in or around your home?				
AGV1	您有多少枝槍存放在家中或附近?				
AGVI	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.				
	包括存放在車庫、室外儲存區域或車輛中的槍械。請不要包括的槍。	BB 槍、起步槍或無法射擊			
	We are asking about firearms in a health survey because of crelated injuries.	our interest in firearm-			
	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	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_GV1'> 1, GO TO 'QA23_GV2']			
	O REFUSED/DON'T KNOW3	—			
'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] 手槍數目 O REFUSED/DON'T KNOW3	[IF > 1, GO TO 'QA23_GV4']			
'QA23_GV3'	Is that firearm a handgun?				
AGV3	槍械是手槍嗎?				
	O Yes1 是 O No2 否 O REFUSED/DON'T KNOW3				
'QA23_GV4'	Are any of your firearms kept loaded and unlocked?				
AGV9	您是否有任何槍械已裝填彈藥且未鎖定?				
7010	Unlocked means not using a trigger lock, cable lock, or lock b	ox or cabinet/container.			

	未鎖定係指未使	b用扳機鎖、線纜槍鎖或帶鎖槍盒或槍櫃/保險櫃。
	•	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
	NG NOTE 'QA23 EARS THEN CC SECTION D'	
'QA23_GV5'	If you wanted a	a firearm, do you think you would be able to get one within 2 days?
AGV8	您是否認為想要	要的話,自己可以在兩天內就能拿到槍械?
	O	Yes1 是
	•	No2 否
	O	REFUSED/DON'T KNOW3

Section D: General Health, Disability, and Sexual Health

Height and Weight 'QA23_D1' These next questions are about your height and weight. How tall are you without shoes? 以下是幾個有關您的身高和體重的問題。您不穿鞋時身高是多少? You may answer in feet and inches or centimetres 您可以用英尺和英寸、或公尺和公分長度單位來回答 **AE17** 0 Feet 英呎 O Inches 英吋 0 Centimetres 公分 REFUSED/DON'T KNOW.....-3 \mathbf{O} PROGRAMMING NOTE 'QA23 D2': **DISPLAY INSTRUCTIONS:** IF 'AD65D' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'QA23 A4' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how"; ELSE DISPLAY "How" 'QA23_D2' {When not pregnant, how/How} much do you weigh without shoes? {不懷孕時,}您不穿鞋時體重是多少? You may answer in pounds or kilograms 您可以用磅或公斤重量單位來回答。 AE18 Pounds 磅 Kilograms 公斤 O REFUSED/DON'T KNOW-3 Disability 'QA23 D3' Are you blind or deaf, or do you have a severe vision or hearing problem? 您是盲人或聾人,或有嚴重視力或聽力障礙嗎? AD50 O Yes......1 0 No......2 [GO TO 'QA23_D5'] REFUSED/DON'T KNOW.....-3

[GO TO 'QA23_D5']

0

'QA23_D4'	Are you legally blind?			
	您是不是法律認	图可的盲人?		
AL8	•	Yes	1	
	•	是 No	2	
	O	否 REFUSED/DON'T KNOW	-3	
'QA23_D5'		hysical, mental, or emotional condition, do y remembering, or making decisions?	ou have 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?	
71210	•	Yes 是	1	
	•	No 否	2	
	•	REFUSED/DON'T KNOW	-3	
'QA23_D6'	Do you have di	fficulty dressing or bathing?		
AL11	您是否在穿衣或	次洗澡方面有困難?		
	O	Yes 是	1	
	O	No 否	2	
	0	REFUSED/DON'T KNOW	-3	
'QA23_D7'	'QA23_D7' Because of a physical, mental, or emotional condition, do you have difficul errands alone such as visiting a doctor's office or shopping?			
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?	
	•	Yes 是	1	
	0	No 否	2	
	0	REFUSED/DON'T KNOW	-3	
Sexual Partners	S			
'QA23_D8'	We are asking a few questions about people's sexual experiences. All anskept private.			
AD43B	我們會提出幾個有關性經歷的問題。所有的答案都會予以保密。			
7,5-105	In the past 12 r	months, how many sexual partners have you	ı had?	
	在過去十二個月]中,您有過幾位性伴侶?		

		Number of partners [HR: 0-99, SR: 0-20]	[IF 'QA23_D8'>=0 GO TO		
	O	位伴侣 REFUSED/DON'T KNOW3	'PN_QA23_D10'] [IF 'QA23_D8'>=0 GO TO 'PN_QA23_D9']		
'QA23_D9'	Can you give m	give me your best guess of the number of sexual partners you have had in the months?			
	您能不能儘量估計有幾個人?				
AD44B		Number of partners	[HD: 0 - 00 SD: 0 - 20]		
		Number of partners 位伴侶	[HR: 0 - 99, SR: 0 - 20]		
	OR				
	O	0 partners1 0 位伴侶			
	O	1 partner2 1 位伴侶			
	O	2-3 partners3 2-3 位伴侣			
	•	4-5 partners			
	•	6-10 partners5			
		6-10 位伴侶			
	•	More than 10 partners6 超過 10 位伴侶			
	•	REFUSED/DON'T KNOW3			
Sexual Orienta	tion				
IF 'QA23_D8' = PROGRAMMIN	NG NOTE 'QA23 = 0 (NO SEXUAL NG NOTE 'QA23 UE WITH 'QA23	_ PARTNERS IN LAST 12 MONTHS) OR 'AD44 _D11 ';	·' = 0, GO TO		
DISPLAY INST		: 1 (ONE PARTNER IN LAST 12 MONTHS), DIS	SPLAY "Is that partner		
male or female ELSE DISPLAY female"		months, have your sexual partners been male, f	emale, or both male and		
'QA23_D10'		male or female/In the past 12 months, have you r both male and female}?	r sexual partners been		
	{您的性伴侶是身 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	•	Male1 男性			
	O	Female2 女性			
	O	Both male and female3 男性和女性皆有			
	0	REFUSED/DON'T KNOW3			

'QA23_D11'	Which of the fo	ollowing best represents how you think of yourself	?		
AD46C	您認為自己是.				
AD46C	O	Lesbian or Gay2 女同性戀或男同性戀			
	O	Straight, that is, not lesbian or gay			
	O	Bisexual or pansexual6 雙性戀或泛性戀			
	O	I use a different term: ()7 我使用其他術語(請註明)			
	O	Don't know8 不清楚			
	O	Prefer not to answer9 不願作答			
	O	REFUSED3			
Registered Dor	mestic Partner				
IF ['QA23_A6' (IDENTIFIES A	AS FÈMALE) AN JE WITH 'QA23	S AS MALE) AND 'QA23_D10' = 1 (MALE)] OR [ID 'QA23_D10' = 2 (FEMALE)] OR ['QA23_D10' =			
'QA23_D12'	Are you legally	married to someone of the same sex?			
AD60B	您是否與同性短	训的人合法登記結婚?			
ABOOB	Do not include legal domestic partnership. Include legal same sex marriages performed in California and other states				
		司居伴侶關係(domestic partnership)。包括在加 e-sex marriage)	刊州和其他州履行的合法同		
	O	Yes1 是	[GO TO 'PN_QA23_D14']		
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA23_D13'	Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?				
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	的認可?		
	O	Yes1 是			
	O	No2 否			
	•	台 REFUSED/DON'T KNOW			

PROGRAMMING NOTE 'QA23_D14':

Pre-Exposure Prophylaxis

= 1 OR 3 (SEXI 'QA23_D14'; ELSE IF ('QA23 CONTINUE WI' ELSE IF 'QA23	UAL PARTNERS 3_A6' = 2 AND ' TH 'QA23_D14'; _A6' = 3 (IDENT _A6' = 1 AND 'C	A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MA B MALE OR BOTH FEMALE AND MALE), THEN QA23_A5' = 1) OR ('QA23_A6' = 1 AND 'QA23_ TIFIES AS TRANSGENDER), THEN CONTINUE QA23_D11'= 2 OR 6, THEN CONTINUE WITH 'C	CONTINUE WITH _A5' = 2), THEN WITH 'QA23_D14';			
'QA23_D14'	People who do not have HIV can take one pill a day to lower their risk of getti is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.					
AD79	沒有愛滋病毒(人類免疫缺乏病毒)的人可每天服用一粒藥丸,以減低染上愛滋病毒的風險。這稱為預防性用藥或 PrEP ,而藥丸亦稱為特魯瓦達(Truvada®)。					
ADIO	At any time in the past 30 days, have you taken PrEP or Truvada®?					
	過去 30 天內任何時刻,您曾否服用預防性用藥或特魯瓦達?					
	O	Yes1	[GO TO 'QA23_D18']			
	O	是 No2				
	_	否 REFUSED/DON'T KNOW				
(0.100 D.15)	0					
'QA23_D15'	In the past 12 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?				
7.200	O	Yes1 是	[GO TO 'QA23_D18']			
	O	No2				
	•	否 REFUSED/DON'T KNOW3				
'QA23_D16'	Have you ever taken any PrEP or Truvada®?					
-	您有否試過服用任何預防性用藥或特魯瓦達?					
AD81	Q	Yes1	[GO TO 'QA23_D18']			
		是	[00 10 QA25_D10]			
	•	No2 否				
	O	REFUSED/DON'T KNOW3				
'QA23_D17'	Before today, have you ever heard of PrEP or Truvada®?					
AD82	今天前,您有否聽過預防性用藥或特魯瓦達?					
	O	Yes1				

		是		
	O	No2		
		否 PEFFICED/DON'T KNOW		
	O	REFUSED/DON'T KNOW3		
HIV Testing				
'QA23_D18'	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?		
7.200	O	Yes1		
	O	No2	[GO TO 'QA23_D20']	
	O	否 REFUSED/DON'T KNOW	[GO TO 'QA23_D20']	
'QA23_D19'	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?	
	•	I was offered the test1 我曾接受測試	[GO TO 'PN_QA23_F1']	
	O	I asked for the test2 我曾要求測試	[GO TO 'PN_QA23_F1']	
	O	I was required to take the test4 我被要求進行檢測		
	O	I don't remember3 我不記得了	[GO TO 'PN_QA23_F1']	
	O	Other (Specify:)91 其他(請詳述:)	[GO TO 'PN_QA23_F1']	
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_F1']	
'QA23_D20'	Were you eve	er offered an HIV test?		
AD85	您曾否獲提供愛滋病毒測試?			
ADOS	O	Yes1 是		
	O	No2 否		
	\circ	REFLISED/DON'T KNOW -3		

Section F: Mental Health

K6 Mental Health Assessment

'QA23_F1' The following questions ask about how you have been feeling during the past 30 days. For each question, please mark the category that best describes how often you had this feeling. 以下是關於在過去30天內您的感覺的問題。對於每個問題,請標記最能說明您有這種感覺 的頻率的範圍。 AJ29 About how often during the past 30 days did you feelnervous? 在過去30天內, 您大約每隔多久會感到…緊張不安? 0 All of the time1 總是 Most of the time2 0 大部分時候 Some of the time......3 0 有些時候 A little of the time4 O 少量時候 None of the time.....5 0 從未 REFUSED/DON'T KNOW.....-3 0 'QA23 F2' ... hopeless? 感到毫無希望? AJ30 0 Most of the time2 0 大部分時候 0 有些時候 A little of the time4 0 少量時候 None of the time.....5 0 REFUSED/DON'T KNOW.....-3 0 'QA23 F3' ... restless or fidgety? 不安或煩躁? AJ31

		少量時候	
	O	None of the time 從未	5
	O	使术 REFUSED/DON'T KNOW	3
'QA23_F4'	so depresse	ed that nothing could cheer you up?	
AJ32	非常壓抑以致何	壬何事情都無法讓您高興起來?	
A332	O	All of the time 總是	1
	O	Most of the time 大部分時候	2
	O	Some of the time有些時候	3
	O	A little of the time 少量時候	4
	O	None of the time從未	5
	O	REFUSED/DON'T KNOW	3
'QA23_F5'	that everyth	ing was an effort?	
AJ33	做每件事都很多	費力?	
A000	•	All of the time 總是	1
	O	Most of the time 大部分時候	2
	O	Some of the time 有些時候	3
	O	A little of the time 少量時候	4
	O	None of the time從未	5
	O	REFUSED/DON'T KNOW	3
'QA23_F6'	worthless?		
AJ34	自己毫無用處'	?	
A334	O	All of the time 總是	1
	0	Most of the time 大部分時候	2
	O	Some of the time有些時候	3
	O	A little of the time 少量時候	4
	O	None of the time從未	5
	O	REFUSED/DON'T KNOW	3

不安或煩躁?

Repeated K6	
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'QA23_F7'	Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?			
AF62	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?	
71. 02	O	Yes1 是		
	O	No2 否	[GO TO 'QA23_F14']	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_F14']	
'QA23_F8'	The next ques your worst em	tions are about the one month in the past 12 mor otionally.	nths when you were at	
AF63	以下是有關在i	過去十二個月中你的精神狀態最差的一個月的問題	0	
7 00	During that sa	me month, how often did you feelnervous?		
	在那個月中, 何	你感到精神緊張的頻率有多高?		
	•	All of the time1 總是		
	O	Most of the time2 大部分時候		
	•	Some of the time3 有些時候		
	O	A little of the time4 少量時候		
	•	None of the time5 從未		
	O	REFUSED/DON'T KNOW3		
'QA23_F9'	hopeless?			
AF64	感到毫無希望?	?		
7 0.	O	All of the time1 總是		
	O	Most of the time2 大部分時候		
	O	Some of the time3 有些時候		
	O	A little of the time4 少量時候		
	O	None of the time5 從未		
	•	REFUSED/DON'T KNOW3		
'QA23_F10'	restless or	fidgety?		

AF65			
	0	All of the time 總是	1
	O	Most of the time 大部分時候	2
	O	Some of the time有些時候	3
	O	A little of the time少量時候	4
	O	None of the time	5
	0	從未 REFUSED/DON'T KNOW	3
'QA23_F11'	so depressed	I that nothing could cheer you up?	
4500	非常壓抑以致任	何事情都無法讓您高興起來?	
AF66	O	All of the time	1
	•	Most of the time 大部分時候	2
	O	Some of the time有些時候	3
	0	A little of the time少量時候	4
	•	None of the time	5
	•	從未 REFUSED/DON'T KNOW	3
'QA23_F12'	that everythi	ng was an effort?	
AF67	做每件事都很費	力?	
Al Of	O	All of the time 總是	1
	•	Most of the time 大部分時候	2
	0	Some of the time 有些時候	3
	0	A little of the time少量時候	4
	•	None of the time	5
	•	從未 REFUSED/DON'T KNOW	3
'QA23_F13'	worthless?		
AFCO	自己毫無用處?		
AF68	O	All of the time	1
	O	總是 Most of the time 大部分時候	2

•	Some of the time3 有些時候
O	A little of the time4 少量時候
O	None of the time5 從未
O	REFUSED/DON'T KNOW3

Sheehan Scale

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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';
```

'QA23_F14' Think {again, please,} about the month in the past 12 months when you were at you 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

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PROGRAMMING NOTE 'QA23_F15':
IF AGE > 70 GO TO 'QA23_F16';
ELSE CONTINUE WITH 'QA23_F15';
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'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

O A lot......1 大量 Version 3.01

	O	Some
	O	Not at all 3 毫不
	O	I do not work 4 我不工作
	O	REFUSED/DON'T KNOW3
'QA23_F16'	Did your emoti	ons interfere a lot, some, or not at all with your household chores?
AF70B	您的情緒對您們	故家務是影響很大、有一些影響還是根本沒有影響?
	•	A lot1 大量
	O	Some
	O	Not at all 3 毫不
	O	REFUSED/DON'T KNOW3
'QA23_F17'	Did your emoti	ons interfere a lot, some, or not at all with your social life?
AF71B	您的情緒對您的	的社交生活是影響很大、有一些影響還是根本沒有影響?
	O	A lot1 大量
	O	Some
	O	Not at all 3 毫不
	O	REFUSED/DON'T KNOW3
'QA23_F18'	Did your emoti and family?	ons interfere a lot, some, or not at all with your relationship with friends
AF72B	您的情緒對您與	早朋友及家人的關係是影響很大、有一些影響還是根本沒有影響?
	0	A lot1 大量
	•	Some
	0	Not at all 3 毫不
	O	REFUSED/DON'T KNOW3
'QA23_F19'	were you totall	ut the past 12 months. About how many days out of the past 365 days y unable to work or carry out your normal activities because of your feeling essed, or emotionally stressed?
		十二個月的情況。在過去的 365 天中,大約有多少天因為您感到精神緊張、 力而完全無法工作或從事正常的活動?
AF73B		NUMBER OF DAYS

	•	REFUSED/DON'T KNOW	3		
Access & Utiliza	ation				
'QA23_F20'		r a time during the past 12 months when younal because of problems with your mental ohol or drugs?			
AF81	在過去十二個月需要約見專業人] 中,您是否曾經因為您的精神健康、情感、 、士呢?	神經、	酗酒或吸	毒的問題感到
AFOI	•	Yes 是	1		
	O	No 否	2	[GO TO '	QA23_F22']
	•	REFUSED/DON'T KNOW	3	[GO TO '	QA23_F22']
'QA23_F21'	Does your insupsychologist or	rance cover treatment for mental health propsychiatrist?	blems	, such as v	visits to a
AJ1	您的保險是否為	5.精神健康疾病治療提供保賠?例如,心理學	基家或料	青神病學家	門診。
AUT	•	Yes	1		
	Q	是 No	2		
		否			
	0	Don't have insurance REFUSED/DON'T KNOW			
'QA23_F22'		months have you seen your primary care phith your mental health, emotions, nerves, or			
	在過去十二個月 過您的主治醫生] 中,您是否曾經因為您的精神健康、情感、 E或全科醫生?	神經、	酗酒或吸	毒的問題約見
AF74	O	Yes	1		
	•	是 No	2		
	•	否 REFUSED/DON'T KNOW	3		
'QA23_F23'		months have you seen any other profession social worker for problems with your menta ohol or drugs?			
		日中,您是否曾經因為您的精神健康、情感、 美人員,例如心理諮詢師、精神病醫生或社會			毒的問題約見
AF75	O	Yes 是	1		
	•	No 否	2		

	O	REFUSED/DON'T KNOW3	
		3_F24': _F23'= 1, THEN CONTINUE;	
'QA23_F24'		our problems with mental health, emotions, nerve ast 12 months. Did you receive care from an in-pe t?	
		去 12 個月內出現的精神健康、情緒、神經問題或何面就診、視像就診或電話就診的方式獲得護理?(
AF114	Check all that	apply	
		In-person visit1 當面就診	[GO TO 'QA23_F25']
		Video visit2 視像就診	[GO TO 'QA23_F26']
		Telephone visit3 電話就診	[GO TO 'QA23_F27']
	0	No4 否 REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_F28']
	O	REFUSED/DON I KNOW3	[GO TO 'PN_QA23_F28']
'QA23_F25'	How satisfied	are you with the in-person visit?	
AF115	您對透過當面	就診獲得的護理滿意程度為何?	
	O	Very satisfied1 非常滿意	
	O	Somewhat satisfied2 較滿意	
	•	Somewhat dissatisfied3 較不滿意	
	O O	Very dissatisfied4 非常不滿意 REFUSED/DON'T KNOW3	
'QA23_F26'	_	were you with the video visit?	
	您對透過視像	就診獲得的護理滿意程度為何?	
AF116	O	Very satisfied1 非常滿意	
	O	Somewhat satisfied2 較滿意	
	O	Somewhat dissatisfied3 較不滿意	
	•	Very dissatisfied4 非常不滿意	
	O	REFUSED/DON'T KNOW3	

'QA23_F27'	How satisfied v	vere you with the telephone visit?	
	您對透過電話就	北診獲得的護理滿意程度為何?	
AF117			
	O	Very satisfied1 非常滿意	
	0	Somewhat satisfied2 較滿意	
	O	Somewhat dissatisfied3 較不滿意	
	O	Very dissatisfied4 非常不滿意	
	O	REFUSED/DON'T KNOW3	
		3_F28': F23' = 1 THEN CONTINUE WITH 'QA23_F28';	
'QA23_F28'	Did you seek h	elp for your mental or emotional health or for an	alcohol or drug problem?
AF76	您是否曾經因為	為精神或情感健康、酗酒或吸毒的問題尋求幫助?	
	O	Mental-emotional health1 心理—情緒健康	
	•	Alcohol-drug problem2 酗酒一吸毒問題	
	•	Both mental and alcohol-drug problems3 心理及酗酒—吸毒問題皆有	
	O	REFUSED/DON'T KNOW3	
IF 'QA23_F28' IF 'QA23_F28' IF 'QA23_F28'	= 2, display: "us = 3, display: "m	B_F29': ental or emotional health"; se of alcohol or drugs"; ental or emotional health and your use of alcohol	or drugs";
ELSE SKIP TO	'QA23_F30'		
'QA23_F29'	your {mental or	months, how many visits did you make to a profe emotional health/use of alcohol or drugs/mental ohol or drugs}? Do not count overnight hospital	or emotional health and
AF77		日中,您{因為精神或情感健康/酗酒或吸毒/精神情息 人員多少次?請勿包括住院的次數。	感健康以及酗酒或吸毒的
AIT		Number of visits 次就診次數	[HR:0-365, SR:0-52]
	O	REFUSED/DON'T KNOW3	
'QA23_F30'	Are you still red	ceiving treatment for these problems from one or	more of these providers?
AF78	您現在仍然因為	高這些問題在約見其中的一位或多位服務提供者嗎	?
AF10	•	Yes1	[GO TO 'QA23_F33']

		是	
	•	No2	
		否	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_F33']
'QA23_F31'	Did you comp	elete the recommended full course of treatment?	
AF79	您是否已經完	成了建議的全部療程?	
AF79	O	Yes1 是	[GO TO 'QA23_F33']
	O	No2 否	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_F33']
'QA23_F32'	What is the m	ain reason you are no longer receiving treatment?	
4500	您不再接受治	療的主要原因是什麼?	
AF80			
	•	Got better/ no longer needed treatment1 狀況好轉/不再需要了	
	•	Not getting better2 狀況沒有好轉	
	O	Wanted to handle problem on my own3 想要自己處理問題	
	•	Had bad experiences with treatment4 治療經驗不良	
	O	Lack of time or transportation5 缺乏時間/交通工具	
	O	Too expensive6 太過昂貴	
	O	Insurance does not cover7 保險不保	
	•	Other (Specify:)91 其他(請詳述:)	
	O	REFUSED/DON'T KNOW3	
'QA23_F33'		st 12 months, did you take any prescription medicant or sedative, almost daily for two weeks or more, blem?	
		月中,您是否曾經因情感或個人問題連續兩週或以 鬱藥或鎮靜劑?	上幾乎每天服用任何處方
AJ5	O	Yes1	
	O	だ No2 否	
	•	台 REFUSED/DON'T KNOW3	
Stigma			

PROGRAMING NOTE 'QA23_F34':

_	CONTINUE WIT	3_F22' ≠ 1 AND 'QA23_F23' ≠ 1) (PERCEIVED NEED, BUT NO TH 'QA23_F34' ;
'QA23_F34'		reasons people have for not seeking help even when they think they Please mark 'yes' or 'no' for whether each statement applies to why you rofessional.
AF92		
AF82	You were conc	erned about the cost of treatment.
	您擔心治療的費	費用。
	•	Yes1 是
	•	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_F35'	You did not fee	el comfortable talking with a professional about your personal problems.
A F02	您與專業人員認	於論自己的個人問題感到不自在。
AF83	O	Yes1 是
	0	No2 否
	•	REFUSED/DON'T KNOW3
'QA23_F36'	You were conc	erned about what would happen if someone found out you had a problem.
AF84	您擔心如果有人	知道了您的問題後會出現什麼情況。
A1 04	•	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_F37'	You had a hard	d time getting an appointment.
AF85	您在預約時遇到	到了困難。
	O	Yes1 是
	O	No2

REFUSED/DON'T KNOW.....-3

0

Climate Chang	e			
		S_F38': CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS		
'QA23_F38'		gerous weather-related events are increasing in California. These include raves, flooding, wildfires, and smoke from wildfires, to prevent a wildfire.		
AF110B	在加州,與天氣 、野火產生的熠	[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 望霧。		
7.1.1105		In the past two years, have you or members of your household personally experienced extreme heat wave?		
	過去兩年間,您	或家庭成員是否曾親身經歷極端熱浪?		
	O	Yes1 是		
	•	No2 否		
	•	REFUSED/DON'T KNOW3		
'QA23_F39'	Wildfire?			
AF110C	野火?			
Airioo	•	Yes1 是		
	•	No2 否		
	O	REFUSED/DON'T KNOW3		
'QA23_F40'	Smoke fro	m wildfire?		
AF110D	野火產生的	煙霧?		
ALTIOD	O	Yes1 是		
	O	No2 否		
	•	REFUSED/DON'T KNOW3		
'QA23_F41'	Flood/rising	g sea levels/mudslide?		
AF110E	洪水/海平面	5上升/山泥傾瀉?		

O

 \mathbf{O}

否

83

Yes.....1

No.....2

	O	REFUSED/DON'T KNOW3
IF ADULTCNT PHYSICAL HE IF 'QA23_F38' 'QA23_F39' = OR 'QA23_F4' OR 'QA23_F4'	ALTH OF MEME = 1 THEN CON 1 THEN CONTII 0' = 1 THEN CO 1' = 1, THEN CO PLAY 'Not application	CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE BERS OF YOUR HOUSEHOLD" TINUE AND DISPLAY "Yes, from extreme heat waves', OR NUE AND DISPLAY "Yes, from wildfire" OR NTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR ONTINUE AND DISPLAY, "Yes, from flooding"
'QA23_F42'	Was your phys	ical health {or the physical health of members of your household} harmed events?
AF111B	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?
ALTIB		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
	•	REFUSED/DON'T KNOW3
IF ADULTCNT HEALTH OF M IF 'QA23_F38' 'QA23_F39' = 'QA23_F40' =1 'QA23_F41' =	EMBERS OF YOU = 1 THEN CONTIFIED THEN CONTIFIED CONTIFI	CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL OUR HOUSEHOLD" TINUE AND DISPLAY "Yes, from extreme heat waves', OR NUE AND DISPLAY "Yes, from wildfire" OR IUE AND DISPLAY, "Yes, from smoke from wildfires" OR NUE AND DISPLAY, "Yes, from flooding"
'QA23_F43'	Was your mentance any of these even	tal health {or the mental health of members of your household} harmed by vents?
AF112B	您的心理健康{i	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?
		Yes, from extreme heat waves1 是,極端熱浪
		Yes, from flooding2

Yes, from wildfires......3

是,洪水

是,野火

that

	Ц	Yes, from smoke from wildfires4
		是,野火產生的煙霧
	O	Not Applicable5
		不適用
	•	REFUSED/DON'T KNOW3
	NG NOTE AF11	
_	' = 1 CONTINUE	·
ELSE SKIP IC) PROGRAMIMII	NG NOTE 'QA23_G1' IN 'SECTION G'
'QA23_F44'	When you exp provided filtere	perienced wildfire smoke in your community, did you access a space ed air?
AF118	當您在社區中記	遇到野火煙霧時,您是否進入了提供過濾空氣的空間?
		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.)
	•	No5 否
	•	Not applicable6 不適用
	\mathbf{O}	REFUSED/DON'T KNOW -3

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'QA23_G1':

DISPLAY INSTRUCTIONS:

IF CHILD INTERVIEW COMPLETED AND 'QA23_A38' = 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_A38' = 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.{您的回答會得到保密,不會向移民局報告。}

PROGRAMMING NOTE 'QA23_G2':

IF CHILD INTERVIEW COMPLETED AND 'QA23_A38'=1, MARK 'QA23_G2'= 'CH11' AND GO TO 'QA23_G3';

IF CHILD INTERVIEW COMPLETED AND 'QA23_A38'=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

•	United States1 美國
O	American Samoa2 美屬薩摩亞
•	Canada3 加拿大
•	China4 中國
•	Guam9 關島
•	Japan 16
•	Korea17 韓國
•	Mexico
•	Philippines
•	Puerto Rico
•	Vietnam25 越南
0	Virgin Islands

Other (Specify: _____)........... 91

 \mathbf{O}

	O	其他(請詳述: REFUSED/DON'T KNOV) N3	
	NO NOTE (OA)	20.001		
	NG NOTE 'QA2 ≠ 1, (NOT BOR	23_G37: RN IN US) GO TO 'PN_QA2	23_G5';	
ELSE IF 'QA2 : IF CHILD INTE mentioned you	3_G2' = 1 OR -: ERVIEW COMP were born in th	3 (BORN IN US, SKIPPED)	CONTINUE WITH 'QA23_G3'; 2 AND 'QA23_G2' = 1 DISPLAY "You previo	ously
'QA23_G3'	{You previous mother born?	sly mentioned you were borr	n in the United States}. In what country was y	your
ALIOA	{您先前提到過	仍您出生於美國。}您的母親是	是在哪個國家出生的?	
AH34	O	United States 美國	1	
	•	American Samoa 美屬薩摩亞	2	
	•	Canada 加拿大	3	
	•	China 中國		
	•	Guam 關島		
	0	Japan 日本		
	0	Korea 韓國		
	0	Mexico 墨西哥		
	O O	Philippines 菲律賓 Puerto Rico		
	_	波多黎各		
	O O	Vietnam 越南 Virgin Islands	-	
	•	美屬維京群島		
	•	Other (Specify: 其他(請詳述: REFUSED/DON'T KNOV)91)	
'QA23_G4'		ry was your father born?	· · · · · · · · · · · · · · · · · · ·	
	您的父親是在	哪一個國家出生的?		
AH35	\sim	United States	4	
	•	美國		
	•	American Samoa 美屬薩摩亞	2	
	\circ	Canada	3	

	加拿大	
O	China	4
	中國	
O	Guam	9
	關島	
\mathbf{C}	Japan	16
	日本	
O	Korea	17
	韓國	
\mathbf{O}	Mexico	18
	墨西哥	
O	Philippines	19
	菲律賓	
O	Puerto Rico	22
	波多黎各	
O	Vietnam	25
	越南	
\mathbf{O}	Virgin Islands	26
	美屬維京群島	
\mathbf{O}	Other (Specify:	<u>)</u> 91
	其他(請詳述:)	
\mathbf{O}	REFUSED/DON'T KNOW	3

Citizenship and Immigration

PROGRAMMING NOTE 'QA23_G5':

IF 'QA23_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND '[(SC17B'=1 AND CH11A=1) OR (SC17B=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
	是	
O	No	2
	否	
O	Application pending	3
	申請待審	
O	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23_G6':

IF 'QA23_G5' = 2, 3 CONTINUE ELSE GOTO 'QA23_G7'
IF 'QA23_G2' = 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.

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

People usually call this a "Green Card" but the color can also be pink, blue, or white.

	人們通常把它想	爾作「綠卡」,但卡的顏色可能是粉紅色、藍色或白色。
	O	Yes1 是
	O	^た No2 否
	O	Application pending3 申請待審
	O	REFUSED/DON'T KNOW3
'QA23_G7'	About how man	ny years have you lived in the United States?
AH41	您在美國已經局	居住了大約多少年?
АП41	For less than a	a year, enter 1 year
	若不足一年, 鶇	<i>輸入1年</i>
		Number of years 年
	O	REFUSED/DON'T KNOW3
	= 03-08, 10-21,	Y: 23-25 OR 91-99) AND ' QA23_G7 ' = MISSING, CONTINUE; 3 NOTE ' QA23_A24 '
'QA23_G8'		
AH41Y		
АП411		Year (First came to live in U.S.)
	O	年首次來到並居住在美國 REFUSED/DON'T KNOW
PROGRAMMIN IF 'QA23_G5' = ELSE CONTINU	1 (NATURALIZ	ZED) OR ' QA23_G6 ' = 1 (HAS GREEN CARD), GO TO ' QA23_G11 ';
'QA23_G9'		atly here on any of the following: a tourist visa, a student visa, a ermit, or another document which permits you to stay in the U.S. for a of time?
AG36B		圖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 您在美國有限期居留的 的證件?
AG30B	O	Tourist visa1 旅遊簽證
	O	Student visa
	•	Work visa or permit3 工作簽證或許可
	O	Deferred action for childhood arrivals or "DACA"4

		童年人境者暫緩遣返手續 (DACA)	
	O	Another document which permits stay	
		for limited time	
	Q	允許有限期居留的其他證件 Refugee/asylum status8	[GO TO 'QA23_G11']
	•	難民/庇護狀態	[GO 10 QA23_G11]
	O	Other (specify:)	
		其他(請註明:)	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_G11']
'QA23_G10'	Is this visa or d	document still valid or has it expired?	
AG37B	該簽證或證件是	是否仍然有效還是已過期?	
	O	Valid1 有效	
	•	Expired2 已過期	
	O	Application pending3 申請中	
	O	REFUSED/DON'T KNOW3	
Living with Pare	ents		
	10 NOTE (0.10)	2.044	
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SE CONTINUE WI	MORE ADULTS EPARATED, NE TH 'QA23_G11	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE ';	-3 (WIDOWED,
PROGRAMMIN IF ['AAGE' < 30' HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO '	OOR 'QA23_A4 MORE ADULT' EPARATED, NE TH 'QA23_G11 PN_QA23_G20	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE ';	-3 (WIDOWED,
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SE CONTINUE WI	OOR 'QA23_A4 MORE ADULT' EPARATED, NE TH 'QA23_G11 PN_QA23_G20	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE ';	-3 (WIDOWED,
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO 'I 'QA23_G11'	OOR 'QA23_A4 MORE ADULT' EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now liv	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE ';	-3 (WIDOWED,
PROGRAMMIN IF ['AAGE' < 30' HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO '	OR 'QA23_A4 MORE ADULTS EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now liv	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE ', ',' ving with either of your parents?	-3 (WIDOWED, ADULTS LIVING IN HH)],
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO 'I 'QA23_G11'	OOR 'QA23_A4 MORE ADULT'S EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now liv 您目前有沒有與	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE '; ', ', ', ', ', ', ', ', ', ', ', ', ',	-3 (WIDOWED, ADULTS LIVING IN HH)],
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO 'I 'QA23_G11'	OOR 'QA23_A4 MORE ADULT'S EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now liv 您目前有沒有與	** = 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE '; ** ving with either of your parents? ** with either of your parents? ** vour parents as well as your spouse/partner's parents as your spouse/partner's paren	-3 (WIDOWED, ADULTS LIVING IN HH)],
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO 'I 'QA23_G11'	OR 'QA23_A4 MORE ADULTS EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now live 您目前有沒有與 This includes y 這包括您的父母	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE '; ving with either of your parents? we wour parents as well as your spouse/partner's parents as your spouse/partner's	-3 (WIDOWED, ADULTS LIVING IN HH)],
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO 'I 'QA23_G11'	OOR 'QA23_A4 MORE ADULT'S EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now liv 您目前有沒有與 This includes y 這包括您的父母	Y= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE '; ' wing with either of your parents? We who can be a seed as your spouse/partner's parallel by the cour parents as well as your spouse/partner's parallel by the cour parents as well as your spouse/partner's parallel by the cour parents as well as your spouse/partner's parallel by the course of the course o	-3 (WIDOWED, ADULTS LIVING IN HH)],
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO 'I 'QA23_G11'	OOR 'QA23_A4 MORE ADULT'S EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now live 您目前有沒有與 This includes y 這包括您的父母	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE it, ying with either of your parents? wing with either of your parents? wour parents as well as your spouse/partner's parents with the parents as well as your spouse partner's parents with the parents as well as your spouse partner's parents with the parents as well as your spouse partner's parents with the parents as well as your spouse partner's parents with the par	-3 (WIDOWED, ADULTS LIVING IN HH)],
PROGRAMMIN IF ['AAGE' < 30 HH) AND 3 OR DIVORCED, SI CONTINUE WI ELSE GO TO 'I 'QA23_G11' AH43A	O OR 'QA23_A4 MORE ADULTS EPARATED, NE EPARATED, NE TH 'QA23_G11 PN_QA23_G20 Are you now live 您目前有沒有與 This includes y 這包括您的父母 O O	'= 1 (AGE 18-29)] AND ['QA23_A24' = 1 (SPC S LIVE IN HH OR 'QA23_A23' = 3, 4, 5, 6, OR EVER MARRIED, SKIPPED) AND 2 OR MORE it, ying with either of your parents? wing with either of your parents? wour parents as well as your spouse/partner's parents with the parents as well as your spouse partner's parents with the parents as well as your spouse partner's parents with the parents as well as your spouse partner's parents with the parents as well as your spouse partner's parents with the par	-3 (WIDOWED, ADULTS LIVING IN HH)], arents

QA23_G12' {Earlier you mentioned you had at least one adolescent age 12 to 17 in your household.} We would like to survey {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take {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

按一下這裡杳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?

\mathbf{O}	Yes	
	是	
\mathbf{C}	No	2
	否	
\circ	Refused/Don't know	-3

PROGRAMMING NOTE 'QA23 G13':

IF 'QA23_G12' =2, -3 SKIP TO 'QA23_G14';

ELSE CONTINUE WITH 'QA23 G13';

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{c}	Yes	1
	是	
\mathbf{c}	No	2
	否	
\mathbf{c}	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23 G14':

IF 'QA23_G12'_A =2, -3 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} answers8714."

ELSE SKIP TO 'QA23_G15'

'QA23_G14' We understand that you would prefer that your teen not participate in the survey.

我們理解您不希望您的青少年參與調查。謝謝您的考慮。

TP1 BRC

{However, 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.}

{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?

•	Yes1 是	[GO TO 'QA23_G15']
•	Yes if no questions on drugs2 是的,如果排除關於毒品的問題	[GO TO 'QA23_G15']
O	Yes if no questions on sexual behavior3 是的,如果排除關於性行為的問題	[GO TO 'QA23_G15']
0	Yes if no questions on drugs and sexual behavior4 是的,如果排除關於毒品和性行為的問題	[GO TO 'QA23_G15']
O	No5 否	[GO TO 'QA23_G18']
O	REFUSED/DON'T KNOW3	[GO TO 'QA23_G18']

'QA23_G15'	properly conta OR GENDER/	permitting your teen to participate in this importar ct your teen, please provide {ADOLESCENT'S FI AGE DESIGNATION} first and last name. Remen ed with {his/her} answers.	RST NAME OR INITIALS
TP_NAME	{ADOLESCEN	您的青少年參與這項重要的研究。為了以適當方式 IT'S FIRST NAME OR INITIALS OR GENDER/AG 記住,{他的/她的}名字不會和回答聯繫起來。	
IP_NAME	First name 名字		
	Last name 姓氏		
	to try and call Because it is i survey, it woul {him/her}. This	our teen does not complete the web survey, we we your teen and have {him/her} complete the survey important that we contact {ADOLESCENT'S FIRS in the best phone in the phone number will be erased from our records a home, landline, or cell phone number.	over the phone. T NAME} to complete the umber to try and contact
	透過電話完成 如果您能提供{	沒有完成線上調查,我們希望取得您的同意,儘量 調查。因為我們必須聯繫{ADOLESCENT'S FIRST 他/她}的最佳聯絡電話號碼以儘量聯絡到他{他/ 電話號碼將從我們的記錄中刪除。這可以是住家、	NAME}來完成本調查, 她},將會很有幫助。研究
		ase provide a home, landline, or other cell phone OLESCENT'S FIRST NAME}?	number that we may call
	可以請您提供。碼嗎?	我們聯繫{ADOLESCENT'S FIRST NAME}的住家、	有線(固網)或手機號
		⁻	
	O	Landline1 有線(固網)	
	0	Cell phone2 手機	[GO TO 'QA23_G16']
	\circ	REFLISED/DON'T KNOW -3	

'QA23_G16' Is the cell phone number you just provided your teen's personal phone number?

您剛才提供的手機號碼是您孩子的私人電話號碼嗎?

TP2_CELL2

\mathbf{O}	Yes	1
\circ	是 No	2
•	否	
\bigcirc	REFUSED/DON'T KNOW	_3

'QA23_G17' Are you willing to let us send your teen a text message reminder to participate in the survey?

您是否同意我們向您的孩子發送簡訊, 以提醒參與調查?

TP3

•	Yes1	[GO TO 'QA23_G19']
O	No2	[GO TO 'QA23_G19']
O	台 REFUSED/DON'T KNOW -3	IGO TO 'QA23 G19'1

'QA23_G18' We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

我們理解您不希望您的孩子參與調查。非常感謝您的體諒。

PROGRAMMING NOTE 'QA23 G19':

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_A37' ARE AGE 13 OR LESS, CONTINUE WITH 'QA23_G20'; ELSE GO TO 'QA23_A22';

IF ANY CHILD IN ROSTER 'QA23_A37' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children under age 14";

IF 'QA23_A23' = 1 (MARRIED) AND 'QA23_A24' =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";

ELSE IF 'QA23_A24' = 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

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。

O	Yes1	
C	是 No2	[GO TO 'QA23_A22']
	- 台	

	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_A22']
'QA23_G21'	In the past mo	onth, how much did you pay for all child care arrar	ngements 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	You or anothe	er adult in your household may pay for this arrang	ement or program
	您或您家中的	另一位成年人可能會為此安排或計畫負擔費用	
	If it easier for a typical week	you, how much do you pay for all child care arran k last month.	gements and programs in
		容易,您可以告訴我您在上個月最有代表性的一遇 何一位成年人。	<i>中支付了多少費用。您或</i>
	O	Amount last month 上個月金額[HR: 0-8,000]	[HR: 0-8,000]
	O	工间方金硪[rik. 0-8,000] Amount in typical week 平常按週計算金額為[HR: 0-3,000]	[HR: 0-3,000]
	O	There was no payment in the last month	
	•	上個月無應付金額 REFUSED/DON'T KNOW	
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?	
AOZZ	O	Yes1 是	
	O	No2 否	[GO TO 'QA23_G27']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_G27']
'QA23_G23'	When did you	serve?	
AG23	您是什麼時候	在軍隊服役的?	
NOZO	•	From (Dynamic range - Starting rashould be their Birth year) 自	ange for each person
	•	To Still serving 仍在服役(現役)	
		OR	
	Check all that	t apply	

		World War II (Sept 1940 to July 1947)1 第二次世界大戰(1940 年 9 月至 1947 年 7 月)
		Korean War (June 1950 to Jan 1955)2 韓戰(1950 年 6 月至 1955 年 1 月)	,
		Vietnam War (Aug 1964 to April 1975)3 越南戰爭(1964 年 8 月至 1975 年 4 月)	
		Gulf War/ Operation Desert Storm (1990 to 1991)4	_,
		波斯灣戰爭/沙漠風暴行動(1990 年至 1991 年 Afghanistan/ Operation Enduring Freedom (2001 to 2021)	‡)
		Iraq War / Operation Iraqi Freedom (2003 to 2021)6 伊拉克戰爭/伊拉克自由作戰(2003 年至 202	1 年)
	O	REFUSED/DON'T KNOW3	
'QA23_G24'	Altogether, ho	ow long did you serve?	
	您總共服役多	長時間?	
AG24	•	Years 年	
	O	Months	
	O	REFUSED/DON'T KNOW3	
'QA23_G25'	Do you have a	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?
AGST	O	Yes1 是	
	O	~	[GO TO 'QA23_G27']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_G27']
'QA23_G26'	What is your s	service-connected disability rating?	
AG32	您與服役相關	而造成殘疾的等級是多少?	
71002	O	0 Percent1	
	•	10 or 20 Percent2	
	•	10% 或 20% 30 or 40 Percent3 30% 或 40%	
	O	50 or 60 Percent4 50% 或 60%	
	O	70 Percent or higher5	
		70% 或以上	

Employment

'QA23_G27' Which of the following were you doing last week?

您上週曾經從事以下哪些工作,是......

AK1

If you worked remotely from home, please select working at a job or business.

如果您以遠程方式在家工作,請選擇您是為了一項工作或一間公司工作。

\mathbf{O}	Working at a job or business1	[GO TO
	從事工作或業務	'PN_QA23_G31']
\mathbf{O}	With a job or business but not at work2	
	有工作或業務,但不在工作	
\mathbf{O}	Looking for work3	
	在找工作	
\mathbf{O}	Not working at a job or business4	
	沒有從事工作或業務	
\mathbf{O}	REFUSED/DON'T KNOW3	[GO TO
		'PN_QA23_G31']

'QA23_G28' What is the main reason you did not work last week?

您上週沒有工作的主要原因是什麼?

AK2

Main reason is the most important reason

主要原因指最重要的原因。

O	Taking care of house or family1 照顧房子或家庭	
0	On planned vacation2 在度計劃的假期	
O	Couldn't find a job3 找不到工作	
O	Going to school/student4 上學/學生	
O	Retired5 退休	[GO TO 'QA23_G30']
•	Disabled6 殘障	[GO TO 'QA23_G30']
0	Unable to work temporarily7 暫時無法工作	
0	On layoff or strike8 臨時解雇或罷工中	
0	On family or maternity leave9 休家庭假或產假	
O	Off season10 淡季	
0	Sick 11 病假	
•	Other 91	

		其他 PEELIOED/DON'T KNOW	
	•	REFUSED/DON'T KNOW3	
'QA23_G29'	Do you usually	work?	
AG10	您通常工作嗎?		
7.0.0	•	Yes1 是	
	O	No2 否	
	O	Looking for work3 找工作	
	•	REFUSED/DON'T KNOW3	
IF ['AAGE' = -3 'QA23_G28' =	5 (RETIRED) OI	B_G30': 5] AND ['QA23_G29'= 2 (DOES NOT USUALLY R 6 (DISABLED)] CONTINUE WITH 'QA23_G30 B NOTE 'QA23_G31'	
'QA23_G30'	Are you receivi	ng Social Security Disability Insurance or SSDI?	
	您是否在領取社	t會安全殘障保險(Social Security Disability Insura	nce, 簡稱 SSDI)?
AL22		Ven	100.10
	O	Yes1 是	[GO TO 'PN_QA23_G35']
	•	No2	[GO TO
	O	否 REFUSED/DON'T KNOW3	'PN_QA23_G35'] [GO TO 'PN_QA23_G35']
IF 'QA23_G27' WITH 'QA23_C		ng, with job, skipped) OR 'QA23_G29' = 1 (usual	lly works), CONTINUE
'QA23_G31'		ob, are you employed by a private company, the gor are you working without pay in a family busine	
AK4		工作的僱主是: 私人公司、政府部門、還是您是自行 業或農場內不付薪水的工作	行經營者(個體經營者)
AN4	Your main job i	s where you work the most hours	
	您工作時間最長	<i>影的是您的主要工作</i>	
	O	Private company, non-profit organization or foundation	
	0	Government2 政府	
	O	Self-employed3 自雇者(Self-Employed)	

	O	Family business or farm4 家族企業或農場
	•	REFUSED/DON'T KNOW3
IF 'QA23_G31' this?" and ["Incl budget, office, p	ude both the lever police, etc.);	_G32': IENT EMPLOYEE), DISPLAY "What kind of agency or department is el of government (such as state, or local) and the function (such as usiness or industry is this?" AND ["What do they make or do at this
'QA23_G32'	{What kind of a	gency or department is this? / What kind of business or industry is this?}
	{這是屬於什么樣	樣的機構或部門?/這是屬於什么樣的企業或行業?}
AK5		ne level of government (such as state, or local) and the function (such as olice, etc./ '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 }]
	0	REFUSED/DON'T KNOW3
'QA23_G33'	What is the mai	n kind of work you do?
AVC	您主要從事何種	類型的工作?
AK6	Main job = whe	re works most hours.
	Enter description	on
	•	REFUSED/DON'T KNOW3
IF 'QA23_G31' IF 'QA23_G31' yourself, about"	= 3 (SELF-EMP and "you";	_G34': "IENT EMPLOYEE), CODE 'QA23_G34' = 8 AND GO TO 'QA23_G35'; "LOYED), CONTINUE WITH 'QA23_G34' AND DISPLAY "Including _G34' AND DISPLAY "About" and "your employer";
'QA23_G34'	{Including yours at all locations?	self, about/About} how many people are employed by {your employer/you}
	{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	Your best gues	s is fine
	請盡量估計人數	Ŕ
	O	1 or 21 1 或 2
	O	3-92 3-9

O	10-243
	10-24
O	25-504
	25-50
\mathbf{O}	51-1005
	51-100
\mathbf{O}	101-2006
	101-200
0	201-99978
	201-9997
O	1,000 or more9
	1,000 或以上
\mathbf{C}	REFUSED/DON'T KNOW3

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA23_G35':

IF 'QA23_A23' = 1 (MARRIED) OR 'QA23_D12' = 1 OR 'QA23_D13' = 1, CONTINUE WITH 'QA23_G35';

IF 'QA23_A23' = 1, THEN DISPLAY "spouse";

ELSE IF 'QA23_D12' = 1 OR 'QA23_D13' = 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

•	Working at a job or business1 從事工作或業務	[GO TO 'QA23_G37']
0	With a job or business but not at work2 有工作或業務, 但不在工作	[GO TO 'QA23_G37']
0	Looking for work3 在找工作	
0	Not working at a job or business4 沒有從事工作或業務	
O	REFUSED/DON'T KNOW3	

'QA23_G36' Does your {spouse/partner} usually work?

您的{配偶/伴侶}通常工作嗎?

AG11

O	Yes1	
•	No2	[GO TO 'QA23_H1']
•	在 Looking for work3 *找丁作	[GO TO 'QA23_H1']
O	REFUSED/DON'T KNOW3	[GO TO 'QA23 H1']

'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

O	Private company, non-profit organization or foundation	1
	私營公司非營利組織,基金會	
O	Government	2
	政府	
O	Self-employed	3
	自雇者(Self-Employed)	
O	Family business or farm	4
	家族企業或農場	
\circ	REFUSED/DON'T KNOW	-3

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?			
AH1	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?	
	O	Yes1 是		
	O	No2	[GO TO 'QA23_H3']	
	•	否 REFUSED/DON'T KNOW	[GO TO 'QA23_H3']	
		_ H2': WITH 'QA23_H2' ;		
'QA23_H2'		ace do you go to most often—a medical doctor's gency room, or some other place?	office, a clinic or hospital	
AH3	您最常去什麼樣 室或其它地方?	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	
Ans	O	Medical doctor's office1 醫生辦公室		
	O	Clinic/ Hospital clinic		
	O	Emergency Room3 急診室		
	O	Some other place (Specify:) 91 其他機構(請詳述:)		
	O	No one place		
	O	REFUSED/DON'T KNOW3		
Emergency Roo	om Visits			
'QA23_H3'	During the past	12 months, did you visit a hospital emergency ro	oom for your own health?	
AH12	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?		
AIIIZ	•	Yes1 是		
	O	No2	[GO TO 'QA23_H5']	
	•	否 REFUSED/DON'T KNOW3	[GO TO 'QA23_H5']	
'QA23_H4'	How many time	s did you do that?		
AH95	您去就醫多少次?			
Count times you visited a hospital emergency room for your own health.			n health.	

	計算您為了自己	目的健康而去醫院急診室的次數		
	O	Number of times 次	[HR: 0 - 200]	
	O	REFUSED/DON'T KNOW3		
Medicare Cove	rage			
'QA23_H5'	Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?			
		醫療保障計劃)是為年滿 65 歲或患有某種殘障的 <i>∫</i> ○受 MediCARE 保賠?	人士提供的健康保險計劃	
Al1	•	Yes1 是	[GO TO 'QA23_H7']	
	O	No2 否		
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_H13']	
POST NOTE 'C	QA23_H5': IF 'Q	A23_H5 ' = 1, SET ARMCARE = 1 AND SET ARI	INSURE = 1	
IF ['AAGE' > 64 COVERED BY	MEDICARE), CO	_ H6': = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND ONTINUE WITH 'QA23_H6' ; 5 NOTE 'QA23_H7'	'QA23_H5 ' = 2 (NOT	
'QA23_H6'	Is it correct that you are 65 or o	you are not covered by Medicare even though y	ou told me earlier that	
Al2	雖然您剛才告訴計劃),對不對	過我您的年齡在 65 歲或 65 歲以上,但您沒有享 †?	受 MediCARE(醫療保障	
AIL	O	Correct, I am not covered by Medicare1 正確,聯邦老人醫療保險(Medicare)	[GO TO 'PN_QA23_H13']	

POST NOTE 'QA23_H6': AIDATE
SET AIDATE= CURRENT DATE (YYYYMMDD);

O

0

承保

SET AAGE= 'QA23_H7';

IF AAGE< 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'QA23 H7':

IF ARMCARE = 1, CONTINUE WITH 'QA23_H7'; ELSE GO TO PROGRAMMING NOTE 'QA23_H13'

Not correct, I am covered by Medicare......2

REFUSED/DON'T KNOW.....-3

不正確, 聯邦老人醫療保險 (Medicare)

[GO TO

[GO TO

'PN_QA23_H7']

'PN_QA23_H13']

'QA23_H7' Is this a Medicare Advantage Plan?

這個醫療保險是 MediCARE Advantage 計劃嗎?

AH123

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

0	Yes1 是	[GO TO 'QA23_H9']
O	No2	
\mathbf{O}	否 REFUSED/DON'T KNOW -3	

POST NOTE 'QA23_H7': IF 'QA23_H7'= 1, SET ARMADV= 1

'QA23_H8' Some people who are eligible for Medicare also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

AI4

These are policies that cover health care costs not covered by Medicare alone.

這些是為 MediCARE 不提供保賠的健康護理費用提供保賠的保險。

9	Yes1	
	是	
O	No2	[GO TO
	否	'PN_QA23_H13']
O	REFUSED/DON'T KNOW3	[GO TO
		PN_QA23_H13']

POST-NOTE FOR 'QA23_H8': IF 'QA23_H8'= 1, SET ARSUPP= 1

PROGRAMMING NOTE 'QA23 H9':

IF ARMADV \neq 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP \neq 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA23_H13'; DISPLAYS:

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

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

'QA23_H9' 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

AARP stands	for the	American	Association	of Retired	Persons

AARP 代表「美國退休人協會」。

\mathbf{O}	Directly	1
	直接	
\mathbf{O}	Your current employer	2
	您的現任雇主	
\mathbf{O}	Your former employer	3
_	您的前任雇主	
0	Union	4
\sim	工會	_
0	Family Business 家族企業	5
\circ	多灰正未 AARP	6
•	美國退休人員協會(AARP)	
0	Spouse's / Partner's employer	7
	配偶的雇主	
\mathbf{O}	Spouse's / Partner's union	8
	配偶的工會	
\mathbf{C}	Professional/Fraternal Organization	9
	職業/兄弟組織	
0	Other	91
_	其他	
\mathbf{O}	REFUSED/DON'T KNOW	3

'QA23_H10' 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

<u>Premium</u> 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。

<u>Co-pays</u> 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。

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。

\mathbf{C}	Yes	1
	是	
\mathbf{c}	No	2
	否	

	O	REFUSED/DON'T KNOW3		
'QA23_H11'		ne else, such as an employer, a union, or professional organization pay all or no of the premium or cost for this health plan?		
	是否有任何其他費用?	也人(例如雇主、工會或專業機構)支付該項保付	建計劃的全部或部份保費或	
AH54	O	Yes1 是		
	•	尼 No2 否	[GO TO 'PN_QA23_H13']	
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H13']	
'QA23_H12'		ourself pays any portion of that cost for that pla fessional organization?	n, such as your employer,	
AH55	除了您本人,遗	置有誰支付這項計劃的任何費用?例如,您的雇品	主、工會或專業機構。	
	Check all that a	apply		
		Your current employer1 您的現任雇主		
		Your former employer		
		Union3 工會		
		Spouse's/Partner's current employer4 配偶/伴侶的現任雇主		
		Spouse's/Partner's former employer5 配偶/伴侶的前任雇主		
		Professional/Fraternal organization6 職業/兄弟組織		
		Medicaid/Medi-Cal assistance	助計劃白卡(Medi-Cal)	
		Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	•	REFUSED/DON'T KNOW3		
POST NOTE F	OR 'QA23_H12	': IF 'QA23_H12' = 7, SET ARMCAL = 1;		
Medi-Cal Cover	age			
		3_H13': t correct that you are";		
'QA23_H13'	{Is it correct that	at you are/Are you} covered by Medi-CAL?		
- AIC	您享受 Medi-C	AL 的保賠嗎?		
Al6	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
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

POST NOTE FOR 'QA23_H13': IF **'QA23_H13'**= 1, SET ARMCAL= 1 AND SET ARINSURE= 1; IF ARMCAL= 1 AND **'QA23_H13'**= 2, SET ARMCAL= 0

Employer-Based Coverage

PROGRAMMING NOTE 'QA23_H14':

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 H14'

{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

You may be covered 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

\mathbf{O}	Yes	1
	是	
O	No	2
	否	
0	REFUSED/DON'T KNOW	3

POST NOTE FOR 'QA23_H14': IF 'QA23_H14' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'QA23_H15':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'QA23 H15';

ELSE GO TO PROGRAMMING NOTE 'QA23_H17'

'QA23_H15' Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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

Al11

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	
	是	
\mathbf{O}	No2	[GO TO
	否	'PN_QA23_H17']
O	REFUSED/DON'T KNOW3	[GO TO
		PN QA23 H17'

POST NOTE FOR 'QA23_H15': IF 'QA23_H15' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23_H16':

IF ARDIRECT = 1, THEN CONTINUE WITH 'QA23_H16'; ELSE GO TO 'PN QA23 H17'

'QA23_H16' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

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

AH104

\mathbf{O}	Insurance company or HMO	1
	保險公司或 HMO	
\mathbf{O}	Covered California	2
	加州全保(Covered California)	
\mathbf{O}	Other (Specify:)	92
	其他 (請詳述:)	
\mathbf{O}	REFUSED/DON'T KNOW	3

POST NOTE FOR 'QA23_H16': IF '**QA23_H16'** = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA23_H17':

IF 'QA23_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23_H15' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_H17'; ELSE GO TO 'PN_QA23_H19'

'QA23_H17' 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

This may include 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
	以我本人名義	'PN_QA23_H19']
\mathbf{O}	In someone else's name2	
	以別人的名字	
\mathbf{O}	REFUSED/DON'T KNOW3	[GO TO

'PN_QA23_H19']

POST NOTE FOR 'QA23_H17': IF 'QA23_H14' = 1 AND 'QA23_H17' = 1 SET AREMPOWN = 1 AND SET ARINSURE= 1 AND SET AREMPOTH= 0; IF 'QA23_H14' = 1 AND 'QA23_H17' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE= 1; IF 'QA23_H15' = 1 AND 'QA23_H17' = 1 SET ARDIROWN= 1 AND ARINSURE = 1; IF 'QA23_H15' = 1 AND 'QA23_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1 IF 'QA23_H15' = 1 AND 'QA23_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = PROGRAMMING NOTE 'QA23_H18': IF 'QA23_A23' = 1 (MARRIED) OR 'QA23_D12' = 1 OR 'QA23_D13'= 1OR IF 'QA23_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23_H18'; ELSE GO TO PROGRAMMING NOTE 'QA23_H19'; IF 'QA23_A23' = 1, THEN DISPLAY "spouse's name"; IF 'QA23_A23' ≠ 1 AND ('QA23_D12'= 1 OR 'QA23_D13'= 1), THEN DISPLAY "partner's name; IF 'QA23_G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'QA23_H18':

IF 'QA23_A23' = 1 (MARRIED) OR 'QA23_D12' = 1 OR 'QA23_D13' = 1 OR IF 'QA23_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23_H18';

ELSE GO TO PROGRAMMING NOTE 'QA23_H19';

IF 'QA23_A23' = 1, THEN DISPLAY "spouse's name";

IF 'QA23_A23' ≠ 1 AND ('QA23_D12' = 1 OR 'QA23_D13' = 1), THEN DISPLAY "partner's name;

IF 'QA23_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA23_H18' 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

O	In spouse's/partner's name1
	以配偶/伴侶的名字
\mathbf{O}	In parent's name2
	以父母的名字
O	In someone else's name3
	以別人的名字
O	REFUSED/DON'T KNOW3

POST NOTE FOR 'QA23 H18':

IF 'QA23_H14' = 1 AND 'QA23_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1;

IF 'QA23_H16' = 2 AND 'QA23_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1:

IF 'QA23_H14' = 1 AND 'QA23_H18' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;

IF 'QA23_H15' = 1 AND 'QA23_H18' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF 'QA23_H15' = 1 AND 'QA23_H18' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA23_H19':

IF 'QA23_H14' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA23_G34' =< 5 (FIRM SIZE <= 100), CONTINUE WITH 'QA23_H19' 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 H20':

'QA23_H19'	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 California 的 S	如何註冊參加這項健康保險的 — 透過雇主、工會還是透過 Covered HOP 計劃?		
AH105	SHOP is the S	Small Business Health Options Program administered by Covered California		
	SHOP 是 Cov	ered California 開展的小企業保健選擇計劃		
	O	Employer1 雇主		
	O	Union2 工會		
	O	SHOP / Covered California3 SHOP / 加州全保		
	•	Other (Specify:)		
	O	REFUSED/DON'T KNOW3		
POST NOTE F	OR 'QA23_H19)': IF ' QA23_H19 ' = 3, THEN SET ARHBEX = 1		
IF ARHBEX = '	NG NOTE 'QA2 1, THEN CONT PN_QA23_H22	NUE WITH 'QA23_H20' ;		
		1		
'QA23_H20'	Was this a bro	nze, silver, gold or platinum plan?		
		^ >찍 및 스 시 크 ★네 O		
AH106	垣走鲫、蚇、 3	金還是白金計劃?		
АПІО	•	Bronze1		
	9	銅		
	•	ડાં! Silver2		
	•	銀		
	0	Gold3		
	•	金		
	O	Platinum4		
		白金		
	O	Medi-CAL / Medicaid5		
		加州醫療補助計劃白卡/聯邦醫療補助計劃		
	•	Minimum coverage plan / Catastrophic6		
		最低保險計劃/災難性		
	•	Other (Specify:) 92		
		甘州 (書学: : : : : : : : : : : : : : : : : : :		
	•	REFUSED/DON'T KNOW		
DD005444	NO NOTE (C.	0.11041		
	NG NOTE 'QA2			
		TO 'QA23_H22';		
FLOE CONTIN	IUE WITH 'QA2	J_NZI,		

'QA23_H21' 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?

	ш	4	07	
А	п		U1	

O	Yes	1
O	定 No	2
\circ	台 REFLISED/DON'T KNOW	-3

PROGRAMMING NOTE 'QA23_H22':

IF 'QA23_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23_H15'= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_H22'; ELSE GO TO PROGRAMMING NOTE 'QA23_H27'

'QA23 H22'

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

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

<u>Co-pays</u> 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.

共付額(co-pays)是您每次看醫生或使用醫療保健系統時支付您的醫療保健服務的部分款項,而由其他人支付您的主要醫療保險。

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。

\mathbf{O}	Yes	1	
	是		
O	No	2	[GO TO
	否		'PN_QA23_H25']
\circ	REFLISED/DON'T KNOW	-3	

'QA23_H23'

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

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。

<u>Premium</u> 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

<u>Co-pays</u> 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.

共付額(co-pays)是您每次看醫生或使用醫療保健系統時支付您的醫療保健服務的部分款項,而由其他人支付您的主要醫療保險。

A <u>deductible</u> is the amount you pay for medical care before your health plan starts paying

4	腔貓具你的	7/早/哈斗劃月	目始什卦之	がおかせん	<i>十的醫療護理費</i> 。
25	<u> </u>	ノノストリッグ・ロー 単りけき	サメロ ロコガハベ	HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	

	TO SEE TO THE TO THE TOTAL TO T	大 炊日 更 用 X口 17 70人	尔 <i>吱吐</i> 貝。	
		(Amount) (金額)	[HR:0-	[HR:0-9997, SR:0-2000] 9997, SR:0-2000]
	0	REFUSED/DON'T KNOW	3	
'QA23_H24'		else, such as an employer, a unio of the premium or cost for this hea		al organization pay all or
AH58	是否有任何其他 費用?	也人(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
АПЭ	O	Yes 是	1	
	•	No	2	[GO TO
	O	否 REFUSED/DON'T KNOW	3	'PN_QA23_H27'] [GO TO 'PN_QA23_H27']
IF 'QA23_H22	NG NOTE 'QA2: '= 2, CONTINUE) 'PN_QA23_H2	WITH 'QA23_H25' ;		
'QA23_H25'		ourself pays any portion of the cossional organization?	est for this plan,	such as your employer, a
	{除了您本人, 誰}?	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
AH56	Check all that	apply		
		Your current employer 您的現任雇主	1	
		Your former employer 您的前任雇主	2	
		Union 工會	3	
		Spouse's/Partner's current emp 配偶/伴侶的現任雇主	loyer4	
		Spouse's/Partner's former empl	oyer5	

配偶/伴侶的前任雇主

		Professional/Fraternal organization6 職業/兄弟組織	
		Medicaid/Medi-Cal assistance	h計劃卢丰(Modi Cal)
		哪形置原冊切計画(Medicald)/ 加州置原冊号 Medicare9	奶司國口下(Medi-Cai)
		聯邦老人醫療保險(Medicare)	
		Covered California	
		加州全保(Covered California) Other91	
	_	其他	
	O	REFUSED/DON'T KNOW3	
IF 'QA23_H25' IF 'QA23_H25' IF 'QA23_H25' IF 'QA23_H25' IF 'QA23_H25'	'= 1, 2, OR 3, TH '= 4 OR 5, THEN '= 6, THEN SET '= 9, SET ARMC	ARE= 1 AND SET ARDIRECT= 0; AL= 1 AND SET ARDIRECT= 0; BEX= 1;	
'QA23_H26'	How much do t	hey contribute to your plan each month?	
	他們每月就您的	計劃供款多少?	
AH129	1211 1717 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
		(Amount) (金額)	[HR:0-9997,SR:0-2000]
	•	REFUSED/DON'T KNOW3	
POST NOTE '(IF RESPONDE AMOUNT ENT	ENT GIVES AMO	OUNT GREATER THAN SR DISPLAY "Just to co	onfirm, you said (DISPLAY
IF ['QA23_G27 'QA23_G31'≠ COVERAGE),	3 (NOT SELF-E CONTINUE WIT	ORKED LAST WEEK) OR 'QA23_G29' = 1 (R U MPLOYED) AND AREMPOWN≠ 1 (NO EMPL	
'QA23_H27'	Does your emp	loyer offer health insurance to any of its employ	rees?
Al13	您的雇主有沒有	了提供醫療保險給任何員工?	
Allo	O	Yes1 是	
	•	だ No2	[GO TO
	•	否 REFUSED/DON'T KNOW	⁻ PN_QA23_H31'] [GO TO
'QA23_H28'	Are you eligible	to be in this plan?	'PN_QA23_H31']

	您是否有資格	參加該項計劃?	
Al14	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA23_H30']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H31']
'QA23_H29'	What is the or	ne main reason why you aren't in this plan?	
Al15	您沒有參加該	項計劃的一個主要原因是什麼?	
	O	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']
	•	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 其他(請詳述:)	[GO TO 'PN_QA23_H31']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H31']
'QA23_H30'	What is the or	ne main reason why you are not eligible for this pla	an?
Al15A	您沒有資格參	加該項計劃的一個主要原因是什麼?	
	O	Haven't yet worked for this employer long enough to be covered1 為這個雇主工作時間不夠久,無法得到保險	
	•	Contract or temporary employees not allowed in plan2 計劃不接受契約僱員或臨時僱員	
	O	Don't work enough hours per week or weeks per year3 每週工作時間或每年工作週數不足	
	O	Other (Specify:)	
	O	REFUSED/DON'T KNOW3	
CHAMPUS/CH	HAMPVA, TRIC	ARE. VA Coverage	

PROGRAMMING NOTE 'QA23_H31':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH 'QA23 H31'; ELSE GO TO 'PN_QA23_H32'

'QA23_H31' Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

Al16	您是否享受 CH	IAMPUS/ CHAMP-VA、TRICARE、 VA 或其	它軍隊醫療護理計劃?
AIIO	O	Yes	.1
	O	是 No	2
	O	否 REFUSED/DON'T KNOW	.3
POST NOTE (QA23_H31': IF '	QA23_H31 ' = 1, SET ARMILIT = 1 AND SET	ARINSURE = 1
AIM, MRMIP, F	Family PACT, H	EALTHY KIDS, Other Government Coverage	
IF ARINSURE MILITARY PLA	N) CONTINUE	3_H32': RAGE FROM MEDICARE, MEDI-CAL, EMP WITH 'QA23_H32' ; B NOTE 'QA23_H33 '	LOYER, PRIVATE PLAN,
'QA23_H32'		ed by some other government health program CT program, Healthy Kids, or something else	
Al17	您是否享受其他 、或其他計劃:	也政府醫療保險計劃,例如 AIM、Mister MIP。	Family PACT、Healthy Kids
AII/	Medical Insura	cess for Infants and Mothers; Mister MIP or I nce Program; Family PACT is the state progr reproductive health services for uninsured lov	ram that pays for
		嬰保險計劃」;Mister MIP 或 MRMIP 表示「」 是一項州立計劃,為沒有保險的低收入男女的	
	•	Yes 是	.1
	O	~	2
	O	REFUSED/DON'T KNOW	3
POST-NOTE '	QA23_H32': IF '	QA23_H32 '= 1, SET AROTHGOV= 1 AND S	ET ARINSURE= 1
Other Coverag	e		
IF ARINSURE MILITARY PLA	N, AND OTHER	3_H33': RAGE FROM MEDICARE, MEDI-CAL, EMP R GOVERNMENT PLAN), CONTINUE WITH B NOTE ' QA23_H37 '	
'QA23_H33'	Do you have a	ny health insurance coverage through a plan	that I missed?
Al18	您有沒有享受任	任何我可能漏掉的其它醫療保險計劃?	
70	O	Yes	.1
		是	o 100 TO
	0	No 否	.2 [GO TO 'PN QA23 H37']

	0	REFUSED/DON'T KNOW3	[GO ТО
'QA23_H34'	What type of he	ealth insurance do you have?	
	您有哪種醫療保	保險計劃?	
Al19	Check all that a	apply.	
		Through current or former employer/union1 通過現任或前任雇主/工會	
		Through school, professional association, trade group, or other organization	
		Purchased directly from health plan3 直接從健康計劃(由調查對象本人或任何其他人)購得
		MediCARE4 聯邦老人醫療保險(Medicare)	
		Medi-CAL5 加州醫療補助計劃白卡(Medi-Cal)	
		CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care	シ軍隊緊府護理計割
		Indian health service, Tribal health program or urban Indian clinic	
		診所 Covered California10 加州全保(Covered California)	
		Shop through Covered California	
		Other government health plan	
		Other non-government health plan 92 其他非政府健康計劃	
	0	REFUSED/DON'T KNOW3	
POST NOTE 'C	QA23 H34':		
	_	POTH= 1 AND SET ARINSURE= 1;	
IF 'QA23_H34'	= 2, SET AREM	POTH= 1 AND SET ARINSURE= 1;	
		ECT= 1 AND SET ARINSURE= 1;	
_	,	ARE= 1 AND SET ARINSURE= 1;	
_		AL= 1 AND SET ARINSURE= 1;	
		IT= 1 AND SET ARINSURE= 1;	
IF 'QA23_H34'= 8, SET ARIHS= 1;			
IF 'QA23_H34'= 10, SET ARHBEX= 1 AND ARDIRECT= 1 AND ARINSURE= 1 AND ARDIROTH=1; IF 'QA23_H34'= 11, SET ARHBEX= 1 AND SET ARINSURE= 1 AND AREMPOTH= 1;			
		THGOV= 1 AND SET ARINSURE= 1;	111-1,
		SET AROTHER= 1 AND SET ARINSURE= 1	

PROGRAMMING NOTE 'QA23_H35': IF 'QA23_H34'= 1, 2, OR 3 CONTINUE WITH 'QA23_H35'; ELSE GO TO 'PN_QA23_H37'

'QA23 H35' Was this plan obtained in your own name or in the name of someone else?

該項計劃是以您自己的名義還是以其他人的名義獲得的?

AH59

This may include someone who does not live in this household

甚至不是住在您的家中的人

0	In my own name1 以我本人名義	[GO TO 'PN_QA23_H37']
0	In someone else's name2 以別人的名字	
0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H37']

POST NOTE 'QA23 H35':

IF ('QA23_H34' = 1 OR 2 OR KAI19 =11) AND 'QA23_H35' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;

IF ('QA23_H34' = 3 OR 10) AND 'QA23_H35' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1:

IF ('QA23_H34' = 1 OR 2) AND ('QA23_H35' = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1:

IF 'QA23_H34' = 1 AND ('QA23_H35' = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23 H36':

IF 'QA23_A23'= 1 (MARRIED) OR 'QA23_D12'= 1 OR 'QA23_D13'= 1 OR IF 'QA23_G11'= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA23_H36';

ELSE GO TO PROGRAMMING NOTE 'QA23_H37';

IF 'QA23 A23'= 1 THEN DISPLAY "spouse's name";

IF 'QA23_A23' ≠ 1 AND ('QA23_D12'= 1 OR 'QA23_D13'= 1), THEN DISPLAY "partner's name";

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

'QA23_H36' 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

\mathbf{O}	In spouse's / partner's name1
	配偶名/伴侶名字
O	In parent's name2
	父母名字
O	In someone else's name3
	他人名義獲得
0	REFUSED/DON'T KNOW3

POST-NOTE 'QA23 H36':

IF 'QA23_H36'= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;

IF 'QA23_H36'= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA23_H37':

IF ARIHS≠ 1 AND 'QA23_A10'= 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA23_H37'; ELSE GO TO 'PN_QA23_H38'			
'QA23_H37'	Are you covere Clinic?	ed by the Indian Health Service, Tribal Health Program, or Urban Indian	
Al20	您有沒有享受日	7地安人醫療服務、部落醫療計劃或都市印地安人診所計劃?	
	O	Yes1 是	
	O	No2	
	•	否 REFUSED/DON'T KNOW	
POST-NOTE '	QA23_H37': IF '	QA23_H37' = 1, SET ARIHS= 1	
Spouse's Insur	rance Coverage	Type & Eligibility	
IF ['QA23_A23 (SPOUSE/PAR IF 'QA23_A23' ELSE IF 'QA23	RTNER LIVING IÎ '= 1, THEN DISF 3_D12 '= 1 OR ' C	OR 'QA23_D12'= 1 OR 'QA23_D13'= 1] AND 'QA23_A24'= 1 N HH) CONTINUE WITH AI37Intro;	
'QA23_H38'	These next questions are about the type of health insurance your {spouse/partner} may have.		
Al37Intro	接下來這些問題	复和您的{配偶/伴侶}可能有的健康保險種類有關。	
IF SPOUSE 65 IF ARMCARE CONTINUE WI		EN WITH 'QA23_H39' WITHOUT DISPLAYELSE IF ARMCARE = 1, AND DISPLAY "You said that you are covered by Medicare." AND "also";	
'QA23_H39'	{You said that y Medicare?}}	you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by	
Al37		dicare.} 您的{配偶/伴侶} {也}能享受 Medicare 保賠嗎/您說您有 Medicare.} } {也}能享受 Medicare 保賠嗎? }}	
AISI	O	Yes1 是	
	O	No2	
	•	否 REFUSED/DON'T KNOW3	

POSTNOTE 'QA23_H39': IF 'QA23_H39' = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H40':

IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA23_H41'; DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA23 H40' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA23_H40' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";

IF 'QA23 A23'= 1 (MARRIED) THEN DISPLAY "spouse's";

ELSE IF 'QA23_D12' = 1 OR 'QA23_D13'= 1THEN DISPLAY "partner's";

'QA23 H40'

{You said that you have a Medi*CARE* Advantage plan.} Does your {spouse/partner} {also} have a Medi*CARE* 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

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

\mathbf{c}	Yes	1
	是	
\mathbf{c}	No	2
	否	
\mathbf{O}	REFUSED/DON'T KNOW	-3

POST-NOTE 'QA23_H40': IF 'QA23_H40'= 1, THEN SET SPMADV= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA23 H41':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA23_H42';

ELSE IF SPMCARE= 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA23_H41' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP= 1, CONTINUE WITH 'QA23_H41' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";

IF 'QA23_A23'= 1 (MARRIED), THEN DISPLAY "spouse";

ELSE IF 'QA23 D12'= 1 OR 'QA23 D13'= 1THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE 'QA23 H42'

'QA23_H41'

{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

\mathbf{C}	Yes	1
	是	
\mathbf{C}	No	2
	否	
\mathbf{c}	REFUSED/DON'T KNOW	3

POST-NOTE 'QA23_H41': IF 'QA23_H41' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

IF ARMCAL= 1 DISPLAY "also	" IF ARMCARE	'ITH 'QA23_H42' ;
'QA23_H42'	You said you {a	also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?
Algo	您說您{也}可以 Cal 保賠?	享受 MediCal (加州醫療保健計劃)。您的{配偶/伴侶} 是否也能享受 Medi-
Al38	•	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
	•	REPUSED/DON 1 KNOW3
POST-NOTE '	QA23_H42': IF '	QA23_H42'= 1, SET SPMCAL= 1 AND SET SPINSURE= 1
IF AREMPOW IF ARMCARE	= 1 OR ARMCAL	3_H43': BEX ≠ 1, CONTINUE WITH 'QA23_H43' ; L = 1, THEN DISPLAY "also"; G NOTE 'QA23_H44'
'QA23_H43'		nave insurance from <u>your</u> current or former employer or union. Is RTNER) {also} covered by the insurance from <u>your</u> employer or union?
Al40	•	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{配偶/伴侶} 是否{也} 能夠通過{他/她} 自己的僱主獲得保賠?
7.1.0	•	Yes1 [GO TO 是
	O	No2 否
	O	Other3 其他
	O	REFUSED/DON'T KNOW3

POST-NOTE 'QA23_H43': IF **'QA23_H43'=** 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA23_H44':

IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN 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 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

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。
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\mathbf{O}	Yes1	[GO IO
	是	PN_QA23_H46']
O	No2	
	否	
\mathbf{O}	Other3	
	其他	
O	REFUSED/DON'T KNOW3	

POST NOTE 'QA23_H44': IF **'QA23_H44'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

PROGRAMMING NOTE AI40A:

IF 'QA23_G35' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA23_G36' = 1 (USUALLY WORKS), CONTINUE WITH 'QA23 H45':

IF AREMPSP = 1 AND 'QA23_A23' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.":

ELSE IF AREMPSP = 1 AND ('QA23_D12' = 1 OR 'QA23_D13' = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE 'QA23 H46'

'QA23 H45'

{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?

Al40A

O	Yes	1
	是	
O	No	2
	否	
\circ	REFUSED/DON'T KNOW	-3

POST NOTE 'QA23_H45': IF 'QA23_H45' = 1, SET SPEMPOWN= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA23 H46':

IF ARDIRECT = 1 AND ARHBEX \neq 1, CONTINUE WITH 'QA23_H46';

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

ELSE GO TO PROGRAMMING NOTE 'QA23 H47'

'QA23_H46' 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?

Δ	141
_	

169	

	O	是 No2
	•	否
	0	REFUSED/DON'T KNOW3
POST-NOTE ' ARSAMESP=		'QA23_H46' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND
IF ARDIRECT: IF ARMCARE:		X= 1, CONTINUE WITH 'QA23_H47' ; _= 1 OR AREMPOWN= 1, DISPLAY "also";
'QA23_H47'		nave a plan you purchased directly from Covered California. Is RTNER) {also} covered by this plan?
AU400	您說您有一項ii 承保嗎?	直接從 Covered California 購買的計劃。您的{配偶/伴侶}{也}享受這項計劃的
AH109	O	Yes1
	Q	是 No2
	_	否
	· · · · · · · · · · · · · · · · · · ·	REFUSED/DON'T KNOW3
POST-NOTE ' IF 'QA23_H47 1;		RECT = 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX=
IF ARMILIT = 1		/ITH 'QA23_H48' ; L = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
'QA23_H48'		also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, some other military healthcare. Is (SPOUSE/PARTNER) also covered by
Al42	• •	CHAMPUS/CHAMPUS-VA、TRICARE、VA或其它某種軍隊健康護理計 歲。您的{配偶/伴侶}是否也能享受該項計劃的保賠?
AITZ	O	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
POST-NOTE '		QA23_H48'= 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND

	IG NOTE 'QA2	_	
		E WITH 'QA23_H49';	
IF 'QA23_H35':	= 91, THEN DIS	PLAY "some government health plan":	
		_ = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 O	R ARMILIT = 1,
DISPLAY "also"			
ELSE GO TO 'F	PN_QA23_H50 [°]		
'QA23_H49'		also} have health insurance through some govern	ment health plan. Is
	(SPOUSE/PAF	RTNER) also covered by this plan?	
		{ AIM/MRMIP/Family PACT/PCIP/一些政府醫療係	民險計劃}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	Yes1	
		是	
	•	No2	
		否	
	O	REFUSED/DON'T KNOW3	
	_		
POST-NOTE 'C	A23 H49':		
		HGOV = 1 AND SET SPINSURE = 1 AND ARSA	MESP =1
	,		
PROGRAMMIN	IG NOTE 'QA2:	3 H50':	
IF SPINSURE ≠			
ELSE DISPLAY			
LLOL DIOFLAT	through any o	iller source	
'ΩΔ23 H50'	Does (SPOLIS	E/PARTNER) have (any) health insurance covera	ae Ithrough any other
'QA23_H50'		E/PARTNER) have {any} health insurance covera	ge {through any other
'QA23_H50'	Does (SPOUS source)?	E/PARTNER) have {any} health insurance covera	ge {through any other
'QA23_H50'	source}?		ge {through any other
	source}?	E/PARTNER) have {any} health insurance covera } 是否有{任何} {從其他地方獲得的}健康保險?	ge {through any other
'QA23_H50'	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險?	ge {through any other
	source}?	} 是否有{任何} {從其他地方獲得的}健康保險? Yes1	ge {through any other
	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes1 是	
	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes1 是 No2	[GO ТО
	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52']
	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes1 是 No2	[GO TO 'PN_QA23_H52'] [GO TO
	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52']
Al46	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46	source}? 您的{配偶/伴侶 〇 〇 What type of he	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46	source}? 您的{配偶/伴侶 O O What type of he {他/她}有哪一種	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 〇 〇 What type of he	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O What type of he {他/她}有哪一種 Check all that a	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O O What type of he {他/她}有哪一種	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O What type of he {他/她}有哪一種 Check all that a	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O O What type of he {他/她}有哪一種 Check all that a	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O What type of he {他/她}有哪一種 Check all that a	} 是否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O O What type of he {他/她}有哪一種 Check all that a	PE否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O O What type of he {他/她}有哪一種 Check all that a	Per apply Through current or former employer/union 1 通過現任或前任雇主/工會 Through school, professional association, trade group or other organization 2 Per Material (W其他地方獲得的}健康保險? Per Material (W其他地方獲得的)健康保險? Per Material (W其他地方獲得的)性原理 (W其他的表現的)性原理 (W其他的表現的)性原	[GO TO 'PN_QA23_H52'] [GO TO
Al46 'QA23_H51'	source}? 您的{配偶/伴侶 O O What type of he {他/她}有哪一種 Check all that a	PE否有{任何} {從其他地方獲得的}健康保險? Yes	[GO TO 'PN_QA23_H52'] [GO TO

		直接從健康計劃(由調查對象本人或任何其他人)購得
		Medicare4	
		聯邦老人醫療保險(Medicare)	
		Medi-Cal5	
		加州醫療補助計劃白卡 (Medi-Cal)	
		CHAMPUS/CHAMP-VA, TRICARE,	
		VA or some other military health care7	·
		CHAMPUS/ CHAMP-VA、TRICARE、VA 或其	匕車隊醫療護理計劃
	_	Indian Health Service, Tribal Health Program, or	
		Urban Indian Clinic8	
		印地安健康服務(Indian health service)、部落	健康計劃,或城市印地安
		診所	reach statement
		Covered California 10	
		加州全保(Covered California)	
		SHOP through Covered California11	
		通過加州全保 SHOP	
		Other government health plan 91	
		其他政府健康計劃	
		Other non-government health plan 92	
		其他非政府健康計劃	
IF 'QA23_H51'	Y= 1, SET SPEMI Y= 2, SET SPEMI Y= 3, SET SPDIR Y= 4, SET SPMC/ Y= 5, SET SPMC/ Y= 7, SET SPMIL Y= 8, SET SPHE Y= 10, SET SPHE Y= 91, SET SPHE Y= 92, -3, SET SP WG NOTE 'QA23 ≠ 1, CONTINUE SURE= 1 AND (S H54'; PROGRAMMING	BEX= 1 AND SPDIRECT= 1 AND SPINSURE= 1 BEX= 1 AND SET SPINSURE= 1 AND SET SPE THGOV= 1 AND SET SPINSURE= 1; POTHER= 1 AND SET SPINSURE= 1 S_H52': WITH 'QA23_H52'; SPEMPOTH= 1 OR SPDIRECT= 1), THEN SKIP S NOTE 'QA23_H56'	MPOTH= 1; TO PROGRAMMING
'QA23_H52'	correct?	SPOUSE/PARTNER) has no health insurance fro	om any source. Is this
A140	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	•	Yes1	[GO TO
	•	是	'PN_QA23_H56']
	•	No2	. N_&A20_1100]
	•	否	
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H56']
'QA23 H53'	What type of he	ealth insurance does {he/she} have?	

{他/她}有哪一種健康保險?

Al49

Check all that apply

Through current or1
former employer/union
通過現任或前任雇主/工會
Through school,2
professional association,
trade group or other organization
通過學校、職業協會、行業團體、或其他組織
Purchased directly from health plan3
直接從健康計劃(由調查對象本人或任何其他人)購得
Medicare4
聯邦老人醫療保險(Medicare)
Medi-Cal5
加州醫療補助計劃白卡(Medi-Cal)
CHAMPUS/CHAMP-VA, TRICARE,7
VA or some other military health care
CHAMPUS/ CHAMP-VA、TRICARE、VA 或其它軍隊醫療護理計劃
Indian Health Service,8
Tribal Health Program, or
Urban Indian Clinic
印地安健康服務(Indian health service)、部落健康計劃、或城市印地安
診所
Covered California 10
加州全保(Covered California)
SHOP through Covered California11
通過加州全保 SHOP
Other government health plan 91
其他政府健康計劃
Other non-government health plan 92
其他非政府健康計劃

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POST-NOTE 'QA23_H53':

IF 'QA23_H53'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;

IF 'QA23_H53'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;

IF 'QA23_H53'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;

IF 'QA23_H53'= 4, SET SPMCARE= 1 AND SET SPINSURE= 1;

IF 'QA23_H53'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;

IF 'QA23_H53'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;

IF 'QA23_H53'= 8, SET SPIHS= 1;

IF 'QA23_H53'= 10, SET SPHBEX= 1 AND SET SPDIRECT= 1 AND SET SPINSURE= 1 AND SPDIROTH= 1;

IF 'QA23_H53'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SPEMOTH= 1;

IF 'QA23_H53'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;

IF 'QA23_H53'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1;
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PROGRAMMING NOTE 'QA23 H54':
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IF 'QA23_H51'= (1, 2, 3, 10, 11) OR 'QA23_H53'= (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA23_H54';

IF 'QA23_A23'= 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF 'QA23_D12'= 1 OR 'QA23_D13'= 1 THEN DISPLAY "partner's"; ELSE SKIP TO PROGRAMMING NOTE 'QA23_H56'

'QA23_H54' 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

This may include someone who does not live in this household

這可能包括不住在這個家庭的人。

0	In spouse's/partner's name1 以配偶/伴侶的名字	[GO TO 'PN_QA23_H56']
O	In someone else's name2 以別人的名字	
•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H56']

POST-NOTE 'QA23 H54':

IF 'QA23_H54'= 1 AND ['QA23_H51'= (1 OR 2) OR 'QA23_H53'= (1 OR 2)], SET SPEMPOW =1 AND SPEMPOT = 0:

IF 'QA23_H54'= 1 AND ['QA23_H51' = 3 OR 'QA23_H53' = 3], SET KSPDIROW = 1;

IF 'QA23_H54'= 1 AND ['QA23_H51' = 10 OR 'QA23_H53' = 10], SET SPHBEX = 1 AND SPDIROW = 1:

IF 'QA23_H54' = 1 AND ['QA23_H51' = 11 OR 'QA23_H53' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA23_H55' Is the plan in your name, parent's name, or someone else's name?

該項計劃是以您本人、您的父母還是以其他人的名義獲得的?

AH63

O	In my name 你的名字	1
C	In my parent's name	2
O	父母名字 In someone else's name	3
\mathbf{O}	以別人的名字 REFUSED/DON'T KNOW	-3

POST NOTE 'QA23 H55':

IF 'QA23_H55'= 1 AND ['QA23_H51'= (1 OR 2) OR 'QA23_H53'= (1 OR 2)], SET SPEMPAR= 1 AND SPEMPOT= 0 AND ARSAMES= 1:

IF 'QA23_H55'= 1 AND ['QA23_H51' = 3 OR 'QA23_H53' = 3], SET SPDIRAR= 1 AND ARSAMES= 1; IF 'QA23_H55'= 1 AND ['QA23_H51'= 10 OR 'QA23_H53'= 10], SET SPHBEX= 1 AND SPDIRAR= 1 AND ARSAMES= 1:

IF 'QA23_H55'= 1 AND ['QA23_H51' = 11 OR 'QA23_H53'= 11], SET SPHBEX= 1 AND SPEMPAR = 1 AND ARSAMES= 1;

IF 'QA23_H55'= 2, SET SPARPAR= 1 AND SET SPEMPOT= 0;

PROGRAMMING NOTE 'QA23_H56':

IF SPEMPOWN= 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA23_H60'; ELSE IF [('QA23_G35'=1 OR 2) OR('QA23_G36'=1)] AND 'QA23_G37' \neq 3 CONTINUE WITH

ELSE IF 'QA23	_ D12 '= 1 OR 'C	, THEN DISPLAY "spouse's"; QA23_D13'= 1 (LEGAL SAME-SEX COUPLE) TH G NOTE 'QA23_H60'	HEN DISPLAY "partner's"		
'QA23_H56'	Does your {spouse's/partner's} employer offer health insurance to any of its employees?				
Al43	您的{配偶/伴侶	}的僱主是否向其僱員提供健康保險?			
A143	O	Yes1 是			
	O	No2 否	[GO TO 'PN_QA23_H60']		
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H60']		
'QA23_H57'	Is {he/she} elig	ible to be in this plan?			
Al44	{他/她} 是否有資	資格參加該項計劃?			
AITT	O	Yes1 是			
	O	No2 否	[GO TO 'PN_QA23_H59']		
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H60']		
'QA23_H58'	What is the ON	IE main reason why {he/she} isn't in this plan?			
Al45	{他/她} 未參加語	亥項計劃的一個主要原因是什麼?			
AITO	•	Covered by another plan1 由另一計劃承保	[GO TO 'PN_QA23_H60']		
	O	Plan too expensive2 以前的保險太貴	[GO TO 'PN_QA23_H60']		
	0	Didn't like the plan offered3 不喜歡所提供的計劃	[GO TO 'PN_QA23_H60']		
	0	Didn't need or believe in health insurance4 不需要或不相信健康保險	[GO TO 'PN_QA23_H60']		
	•	Other (Specify:)91	[GO TO 'PN_QA23_H60']		
'QA23_H59'	What is the one	e main reason why {he/she} is not eligible for this	plan?		
Al45A	{他/她}沒有資格	各參加該項計劃的一個主要原因是什麼?			
AITOA	O	Hasn't yet worked for this employer1 long enough to be covered 為這個雇主工作時間不夠久,無法得到保險			
	•	Contract or temporary employees2 not allowed in 計劃不接受契約僱員或臨時僱員			
	•	Doesn't work enough hours per week3			

	or week per year	
	每週工作時間或每年工	作週數不足
O	Other (Specify:)91
	其他(請詳述:)

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'QA23_H60': 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 'QA23_H63'; IF ARMCARE \neq 1 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 GO TO 'QA23_H82';

ELSE CONTINUE WITH 'QA23_H60' DISPLAY;

IF ['QA23_A23'= 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_A23'= 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_A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN= 1 OR AREMPOTH= 1 OR ARDIRECT= 1 OR OR ARMILIT= 1 OR ARIHS= 1 OR ARHBEX= 1 OR AROTHGOV= 1 OR AROTHER= 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND"; IF ['QA23_A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL= 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal;

IF (AREMPOWN= 1 OR AREMPOTH= 1 OR ARDIRECT= 1 OR 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 \neq 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal"; ELSE DISPLAY, "Is your health plan an HMO?"

'QA23 H60'

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

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

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

您的{Medi-Cal/其他}醫療保險計劃是 HMO 嗎?

AI22C

<u>HMO</u> 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.

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。	,肠
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{O}	Yes1	GO TO
	是	PN_QA23_H62']
O	No2	2
	否	
O	REFUSED/DON'T KNOW3	3

PROGRAMMING NOTE 'QA23_H61':

IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA23_H62'; ELSE CONTINUE WITH 'QA23_H61';

'QA23_H61' 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

<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the innetwork doctors and hospital. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

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。

<u>PPO</u> 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.

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。

\mathbf{O}	EPO	
\mathbf{O}	PPO	2
O	Other (Specify:)	91
O	其他(請詳述:	_)
O	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23 H62':

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH 'QA23_H62' AND DISPLAY "your main".

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH 'QA23_H62' AND DISPLAY "this"

'QA23_H62' 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

O Anthem Blue Cross of California......7

	加州安盛藍十字	
O	Health Net38	8
_	健康網	
O	Kaiser Permanente 41 凱薩醫療機構	7
O	Kaiser Permanente Senior Advantage 48 凱薩醫療機構老齡優勢	3
O	Scan Health Plan6	7
	SCAN 醫療保健計劃	
0	United Healthcare73 聯合健康保險	3
•	United Healthcare Secure Horizon 74 聯合健康保險安全展望	4
O	Medicare5	3
0	聯邦老人醫療保險 Other (Specify:)	5
-	其他(請詳述:)	
O	REFUSED/DON'T KNOW	3

POST NOTE 'QA23_H62': IF 'QA23_H62'= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA23_H63':

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 \neq 1) AND 'QA23_A23'= 1 (MARRIED) OR 'QA23_D12'= 1 OR 'QA23_D13'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA23_H63' {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

O	Yes	1
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

High Deductible Health Plans

PROGRAMMING NOTE 'QA23 H64':

IF AREMPOWN= 1 OR AREMPSP= 1 OR AREMPPAR= 1 OR ARDIRECT= 1 OR AREMPOTH= 1 THEN CONTINUE WITH 'QA23_H64';

ELSE GO TO 'QA23 H69'

'QA23_H64' 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

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	自付額是您的	保健計劃開始為	您的醫療護理付	款之前您必須叏	5付的數額。
---------------------------------	--------	---------	---------	---------	--------

\circ	Yes	1
	是	
O	No	2
	否	
O	Yes, but only when we go out of network	c3
	是的,只當我們在網絡外的時候	
O	REFUSED/DON'T KNOW	3

'QA23_H65' 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

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

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}	Yes1
•	是 No2
\sim	否
•	Yes, but only when we go out of network3 是的,只當我們在網絡外的時候
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23_H66':

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_H66'; ELSE CONTINUE WITH 'QA23_H69'

'QA23_H66' 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

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)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	
	是	
\mathbf{O}	No2	[GO TO 'QA23_H69"]
	否	
O	REFUSED/DON'T KNOW3	[GO TO 'QA23_H69']

'QA23_H67'	Do you have m	noney in this account?	
A11400	您在這個帳戶本	育錢嗎?	
AH130	•	Yes1	
	O		[GO TO 'QA23_H69']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_H69']
'QA23_H68'	How much mo	ney do you have in this account? Your best gue	ess is fine.
AH131	您在這個帳戶本	有多少錢?盡量估計就可以了。	
7	O	(Amount) (金額)	
	•	REFUSED/DON'T KNOW3	
Coverage over	Past 12 Months	•	
'QA23_H69'	Thinking about of the past 12	t your current health insurance, did you have this months?	s same insurance for all 12
	請想一想您目前 ?	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	O	Yes1 是	
	O	No2 否	[GO TO 'QA23_H71']
	O	Don't know8 不知道	[GO TO 'QA23_H72']
	O	REFUSED3	[GO TO 'QA23_H77']
'QA23_H70'	How long have	you had your current health insurance?	
AH132	您持有目前的例	建康保險計劃多久了?	
AITIOZ	•	Number of Years 年	[IF>=0, GO TO 'QA23_H75']
	•	Number of Months 個月	[IF>=0, GO TO 'QA23_H75']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_H75']
'QA23_H71'	Out of the last plan?	12 months, how many months did you have you	ir current health insurance
ALLIAGO	過去 12 個月內],您持有目前的健康保險計劃多少個月?	
AH133	•	Number of Months 個月	

	O	REFUSED/DON'T KNOW	3
'QA23_H72'		12 months, when you were not covered by yother health insurance?	your 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?
AIVE	O	Yes 是	1
	O	No 否	2 [GO TO 'QA23_H75']
	O	REFUSED/DON'T KNOW	3 [GO TO 'QA23_H75']
'QA23_H73'	plan you purcha	health insurance Medi-CAL, a plan you obused directly from an insurance company, ania, or some other plan?	
		險是不是加州醫療補助計劃白卡(Medi-Ca 接購得的計劃、您透過加州全保(Covered	
Al33	Check all that a	pply	
		Medi-Cal加州醫療補助計劃白卡(Medi-Cal)	1
		Obtained through current or former employer/union	3
		Purchased directly直接購得	5
		Purchased through Covered California 透過加州全保(Covered California)購得	6
		Other health plan 其他健康計畫	91
		REFUSED/DON'T KNOW	3
		_H74': SE FROM 'QA23_H73 ', THEN CONTINUE	E WITH 'QA23_H74' ;
'QA23_H74'	Before your cur	rent plan, which health insurance did you h	ave?
	在您目前的保險	計劃之前,您持有的健康保險為何?	
AH134	•	Medi-Cal加州醫療補助計劃白卡(Medi-Cal)	1
	O	Obtained through current or former employer/union	3
	•	通過現任或前任雇主/工會 Purchased directly直接購得	5
	0	Purchased through Covered California 透過加州全保(Covered California)購得	6

	•	Other health plan
	O	其他健康計畫 REFUSED/DON'T KNOW
	NG NOTE 'QA23	S_H75': H69'= 1, THEN CONTINUE WITH 'QA23_H75';
ELSE GO TO '	_	HOS = 1, THEN CONTINUE WITH QA23_H/S,
'QA23_H75'	Before vour cur	rent 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 ugh Covered California, or some other plan?
AH135		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 計劃、您透過 Covered California 購買的計劃還是其他計劃?
AH133	O	Medi-Cal1 加州醫療補助計劃白卡(Medi-Cal)
	0	Obtained through current or former employer/union3
		通過現任或前任雇主/工會
	•	Purchased directly5 直接購得
	•	Purchased through Covered California6 透過加州全保(Covered California)購得
	O	Other health plan
	•	No other health plan95
	•	沒有其他健康計劃 REFUSED/DON'T KNOW
No other health	nlan	
	<u> </u>	
	NG NOTE 'QA23 = 95, THEN SK	3_H76': IP TO 'QA23_H77 ', ELSE CONTINUE.
IF ONLY ONE	RESPONSE FRO	OM 'QA23_H73' THEN DISPLAY THAT RESPONSE AY RESPONSE FROM 'QA23 H74'
		AY RESPONSE FROM 'QA23_H75'
		'QA23_H75' =1 DISPLAY "the MediCAL plan" 'QA23_H75' =3 DISPLAY "plan through current or former employer or
union"		_ , ,
		'QA23_H75'=5 DISPLAY "plan you purchased directly" 'QA23_H75'=6 DISPLAY "the Covered California plan"
		QA23_H75 '=91 DISPLAY "the other health plan"
'QA23_H76'		ou have the {MediCAL/ Covered California plan/other health} plan to r former employer or union/ you purchased directly}?
AH136	-	寮補助計畫白卡(medi-CAL)/加州全保(Covered California)/其他健任或前任雇主或工會/您直接購得}已有多久了?
	O	Number of years
	O	—— 年 Number of months

	O	個月 REFUSED/DON'T KNOW	
'QA23_H77'	During the pas	t 12 months, did you change your health insurance	ce plan?
AH137	過去 12 月內,	您曾否改變您的主要健康保險計劃?	
АПІЗІ	Please include companies.	changes in health plan from the same or differen	nt health insurance
	請包括來自相同	可或不同健康保險公司的健康計劃更改	
	•	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
		_H78': 3_H72' = 1, -3 THEN CONTINUE;	
'QA23_H78'	During the pas	at 12 months, was there any time when you had no	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?	
	O	Yes1 是	
	O	No2	
	•	否 REFUSED/DON'T KNOW	
IF 'QA23_H78'	NG NOTE 'QA23 '=1 OR 'QA23_H) PN 'QA23_H90	H72' =2, THEN CONTINUE WITH 'QA23_H79' ;	
'QA23_H79'	For how many	months of the past 12 months did you have no he	ealth insurance at all?
Al35	在過去 12 個月	中, 您有多少個月完全沒有醫療保險?	
71100	•	Number of months [HR: 0-11] 個月	[IF 'QA23_H79'=0, GO TC 'PN_QA23_H90']
	O	REFUSED/DON'T KNOW3	
Reasons for La	ack of Coverage		
'QA23_H80'	What is the one months?	<u>e main</u> reason why you did not have any health ir	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?	
7.7	•	Can't afford/Too expensive1 負擔不起/太貴了	

	O	Not eligible due to working status/2 Changed employer/Lost job 因工作狀態/更換雇主/失業而不符合資格	[GO TO 'QA23_H81']
	O	Not eligible due to health or3 other problems 因健康或其他問題而不符合資格	
	O	Not eligible due to citizenship/	
	•	Family situation changed5 家庭狀況發生變化	
	•	Don't believe in insurance6 不相信保險	
	O	Did not have insurance while switching7 insurance companies 更換保險公司的期間導致延遲	
	•	Can get health care for free/8 Pay for own care 可以獲得免費的健康保險/自費負擔	
	•	Other (Specify:)91 其他(請詳述:)	
	O	REFUSED/DON'T KNOW3	
'QA23_H81'	Was this due	to a lost job, reduction in hours, change in emplo	yer, or something else?
AH140	這是因為失去	工作、減少工時、轉換僱主,還是其他原因?	
		Lost job1 失去工作	
		Reduction in hours2 減少工時	
		Change in employe3 轉換僱主	
		Something else (Specify:) 91 其他原因(請註明:)	
	O	REFUSED/DON'T KNOW3	
'QA23_H82'	During the tim own?	e that you were uninsured, did you try to find hea	lth 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?	
74.11.4	O	Yes1 是	[GO TO 'PN_QA23_H90']
	O	No2 否	[GO TO 'PN_QA23_H90']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H90']
'QA23_H83'	What is the or	ne main reason why you do not have any health ir	nsurance?
Al24	您沒有任何健	隶保險的一個主要原因是什麼?	
AIZ4			

	J	Can't afford/Too expensive1 負擔不起/太貴了
	O	Not eligible due to working status Changed employer/Lost job2 [GO TO 'QA23_H84'] 因工作狀態/更換雇主/失業而不符合資格
	O	Not eligible due to health or other problems
	O	回程康成兵他问題III/不行口貨符 Not eligible due to citizenship/ immigration status4 因公民/移民身份而不符合資格
	O	ロムログ 移入すが III 不行 ロ 真俗 Family situation changed5 家庭狀況發生變化
	O	家庭派仇贤王委忙 Don't believe in insurance6 不相信保險
	O	Did not have insurance while switching insurance companies
	O	Can get health care for free/ pay for own care8 可以獲得免費的健康保險/自費負擔
	O	可以獲得免責的健康保險/日貢負擔 Other (Specify:)
	O	来他(前辞处:/ REFUSED/DON'T KNOW3
'QA23_H84'	Was this due	to a lost job, reduction in hours, change in employer, or something else?
A11444	這是因 為 失去	工作、減少工時、轉換 僱 主,還是其他原因?
AH141		
AH141		Lost job1 失去工作
AH141	<u> </u>	失去工作 Reduction in hours2
AH141		失去工作 Reduction in hours2 減少工時 Change in employe3
АН141		失去工作 Reduction in hours2 減少工時 Change in employe
AH141	<u> </u>	失去工作 Reduction in hours2 減少工時 Change in employe
АН141 'QA23_H85'		失去工作 Reduction in hours
'QA23_H85'	During the timyour own?	失去工作 Reduction in hours
	During the timyour own?	失去工作 Reduction in hours
'QA23_H85'	口 口 O During the tim your own? 在您沒有保險	失去工作 Reduction in hours
'QA23_H85'	口 口 O During the tim your own? 在您沒有保險	失去工作 Reduction in hours

您在過去 12 個月中的任何時間內有沒有享受過醫療保險?

Al27					
	O	Yes1 是	[GO TO 'QA23_H88']		
	O	~ No2 否			
	O	台 REFUSED/DON'T KNOW3			
'QA23_H87'	How long has	it been since you last had health insurance?			
Al28	您上一次有醫?	療保險到現在已經有多長時間?			
	O	More than 12 months ago, but not more than 3 years1 超過 12 個月前,但不超過 3 年前	[GO TO 'PN_QA23_H90']		
	•	More than 3 years2 超過3 年前	[GO TO 'PN_QA23_H90']		
	•	Never had health insurance3 從來沒有健康保險	[GO TO 'PN_QA23_H90']		
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H90']		
'QA23_H88'	For how many	months out of the last 12 months did you have h	ealth insurance?		
Al29	在過去 12 個月	月內,您有多少個月有醫療保險?			
	•	Months [HR: 0-12] 個月	[GO TO 'PN_QA23_H90']		
	O	REFUSED/DON'T KNOW3			
'QA23_H89'	During that time when you had health insurance, was your insurance MediCAL, 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?				
Al30	您透過雇主獲	險的那段時間,您的健康保險是不是加州醫療補助 得的計劃、您從保險公司直接購得的計劃、您透過 得的計劃,還是其他計劃?			
Also	Check all that apply				
		Medi-Cal1 加州醫療補助計劃白卡(Medi-Cal)			
		Through current or former employer or union3 通過現任或前任雇主/工會			
		Purchased directly5 直接購得			
		Covered California6 透過加州全保(Covered California)			
		Other health plan91 其他健康計畫			
	O	REFUSED/DON'T KNOW3			

PROGRAMMING NOTE 'QA23_H90':

IF ARINSURE ≠ 1 OR 'QA23 H73'= 2 OR ARDIRECT= 1 OR 'QA23 H89'= (5, 6) OR 'QA23 H73'= (5, 6) OR ARHBEX= 1 OR SPHBEX= 1: THEN CONTINUE WITH 'QA23 H90': ELSE GO TO PROGRAMMING NOTE 'QA23 H107' IF PROXY=1, GO TO 'QA23_H108' 'QA23 H90' In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California? 在過去 12 個月中您是否曾經嘗試直接從保險公司或 HMO 或透過 Covered California 購買 醫療保險計劃? **AH103H** Yes.....1 \mathbf{O} No......2 0 **IGO TO** 'PN_QA23_H107'] REFUSED/DON'T KNOW.....-3 0 **IGO TO** 'PN QA23 H107'] 'QA23 H91' Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California? 這是直接從保險公司或 HMO 購買、還是透過 Covered California 購買、還是既從保險公司 又透過 Covered California 購買的計劃? AH110H 0 Directly from an insurance company or HMO......1 直接來自保險公司或 HMO (健康維護機構) O Through Covered California.....2 透過加州全保(Covered California) \mathbf{O} Both from an insurance company and through Covered California.....3 來自保險公司以及透過加州全保兩者 REFUSED/DON'T KNOW.....-3 \mathbf{O} [GO TO 'QA23_H94'] PROGRAMMING NOTE 'QA23 H92': IF 'QA23_H91'= 1; THEN CONTINUE WITH 'QA23_H92'; IF 'QA23 H91'= 3; THEN CONTINUE WITH 'QA23 H92' AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO." ELSE GO TO PROGRAMMING NOTE 'QA23 H96': 'QA23 H92' {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.} {首先,請考慮您在嘗試直接從保險公司或 HMO 購買保險時的經歷。} AH98H How difficult was it to find a plan with the coverage you needed? 找到一項您需要的保賠範圍的計劃有多困難? Very difficult.....1 \mathbf{O} 非常困難 Somewhat difficult2 \mathbf{O}

較為困難

	O	Not too difficult3 不太困難	
	O	Not at all difficult4 毫無困難	
	•	REFUSED/DON'T KNOW3	
'QA23_H93'	How difficult wa	as it to find a plan you could afford?	
АН99Н	找到一項您能負	自擔得起的計劃有多困難?	
7	•	Very difficult1 非常困難	
	O	Somewhat difficult2 較為困難	
	O	Not too difficult3 不太困難	
	•	Not at all difficult4 毫無困難	
	O	REFUSED/DON'T KNOW3	
'QA23_H94'	Did anyone hel	p you find a health plan?	
AH100H	是否有人幫助您	《尋找醫療保險計劃?	
	•	Yes1 是	
	O	No2 否	[GO TO 'PN_QA23_H96']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H96']
'QA23_H95'	Who helped yo	u?	
AH101H	是誰幫助您的?		
	O	Broker1 經紀人	
	O	Family member/Friend2 家庭成員/朋友	
	0	Internet3 網際網路	
	O	Other (Specify:)	
	•	REFUSED/DON'T KNOW3	
PROGRAMMI	NG NOTE 'OA2'	N MOE':	

PROGRAMMING NOTE 'QA23_H96': IF 'QA23_H91'= 2, THEN CONTINUE WITH 'QA23_H96';

IF 'QA23_H91'= 3; THEN CONTINUE WITH 'QA23_H96' AND DISPLAY "Now, think about your experience with Covered California.";

ELSE GO TO PROGRAMMING NOTE 'QA23_H90';

'QA23_H96' {Now, think about your experience with Covered California.} {現在,請想一想您與 Covered California 交往的經歷。}

Λ	ш	4	4	4	ш
А	п		- 1	- 1	п

How difficult was it to find a plan with the coverage you needed through Covered California?

	透過 Covered (California 找到一項您需要的承保計劃難度有多大	?
	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	
	O	REFUSED/DON'T KNOW3	
'QA23_H97'	How difficult wa	as it to find a plan you could afford? Was it	
AH112H	找到一項你能負	負擔得起的計劃有多困難?您認為是	
	O	Very difficult1 非常困難	
	O	Somewhat difficult2 較為困難	
	O	Not too difficult3 不太困難	
	0	Not at all difficult4 毫無困難	
	•	REFUSED/DON'T KNOW3	
'QA23_H98'	Did anyone he	lp you find a health plan?	
AH113H	是否有人幫助您	您尋找醫療保險計劃?	
1 2 2 2 2 2 2	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA23_H100']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H100']
'QA23_H99'	Who helped yo	ou?	
AH114H	是誰幫助您的?	?	
	O	Broker1 經紀人	
	O	Family member/Friend2 家庭成員/朋友	
	O	Internet3 網際網路	

Certified enrollment counsellor4

 \mathbf{O}

		健保認證專員
	•	Other (Specify:)91
	O	其他(請詳述:) REFUSED/DON'T KNOW
	9	REFUSED/DON I KNOW3
'QA23_H100'	Did you have plan?	all the information you felt you needed to make a good decision on a health
	您是否有您認	為幫助作出有關保健計劃的良好決定所需的所有資訊?
AH115H		
	O	Yes1 是
	•	だ No2
	Q	否 REFUSED/DON'T KNOW3
		1121 002B/B011 111001111111111111111111111111111
	•	23_H101': S ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
'QA23_H101'	Were you able	e to get information about your health plan options in your language?
AH116H	您是否能夠用為	您自己的語言獲得有關您的保健計劃選擇的資訊?
	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_H102'		of the plan you selected very important, somewhat important, or not hoosing your plan?
	您選擇的計劃	費用在您選擇計劃時是非常重要、較為重要還是不重要?
AH117H	O	Very important1 很重要
	•	Somewhat important2 有些重要
	•	Not important3 不重要
	O	REFUSED/DON'T KNOW3
'QA23_H103'		are from a specific doctor very important, somewhat important, or not hoosing your plan?
AU44011	從某一位特定	的醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要?
AH118H	O	Very important1 很重要
	O	Somewhat important2 有些重要

	O	Not important3 不重要
	•	REFUSED/DON'T KNOW3
'QA23_H104'		re from a specific hospital very important, somewhat important, or not posing your plan?
AH119H	從某一家特定的	醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要?
	O	Very important1 很重要
	O	Somewhat important2 有些重要
	•	Not important3 不重要
	O	REFUSED/DON'T KNOW3
'QA23_H105'		of doctors in the plan's network very important, somewhat important, or choosing your plan?
AH120H	計劃網路內的醫	生選擇在您選擇計劃時是非常重要、較為重要還是不重要?
	O	Very important1 很重要
	O	Somewhat important2 有些重要
	O	Not important3 不重要
	O	REFUSED/DON'T KNOW3
IF 'QA23_H20': ELSE IF 'QA23 ELSE IF 'QA23 ELSE IF 'QA23	_ H20 '= 3 THEN 5_ H20 '= 4 THEN 5_ H20 '= 6 THEN	
'QA23_H106'		as the <u>most</u> important reason you chose your Gold/Platinum/Minimum coverage} plan?
AIIIZIII		that you could get care from a specific doctor, that you could go to a , the choice of providers in your plan's network, or was it something else?
	從某一位特定的	同/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 內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 是其他一些原因?
	O	Cost1 費用
	•	Specific doctor2 特定的醫生
	O	Specific hospital3 特定的醫院

	•	Choice of doctors in 網絡內的服務提供者	network4 選擇	
	O) 91	
	O		NOW3	
PROGRAMMIN IF ARINSURE = ELSE SKIP TO	= 1, CONTINUE	3_H107': WITH 'QA23_H107 '	;	
'QA23_H107'	Overall, how sa	atisfied are you with y	our current health insuranc	e plan?
AH139	整體來說,您有	了多滿意目前的健康保	險計劃?	
	•	Very satisfied 非常滿意	1	
	O	Somewhat satisfied 較滿意	2	
	•	較不滿意	ed3	
	O	非常不滿意	4	
	•	REFUSED/DON'T h	(NOW3	
Hospitalizations	3			
'QA23_H108'	During the past	12 months, were you	u a patient in a hospital ove	ernight or longer?
AH14	在過去十二個月	內,您是否曾經因病	住院一天或以上?	
[7	O	Yes 是	1	
	•	/ —	2	
	•	• •	(NOW3	
Medical Debt				
ELSE IF 'QA23	OR ARINSURE _ H74 ' = 1 (COV	$\stackrel{=}{_{\sim}} 1$, SKIP TO ' QA2 'ERAGE IN THE PAS	3_H111' ; ST 12 MONTHS) DISPLAY E WITH 'QA23_H109'	"The following questions
'QA23_H109'			our current health plan. Wh the limit of what your insura	ile you've had your current ance company would pay
АН79В	{以下問題是關於 承擔的付款上限		您持有目前的健康計劃期間	,是否曾經達到保險公司
	O	Yes 是	1	
	O		2	[GO TO 'QA23_H111']

	O	否 REFUSED/DON'T KNOW3	[GO TO 'QA23_H111']
'QA23_H110'	Did this happen	in the past 12 months?	
AH80B	這是在過去 12	個月內發生的嗎?	
7002	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA23_H111'		12 months, did you have medical bills that you pay, either for yourself or any family member in	
	過去 12 個月內, 然。	您曾否難以支付或未能支付醫療帳單?不論為	您自己或任何家庭成員亦
AH81B	Dental bills sho	uld be included.	
	包括牙科帳單。		
	•	Yes1 是	
	O	No2 否	[GO TO 'PN_QA23_I1']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_I1']
'QA23_H112'	What is the total	I amount of medical bills?	
AH83B	醫藥費總額是多	少?	
Alload	The bills can be	e from earlier years as well as this year	
	帳單可以來自早	些年以及今年。	
	•	Less than \$1,0001 少於 1,000 美元	
	O	\$1,000 to less than \$2,0002 1,000 美元,不到 2,000 美元	
	O	\$2,000 to less than \$4,0003 2,000 美元,不到 4,000 美元	
	O	\$4,000 to less than \$8,0004 4,000 美元,不到 8,000 美元	
	•	\$8,000 or more5 8,000 美元或以上	
	O	None	
	•	官拜 REFUSED/DON'T KNOW3	
·ΩΔ23 H113'	Were you or yo	ur family member uninsured at the time care wa	s provided?

QA23_H113' Were you or your family member uninsured at the time care was provided?

接受醫護服務時, 您或您的家庭成員是否沒有保險?

AH84B		
	O	Yes1 是
	O	No2 否
	•	More than one person with medical bill problems, some uninsured and some insured3 超過一人有醫療費用問題,有的有保險,有的沒有保險
	•	REFUSED/DON'T KNOW3
'QA23_H114'	Because of the heat, or rent?	ese medical bills, were you unable to pay for basic necessities like food
AH85B	您有否因這些醫	醫療帳單而無力購買基本必需品,例如食物、暖氣費或租金?
	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_H115'	Because of the	ese medical bills, did you take on credit card debt?
AH86B	您曾否因這些醫	醫療帳單而有信用卡債務?
	O	Yes1 是
	•	No2 否
	O	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23_I1':

Section I: Child and Adolescent Health Insurance

Child's Health Insurance

ADOLESCENT IF ARINSURE =	· ,	TO PROGRAMMING NOTE 'QA23_I36' TO ASK ABOUT SELECTED OGRAMMING NOTE 'QA23_I2';
ELSE CONTIN	UE WITH QAZ	2_11
'QA23_I1'	Does (CHILD)	have the same <u>health</u> insurance as you?
05404	(CHILD) 的保險	是否與您的保險相同?
CF10A	O	Yes1 [GO TO 'QA23_I18']
	•	是
	•	No2
	•	否 REFUSED/DON'T KNOW
IF 'QA23_I1'= IF 'QA23_I1'= IF 'QA23_I1'=	1 AND ARMCAF 1 AND ARMCAL 1 AND AREMPC 1 AND AREMPS	RE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH= = 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1; DWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1; PP= 1, SET CHEMP = 1 AND SET CHINSURE= 1 AND ARSAMECH= 1; PAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'QA23_I1' = ' ARSAMECH=1	1 AND ARDIREC ;	OTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1; CT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND = 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
	1 AND AROTHO	GOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND
_	1 AND AROTHE	R= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH=
		1, SET CHIHS= 1 = 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF SPINSURE≠ ELSE IF ' QA23	NG NOTE 'QA23 1, THEN SKIP 3_I1' = 2 AND AF UE WITH 'QA23	
'QA23_I2'	Does (CHILD) PARTNER NAI	have the same insurance as {your spouse/your partner/SPOUSE NAME/ME}?
MA1	(CHILD) 的保險	是否與{您配偶/您伴侶/SPOUSE NAME/ PARTNER NAME} 的保險相同?
WA!	•	Yes
	•	No2 否
	O	REFUSED/DON'T KNOW3

POST NOTE 'C		A OFT OUR OARE A AND OFT OUR NOUR	- 4 AND ODOAMEOU 4	
	1 AND SPMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND SPSAMECH=1; 1 AND SPMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;			
		OWN= 1, SET CHEMP= 1 AND SET CHINSURE:		
SPSAMECH= 1		SOV= 1, SET CHOTHGOV= 1 AND SET CHINSU	JRE= 1 AND	
	•	1, SET CHIHS= 1		
		1, SET CHIHS= 1 1, SET CHHBEX= 1 AND SET CHINSURE= 1 A	ND CDCAMECH 1:	
		R= 1, THEN SET CHOTHER= 1 AND SET CHIN		
		1 AND SPEMPSP= 1, SET CHEMP= 1 AND SE		
SPSAMECH= 1	-	TAIND SPENIFSFE 1, SET CHENIFE TAIND SE	T CHINSORE T AND	
		R= 1, SET CHEMP= 1 AND SET CHINSURE= 1	AND SPSAMECH- 1:	
		DTH= 1, SET CHEMP= 1 AND SET CHINSURE=		
		CT= 1, SET CHDIRECT= 1 AND SET CHINSURI		
1; QAZO_IZ =	I AND OF DIREC	or a serior distribution of the serior invocation	L= 1 AND OF OAMEOFF	
	1 AND SPMILIT	= 1, SET CHMILIT= 1 AND SET CHINSURE= 1	AND SPSAMECH= 1	
IF 'QA23 I2'=	1 AND SPOTHE	R= 1, SET CHOTHER= 1 AND SET CHINSURE	= 1 AND SPSAMECH= 1:	
4,120_12	.,		171112 01 0711112011 1,	
Medi-Cal Cover	rage (Child)			
modi dai dovoi	lago (Orma)			
'QA23_I3'	Is {he/she} curr	ently covered by Medi-CAL?		
	(,)	o, oo.o.ou 2,ou. o		
	{他/她} 目前是る	S享受 Medi-CAL (加州醫療保健計劃)的保险?		
CF1	(12/2) 11/1/21			
OI I	Madi Calia a h	coulth incurrence program for low income individu	ala in California	
	Medi-Cai is a fi	ealth insurance program for low-income individu	ais in Caillomia.	
	MadiCAL目光。	生化低收入安房的요辛及甘安! 四起 戏院工士	就在巨老担册的	
	WediCAL定為表	其些低收入家庭的兒童及其家人、孕婦、殘障人士	双午女有旋供的一項可劃	
	0			
	\circ	Yes1		
	0			
		是		
	0	No2		
		否 PEELIGER/PONIT MAION		
	0	REFUSED/DON'T KNOW3		
			105	
POST NOTE 'C	QA23_I3': IF 'QA	A23_I3'= 1, SET CHMCAL= 1 AND SET CHINSU	JRE= 1	
Employer-Base	d Coverage (Ch	ild)		
(0.4.00 14)	. (0.111.5)			
'QA23_I4'		ered by a health insurance plan or HMO through	your own or someone	
	else's employm	nent or union?		
	(OLIII D) E 3733		+ / II / / · · · · · · · · · · · · · · ·	
	` ,	過您或其他人的工作或工會享受醫療保險或管理式	1、保健組織 (HMO) 計劃	
	?			
CF3				
	O	Yes1		
		是		
	O	No2	[GO TO 'PN_QA23_I6']	
		否		
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_I6']	
DOCT NOTE (142 142 IE (O/	\^23_I4' = 1, SET CHEMP = 1 AND CHINSURE =	- 1	

'QA23_I5'	Is this plan thro	ough an employer, through a union, or through C	overed California's SHOP
4100	這項計劃是透過	圖雇主、工會、還是 Covered California 的 SHOP	計劃購買的?
Al90	SHOP is the S California.	mall Business Health Options Program administe	ered by/ Covered
	SHOP 是 Cove	ered California 開展的小企業保健選擇計劃	
	•	Employer1 雇主	
	O	准工 Union2	
	•	工會	
	•	SHOP / Covered California3	
		SHOP/加州全保	
	•	Other (Specify:)91	
		其他 (請詳述:)	
	•	REFUSED/DON'T KNOW3	
POST NOTE F	OR 'QA23_I5':	IF ' QA23_I5 ' = 3, THEN SET CHHBEX = 1	
Private Covera	ge (Child)		
IF CHINSURE	NG NOTE 'QA2; = 1 THEN GO T IUE WITH 'QA2;	·O 'QA23_I8';	
		_	
'QA23_I6'		rered by a health insurance plan that you purchast pany or HMO, or through Covered California?	sed directly from an
	(CHILD)是否享 的承保?	受您直接從保險公司或HMO或透過Covered Cali	fornia購買的醫療保險計劃
CF4			
		a plan that pays only for certain illnesses, such a "extra cash" if you are in a hospital.	as cancer or stroke, or
	請不要包括僅多外現金」的計畫	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
	Q	Yes1	
	•	- Tes 是	
	•	No2	[GO TO
		否	- 'PN_QA23_I12']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_I12']
		AGO INI. A OFT OUR DESCRIPTION OF A SUB-COMMON	5
POST NOTE (JA23_I6′: IF 'Q/	A23_I6' = 1, SET CHDIRECT = 1 AND CHINSUI	KE = 1
	NG NOTE 'QA2	3 17'-	
IF CHDIRECT	= 1, THEN CON	ITINUE WITH 'QA23_I7' ;	

ELSE GO TO PROGRAMMING NOTE 'QA23_18'

'QA23_I7'	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?

Al91

\mathbf{O}	Insurance company or HMO	1
	保險公司或 HMO	
\mathbf{O}	Covered California	2
	加州全保(Covered California)	
O	Other (Specify:)	91
	其他(請詳述:)	
\circ	REFUSED/DON'T KNOW	-3

POST NOTE FOR 'QA23_I7': IF 'QA23_I7'= 2, THEN SET CHHBEX= 1

PROGRAMMING NOTE 'QA23_I8':

IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA23_I8'; ELSE GO TO PROGRAMMING NOTE 'QA23_I9';

'QA23_18' 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?

Al93

O	Yes	1
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23 19':

IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_I9'; ELSE GO TO 'QA23_I12'

'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

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

<u>Co-pays</u> 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.

共付額(co-pays)是您每次看醫生或使用醫療保健系統時支付您的醫療保健服務的部分款項,而由其他人支付您的主要醫療保險。

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	保險計劃開始付款之前您支付的醫療護理費。	
	0	Yes1	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA23_I10'		else, such as an employer, a union, or profession of the premium or cost for (CHILD)'s health plan?	al organization pay all or
ALEO	是否有任何其他 保費或費用?	也人,例如雇主、工會或專業機構,支付 (CHILD) 的	的保健計劃的全部或部份
AI50	0	Yes1 是	
	•	No2 否	[GO TO 'PN_QA23_I12']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_I12']
'QA23_I11'	Who else pays	all or some portion of the cost for (CHILD)'s hear	lth plan?
AIE4	還有誰支付(CF	HILD)保健計劃的全部或部份費用?	
AI51	Check all that a	apply	
		Your current employer1 您的現任雇主	
		Your former employer2 您的前任雇主	
		Union3 工會	
		Spouse's/Partner's current employer4 配偶/伴侶的現任雇主	
		Spouse's/Partner's former employer5 配偶/伴侶的前任雇主	
		Professional/Fraternal organization6 職業/兄弟組織	
		Medicaid/Medi-Cal assistance7 聯邦醫療補助計劃(Medicaid)/加州醫療補助	計劃白卡(Medi-Cal)
		Medicare9 聯邦老人醫療保險(Medicare)	
		Covered California	
		Other	
	•	REFUSED/DON'T KNOW3	

POST NOTE 'QA23_I11':

```
IF 'QA23 I11' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF 'QA23 I11' = 7, SET CHMCAL = 1
IF 'QA23_I11' = 10, SET CHHBEX = 1;
CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)
PROGRAMMING NOTE 'QA23 I12':
IF CHINSURE = 1, GO TO PN 'QA23 I18';
ELSE CONTINUE WITH 'QA23_I12'
'QA23 I12'
           Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military
           health care?
           {他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?
 CF6
                       Yes ......1
                 O
                                                           IGO TO
                       是
                                                           'PN_QA23_I18']
                       No......2
                 O
                       否
                 0
                       REFUSED/DON'T KNOW.....-3
POST NOTE 'QA23_I12': IF 'QA23_I12' = 1, SET CHMILIT = 1 AND CHINSURE = 1
AIM, MRMIP, HEALTHY KIDS, Other Government Coverage
           Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP',
'QA23_I13'
           Healthy Kids, or something else?
           {他/她}是否享受其他政府醫療保險計劃,例如 AIM、Mister MIP、Healthy Kids 或其他計劃
 CF7
           AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk
           Medical Insurance Program.
           AIM表示「母嬰營養計劃」; Mister MIP或MRMIP表示「重大風險醫療保險計劃
                       AIM......1
                 0
                                                           [GO TO
                       加州孕婦嬰兒保險 (AIM)
                                                           'PN_QA23_I18']
                       MRMIP ......2
                 0
                                                           [GO TO
                       高風險醫療保險計劃
                                                           'PN_QA23_I18']
                        (MISTER MIP/MRMIP)
                       Healthy Kids......3
                 0
                                                           [GO TO
                       兒童保健計劃(HEALTHY KIDS)
                                                           'PN_QA23_I18']
```

POST NOTE 'QA23_I13': IF **'QA23_I13'=** 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

沒有其他健康計劃

其他(請詳述:

No other plan.....4

Something else (Specify: ____)91

REFUSED/DON'T KNOW.....-3

[GO TO

'PN QA23 I18']

 \mathbf{O}

0

0

Other	Coverage	(Child)

'QA23_I14'	Does {he/she} have any health insurance coverage through a plan that I missed?		
	{他/她}有沒有通	通過我漏掉的計劃享受任何醫療保險?	
CF8	O	Yes1	
	•	是 No2 [GO TO 否 'PN_QA23_I17']	
	O	REFUSED/DON'T KNOW3 [GO TO 'PN_QA23_I17']	
'QA23_I15'	What type of health insurance does {he/she} have? Does it come through Medi- employer or union, or from some other source?		
CF9		f健康保險?該保險是透過加州醫療補助計劃白卡(Medi-Cal)、雇主、或 其它來源提供的?	
019	Check all that a	аррју	
		Through current or former employer/union1 通過現任或前任雇主/工會	
		Through school, professional association, trade group, or other organization2 通過學校、職業協會、行業團體、或其他組織	
		Purchased directly from health plan3 直接從健康計劃(由調查對象本人或任何其他人)購得	
		MediCARE4 聯邦老人醫療保險(Medicare)	
		Medi-CAL5 加州醫療補助計劃白卡(Medi-Cal)	
		CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care	
		Indian health service, Tribal health program or urban Indian clinic	
		診所 Covered California10 加州全保(Covered California)	
		Shop through Covered California	
		Other government health plan 91 其他政府健康計劃	
		Other non-government health plan 92 其他非政府健康計劃	
	O	REFUSED/DON'T KNOW3	

POST NOTE 'QA23_I15':

```
IF 'QA23_I15'= 8, SET CHIHS= 1
IF 'QA23_I15'= 10, SET CHHBEX= 1 AND CHINSURE= 1 AND CHDIRECT=1;
IF 'QA23_I15'= 11, SET CHHBEX= 1 AND CHINSURE= 1 AND CHEMP= 1;
IF 'QA23_I15'= 91, SET CHOTHGOV= 1 AND CHINSURE= 1
IF 'QA23_I15'= 92, SET CHOTHER= 1 AND CHINSURE= 1
IF 'QA23_I15'= -3, SET CHINSURE= 1
IF 'QA23_I15'= 1, SET CHEMP= 1 AND CHINSURE= 1
IF 'QA23_I15'= 2, SET CHEMP= 1 AND CHINSURE= 1
IF 'QA23_I15'= 3, SET CHDIRECT= 1 AND CHINSURE= 1
IF 'QA23_I15'= 4, SET CHMCARE= 1 AND CHINSURE= 1
IF 'QA23_I15'= 5, SET CHMCAL= 1 AND CHINSURE= 1
IF 'QA23_I15'= 7, SET CHMILIT= 1 AND CHINSURE= 1
```

PROGRAMMING NOTE 'QA23_I16':

IF 'QA23_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA23_I16'; ELSE SKIP TO PROGRAMMING NOTE 'QA23_I17'

'QA23_I16' Just to verify, you said that (CHILD) gets health insurance through Medicare?

我只是要確定一下,您說過 (CHILD) 有從聯邦醫療保險(Medicare) 獲得醫療保險?

CF9VER

\mathbf{O}	Yes	1
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23 117':

IF CHINSURE \neq 1 CONTINUE WITH 'QA23 I17';

ELSE GO TO 'QA23_I18';

'QA23 I17' What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?

(CHILD)沒有加入加州醫療輔助計劃(Medi-CAL)的一個主要原因是什麼?

CF1A

0	Paperwork too difficult
O	Do not know if eligible2
	不知道是否符合資格
•	Income too high, not eligible3
	因為收入太高,不符合資格
O	Not eligible due to
	citizenship/immigration status4
	因公民/移民身份而不符合資格
O	Do not believe in health insurance6
	不相信健康保險
•	Do not need insurance because
	she/he is healthy7
	他/她身體健康,因此不需要任何保險
•	Already have insurance8
	已經有保險了
•	Did not know about it9
	不知道有保險

0	Do not like or want welfare.	10
	不喜歡/不想要福利	
O	Other (Specify:) 91
	其他(請詳述:	
\circ	REFLISED/DON'T KNOW	-3

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'QA23 118':

IF 'QA23_I1' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'QA23_I18';

IF CHINSURE = 1, THEN CONTINUE WITH 'QA23 118';

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

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

HMO表示「健康維護機構」。在 HMO 計劃中, {他/她}必須使用網路內的醫生及醫院的服 務。除非是急診,如果{他/她}在網路外醫生或醫院處接受服務,計劃通常不支付服務費。

\mathbf{O}	Yes1	[GO TO 'QA23_I20']
	是	
\mathbf{O}	No2	
	否	
\mathbf{O}	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA23 I19':

IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA23 120'; ELSE CONTINUE WITH 'QA23 I19':

'QA23 I19'

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

AI115

EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-

(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)?

network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

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。

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 see doctors and specialists directly without a referral from your primary care provider.

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。

CONTINUE WITH 'QA23_I22';

ELSE SKIP TO PROGRAMMING NOTE 'QA23_I25'

	O	PPO1		
	O	EPO2		
	0	Other (Specify:)		
	_	其他(請詳述:)		
	0	REFUSED/DON'T KNOW3		
'QA23_I20'	What is the na	me of (CHILD)'s main health plan?		
	(CHILD) 參加自	的主要健康計劃的名稱是什麼?		
MA2	(- ,			
	O	Aetna2 安泰		
	•	Anthem Blue Cross of California7 加州安盛藍十字		
	•	Blue Shield		
	•	Cigna Healthcare26 信諾健康照護		
	•	Health Net		
	•	Kaiser Permanente47 凱薩醫療機構		
	•	United Healthcare73 聯合健康保險		
	•	MediCal		
	•	Medicare 52 加州醫療補助計劃白卡		
	O	Other (Specify:) 85 其他(請詳述:)		
	•	REFUSED/DON'T KNOW3		
POST NOTE	QA23 I20': IF 'C	QA23_I20' = 93, 87, OR 89 THEN SET CHMILIT=1		
	-			
'QA23_I21'	Is (CHILD) cov	rered for prescription drugs?		
	計劃是否支付(CHILD) 的處方藥品?		
CF14	HEI/CI/11((Times) 中观200 来面:		
	O	Yes1		
		是		
	O	No2 否		
	•	REFUSED/DON'T KNOW3		
High Deductible Health Plans (Child)				
PROGRAMMING NOTE FOR 'QA23_I22':				
IF (ARINSURE ≠ 1 OR 'QA23_I1' ≠ 1) AND (CHEMP= 1 OR CHDIRECT= 1 OR CHOTHER= 1), THEN				

'QA23_I22' Does (CHILD)'s health plan have a deductible that is more than \$1,000?

(CHILD)的健康保險計劃是否有超過 1,000 美元的免賠額 ?

AI79

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

免賠額是在您的健康保險計劃開始為您的醫療護理付款之前,您必須支付的數額。

\mathbf{C}	Yes	1
	是	
\mathbf{c}	No	2
	否	
\mathbf{c}	Yes, but only when we go out of network	3
	是的, 只有當我們在網絡外的時候	
O	REFUSED/DON'T KNOW	-3

'QA23_I23' Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2.000?

(CHILD)的醫療保險計劃對於所有受保人是否有超過 2,000 美元的免賠額?

AI80

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

免賠額是在您的健康保險計劃開始為您的醫療護理付款之前,您必須支付的數額。

O	Yes1
	是
O	No2
	否
O	Yes, but only when we go out of network3
	是的,只有當我們在網絡外的時候
O	REFUSED/DON'T KNOW

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

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
	是	
\mathbf{O}	No	2

	•	否 REFUSED/DON'T KNOW3	
Reasons for La	ack of Coverage	(Child)	
IF CHINSURE	NG NOTE 'QA2' = 1, GO TO 'QA IUE WITH 'QA2'	_23_I30 ';	
'QA23_I25'	What is the on	e main reason (CHILD) does not have any health	insurance?
	(CHILD) 沒有團	醫療保險的一個主要原因是什麼?	
CF18	•	Can't afford/Too expensive1 負擔不起/太貴了	
	•	Not eligible due to working status/2 Changed employer/Lost job 因工作狀態/更換雇主/失業而不符合資格	
	•	Not eligible due to health or3 other problems 因健康或其他問題而不符合資格	
	•	Not eligible due to citizenship/4 immigration status 因公民/移民身份而不符合資格	
	O	Family situation changed5 家庭狀況發生變化	
	O	Don't believe in insurance6 不相信保險	
	•	Did not have insurance while switching7 insurance companies 更換保險公司的期間導致延遲	
	•	Can get health care for free/8 Pay for own care 可以獲得免費的健康保險/自費負擔	
	• •	Other (Specify:)	
Coverage over	Past 12 Months		
'QA23_I26'	Was (CHILD)	covered by health insurance at any time during th	e past 12 months?
	(CHILD)是否在	過去 12 個月中的任何時間享受醫療保險?	
CF20	0	Yes1 是	[GO TO 'QA23_I28']
	O	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA23_I27'	How long has i	t been since (CHILD) last had health insurance?	
CF21	(CHILD) 上一岁	文有醫療保險到現在已經有多長時間?	

	•	More than 12 months ago, but not more than 3 years1	[GO TO
		超過 12 個月前,但不超過 3 年前	'PN_QA23_I36']
	O	More than 3 years2	[GO TO
		超過3年前	'PN_QA23_I36']
	O	Never had health insurance3	[GO TO
	•	從來沒有健康保險 REFUSED/DON'T KNOW	'PN_QA23_I36'] [GO TO
	•	TEL GOLD/DON'T KNOW	'PN_QA23_I36']
'QA23_I28'	For how many	of the last 12 months did {he/she} have health	insurance?
CF22	在過去 12 個月	月內,{他/她}有多少個月有醫療保險?	
	O	Months [HR: 0-12]_ 個月	[GO TO 'PN_QA23_I36']
	O	REFUSED/DON'T KNOW3	111_4720_100]
'QA23_I29'	a plan you ob	ne when (CHILD) had health insurance, was {his tained through an employer, a plan you purchase npany, a plan you purchased through Covered C	ed directly from an
CF23	,	醫療保險期間,{他的/她的}保險是 MediCal、您透 買的計劃、您透過 Covered California 購買的計畫	
01 23	Check all that	apply	
		Medi-Cal1 加州醫療補助計劃白卡(Medi-Cal)	[GO TO 'PN_QA23_I36']
		Through current or former employer/union3 通過現任或前任雇主/工會	[GO TO 'PN_QA23_I36']
		Purchased directly5 直接購得	[GO TO 'PN_QA23_I36']
		Covered California6 透過加州全保(Covered California)購得	[GO TO 'PN_QA23_I36']
		Other health plan91 其他健康計畫	[GO TO 'PN_QA23_I36']
	O	REFUSED/DON'T KNOW3	
'QA23_I30'		ut {his/her} current health insurance, did (CHILD) ast 12 months?	have this same insurance
CE24	請想一想 {他/ 險?	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 是	[GO TO 'PN_QA23_I36']
	O	^疋 No2 否	FN_QA23_130]
	O	REFUSED/DON'T KNOW3	

'QA23_I31'		e} wasn't covered by {his/her} current health / other health insurance?	ı insura	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} 有滔	沒有其它任何醫療保險?
0.20	O	Yes 是	1	[GO TO 'QA23_I33']
	•	·····································	2	
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA23_I33']
'QA23_I32'	you purchase	or health insurance Medi-CAL, a plan you ob d directly from an insurance company, a pla fornia, or some other plan?		
0500		保險是不是加州醫療補助計劃白卡(Medi-C 直接購得的計劃、您透過加州全保(Covere		
CF26	Check all that	t apply		
		Medi-Cal加州醫療補助計劃白卡(Medi-Cal)	1	
		Through current or former employer or union	4	
		Purchased directly 直接購得	5	
		Covered California 透過加州全保(Covered California)	6	
		Other health plan 其他健康計畫	91	
	O	REFUSED/DON'T KNOW	3	
'QA23_I33'	During the pa all?	st 12 months, was there any time when {he	:/she} h	nad no health insurance at
CF27	在過去 12 個月	月中,{他/她}有沒有任何時間完全沒有醫療仍	呆險?	
	O	Yes 是	1	
	•	No 否	2	[GO TO 'PN_QA23_I36']
	O	REFUSED/DON'T KNOW	3	[GO TO 'PN_QA23_I36']
'QA23_I34'	For how many	y of the past 12 months did {he/she} have n	o heal	th insurance?
CE29	在過去 12 個月	月中,{他/她}有幾個月沒有健康保險?		
CF28	O	MONTHS 個月		[RANGE: 1-12]
	O	個月 REFUSED/DON'T KNOW	3	

What is the <u>one main</u> reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

在(CHILD) 沒有保險的日子裡, {他/她} 沒有醫療保險的一個主要原因是什麼?

CF29

O	Can't afford/Too expensive	1
C	負擔不起/太貴了 Not eligible due to working status/	2
_	因工作狀態/更換雇主/失業而不符合資格	
0	Not eligible due to health or	3
	因健康或其他問題而不符合資格	
0	Not eligible due to citizenship/ immigration status	4
	因公民/移民身份而不符合資格	
O	Family situation changed	5
\sim	家庭狀況發生變化	_
0	Don't believe in insurance	S
O	Did not have insurance while switching	7
	insurance companies 更換保險公司的期間導致延遲	
O	Can get health care for free/	3
	Pay for own care 可以獲得免費的健康保險/自費負擔	
O	Other (Specify:)9	1
	其他(請詳述:)	
\mathbf{O}	REFUSED/DON'T KNOW	3

Teen's Health Insurance

PROGRAMMING NOTE 'QA23_I36':

IF NO TEEN SELECTED, GO TO 'PN_QA23_J1'; IF ARINSURE = 1, CONTINUE WITH 'QA23_I36'; IF ARINSURE \neq 1, GO TO PN 'QA23_I37'; 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

O	Yes1	[GO TO 'QA23_I54']
O	是 No2	
	否	
\mathbf{O}	REFUSED/DON'T KNOW3	

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_I36'= 1 AND AREMPSP= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
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IF 'QA23_I36'= 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_I36'= 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_I36'= 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE= 1;
IF 'QA23_I36'= 1 AND AROTHER= 1, SET TEOTHER= 1 AND SET TEINSURE= 1;
IF 'QA23_I36'= 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 \neq 1 THEN SKIP TO 'QA23_I38';

ELSE IF 'QA23_I36' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA23_I38'; 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

C	Yes1 是	[GO TO 'QA23_I54']
O	No2	
	否	
0	REFUSED/DON'T KNOW3	

```
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;
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 SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF 'QA23_I37' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1
```

PROGRAMMING NOTE 'QA23 138':

IF TEINSURE \neq 1 OR CHINSURE \neq 1, THEN SKIP TO 'QA23 139';

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

•	Yes1	[GO TO 'QA23_I66'
O	No2	

	O	REFUSED/DON'T KNOW3
TEINSURE= 1 IF 'QA23_I38':	; = 1 AND CHMCA = 1 AND CHEMP = 1 AND CHDIR = 1 AND CHMILI = 1 AND CHOTH = 1 AND CHIHS = 1 AND CHOTH	QA23_I38'= 1 AND CHMCARE= 1, SET TEMCARE= 1 AND SET AL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1; P= 1, SET TEEMP= 1 AND SET TEINSURE= 1; ECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1; IT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1; HGOV= 1, SET TEOTHGOV= 1 AND SET TEINSURE= 1; = 1, SET TEIHS= 1; HER= 1, SET TEOTHER= 1; EX= 1, SET TEHBEX= 1
Medi-Cal Cove	erage (Teen)	
'QA23_I39'	Is {he/she} cur	rently covered by Medi-CAL?
IA1	{他/她}是否享受	受 MediCAL (加州醫療保健計劃)的保賠?
IAI	Medi-Cal is a l	nealth insurance program for low-income individuals in California
	加州低收入醫物	療保險 (Medi-Cal) 是一項面向加州低收入群體的醫療保險計劃。
	O	Yes1 是
	O	No2 否
	•	REFUSED/DON'T KNOW3
POST NOTE '	QA23_l39': IF '0	QA23_I39' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
Employer-Base	ed Coverage (Te	een)
'QA23_I40'	Is (TEEN) cove else's employn	ered by a health insurance plan or HMO through your own or someone nent or union?
IA3	(TEEN)有沒有: 劃 (HMO)?	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
	O	Yes1 是
	O	No
	•	REFUSED/DON'T KNOW3 [GO TO 'QA23_I42']
POST NOTE	QA23_I40': IF 'C	QA23_I40' = 1, SET TEEMP = 1 AND SET TEINSURE = 1
'QA23_I41'	Is this plan thro	ough an employer, through a union, or through Covered California's SHOP
Al94	這項計劃是透過	過雇主、工會、還是 Covered California 的 SHOP 計劃購買的?

California.

SHOP is the Small Business Health Options Program administered by Covered

SHOP是Covered California	開展的小雲	企業保	健選擇計劃
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	•	Employer1 雇主	
	0	Union2 工會	
	O	SHOP / Covered California3 SHOP / 加州全保	
	O	Other (Specify:)	
	•	REFUSED/DON'T KNOW	
POST NOTE FO	OR 'QA23_I41':	IF 'QA23_I41'= 3, THEN SET TEHBEX = 1	
Private Coveraç	ge (Teen)		
IF TEINSURE=	IG NOTE 'QA23 1 THEN GO TO UE WITH 'QA23		
'QA23_I42'	Is (TEEN) cover insurance comp	red by a health insurance plan that you purchase pany or HMO?	ed directly from an
IA4	(TEEN)是否享受	论您直接從保險公司或 HMO 購買的醫療保險計劃	的承保?
IAT		a plan that pays only for certain illnesses such as a cash" if you are in a hospital	s cancer or stroke, or only
	請不要包括僅支 外現金」的計劃	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
	O	Yes1 是	
	O	No2 否	[GO TO 'QA23_I48']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_I48']
POST NOTE 'C	QA23_I42': IF 'Q	A23_I42' = 1, SET TEDIRECT = 1 AND SET TE	INSURE = 1
		_ I43': INUE WITH 'QA23_I43' ;	
'QA23_I43'		rchase this health insurance – directly from an ir h Covered California?	nsurance company or
	您是如何購買這 California 購買:	項保健計劃的 — 是直接從保險公司或 HMO 購買?	還是透過 Covered
Al95	O	Insurance company or HMO1 保險公司或 HMO	
	O	Covered California2	

		加州全保(Covered California)
	O	Other (Specify:) 91
	O	其他(請詳述:) REFUSED/DON'T KNOW
	9	REFUSED/DON I KNOW3
POST NOTE F	OR 'Al95: IF 'Q	A23_I43' = 2, THEN SET TEHBEX = 1
	NG NOTE 'QA2	
	= 3, THEN GO T UE WITH 'QA2 3	TO PN 'QA23_I45' ;
LLSL CONTIN	OL WIIII QAZ	<u></u>
'QA23_I44'	Was there a su	bsidy or discount on the premium for this plan?
	這項計劃的保費	是否有補貼或折扣?
AI97		Yes1
	•	是
	O	No2
	0	否 REFUSED/DON'T KNOW
IF TEEMP = 1 (COVERAGE), (COVERAGE)	CONTINUE WIT	ASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN
(0.4.00, 1.4.7)		W 64
'QA23_I45'		y or all of the premium or cost for (TEEN)'s health plan? Do not include co-pays or deductibles you or your family may have had to pay.
	您是否支付(TE 支付的任何共作	EN)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 対款或自付額。
AI55	<u>Premium</u> is the	monthly charge for the cost of your health insurance plan.
	保費是您的健康	表保險計劃的每月收費
		e partial payments you make for your health care each time you see a he health care system, while someone else pays for your main health care
	_	ys)是您每次看醫生或使用醫療保健系統時支付您的醫療保健服務的部分款 人支付您的主要醫療保險。
	A <u>deductible</u> is paying.	the amount you pay for medical care before your health plan starts
	免賠額是您的保	保險計劃開始付款之前您支付的醫療護理費。
	O	Yes1 是
	•	No2 否

	O	REFUSED/DON'T KNOW3
'QA23_I46'		se, such as an employer, a union, or professional organization pay all or the premium or cost for (TEEN)'s health plan?
	是否有任何其他 保費或費用?	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
AI52	•	Yes1 是
	O	No2 [GO TO
	O	否
'QA23_I47'	Who else pays	all or some portion of the cost for (TEEN)'s health plan?
AI53	還有誰支付(TEI	EN) 的醫療保險計劃的全部或部份費用?
Alss	Check all that a	pply
		Your current employer
		Your former employer
		Union
		Spouse's/Partner's current employer4 配偶/伴侶的現任雇主
		Spouse's/Partner's former employer5 配偶/伴侶的前任雇主
		Professional/Fraternal organization6 職業/兄弟組織
		Medicaid/Medi-Cal assistance
		Medicare9 聯邦老人醫療保險(Medicare)
		Covered California
		Other
	O	REFUSED/DON'T KNOW3
IF 'QA23_I47' =	QA23_I47': IF 'Q = 7, SET TEMCA : 10, SET TEHBE	
CHAMPUS/CH	AMP VA, TRICA	RE, VA Coverage (Teen)

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PROGRAMMING NOTE 'QA23_I48':

IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA23_I53';

ELSE CONTINUE WITH 'QA23_I48'
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'QA23_I48'	Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?			
IA6	{他/她} 是否享受	受 CHAMPUS/CHAMP VA, TRICARE, VA,或其	它軍隊醫療護理計劃?	
	•	Yes1	[GO TO	
	O	是 No2	'PN_QA23_I54']	
		否		
	•	REFUSED/DON'T KNOW3		
POST NOTE 'C	QA23_I48': IF 'C	QA23_I48' = 1, SET TEMILIT = 1 AND SET TEIR	NSURE = 1	
AIM, MRMIP, F	Family PACT, He	ealthy Kids, Other (Teen)		
'QA23_I49'		ered by some other government health plan suc Healthy Kids or something else?	h as AIM, 'Mister MIP',	
IA7	{他/她}是否享有 Kids 或其他計劃	f其他政府醫療保險計劃,例如 AIM,Mister MIF 劃?	R. Family PACT、Healthy	
	<u>AIM</u> means Access for Infants and Mothers, <u>Mister MIP</u> or MRMIP means Major Risk Medical Insurance Program; <u>Family PACT</u> is the state program that pays for contraception/reproductive health services for uninsured lower income women and men.			
		學保險計劃」; <i>Mister MIP</i> 或MRMIP表示「重大 _。 是一項州立計劃,為沒有保險的低收入男女的避孕		
	O	AIM1	[GO TO	
	_	加州孕婦嬰兒保險(AIM)	'PN_QA23_I54']	
	•	MRMIP2 高風險醫療保險計劃	[GO TO 'PN_QA23_I54']	
		同風險舊原係險計劃 (MISTER MIP/MRMIP)	FN_QA23_I34]	
	•	Family PACT3	[GO TO	
		兒童保健計劃(HEALTHY KIDS)	'PN_QA23_I54']	
	0	Healthy Kids4 沒有其他健康計劃	[GO TO	
	•	仅有共他健康計劃 No other plan5	'PN_QA23_I54']	
		其他(請詳述:)		
	•	Something else (Specify:)91	[GO TO 'PN_QA23_I54']	
		QA23_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TE	OTHGOV = 1 AND SET	
TEINSURE = 1				
Other Coverage	e (Teen)			
'QA23_I50'	Does {he/she}	have any health insurance coverage through a p	plan that I missed?	
IA8	{他/她} 有沒有3	享受任何我漏掉的其它醫療保險計劃?		
	0	Yes1 是		

	O	No2 否	[GO TO 'PN_QA23_I54']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_I54']
'QA23_I51'		ealth insurance does {he/she} have? Does it comion, or from some other source?	ne through Medi-CAL, an
		i健康保險?此保險是透過 Medi-CAL(加州醫療保 公某些其它來獲得的?	R健計劃) 、僱主或工會
IA9	Check all that a	apply	
		Through current or former employer/union1 通過現任或前任雇主/工會	
		Through school, professional association, trade group, or other organization	
		Purchased directly from health plan3 直接從健康計劃(由調查對象本人或任何其他人)
		MediCARE	/ M714
		Medi-CAL5 加州醫療補助計劃白卡(Medi-Cal)	
		CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care	它軍隊醫療護理計劃
		Indian health service, Tribal health program or urban Indian clinic	
		診所 Covered California	
		加州全保(Covered California) Shop through Covered California 11 通過加州全保 SHOP	
		Other government health plan91 其他政府健康計劃	
		Other non-government health plan 92 其他非政府健康計劃	
	•	REFUSED/DON'T KNOW3	
POST NOTE 'C	QA23_I51':		
IF 'QA23_I51' =	= 1, SET TEEMP	P = 1 AND TEINSURE = 1;	1
		P = 1 AND TEINSURE = 1;	
		ECT = 1 AND TEINSURE = 1; ARE = 1 AND TEINSURE = 1;	
		ARE = 1 AND TEINSURE = 1; AL = 1 AND TEINSURE = 1;	
		T = 1 AND TEINSURE = 1;	
IF 'QA23_I51' =	= 8, SET TEIHS	= 1;	
		EX = 1 AND TEINSURE = 1 AND TEDIRECT = 1 EX = 1 AND TEINSURE = 1 AND TEEMP = 1;	1;

IF 'QA23_I51' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;

IF 'QA23_I51' = 92, SET TEOTHER = 1 AND TEINSURE = 1; IF 'QA23_I51' = -3, SET TEINSURE = 1	

PROGRAMMING NOTE 'QA23 152':

IF 'QA23_I51' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA23_I52'; ELSE SKIP TO PROGRAMMING NOTE 'QA23_I53'

'QA23_I52' Just to verify, you said that (TEEN) gets health insurance through Medicare?

我只是要確定一下,您說過 (TEEN) 有從聯邦醫療保險(Medicare) 獲得醫療保險?

IA9VER

\mathbf{c}	Yes	1
	是	
\mathbf{c}	No	2
	否	
\mathbf{O}	REFUSED/DON'T KNOW	-3

PROGRAMMING NOTE 'QA23 153':

IF TEINSURE \neq 1 CONTINUE WITH 'QA23_I53';

ELSE GO TO 'QA23_I54';

'QA23_I53' What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

(TEEN)沒有加入加州醫療輔助計劃 (Medi-CAL)的一個主要原因是什麼?

IA1A

O	Paperwork too difficult 申請填表太困難	1
O	Do not know if eligible 不知道是否符合資格	2
O	Income too high, not eligible 因為收入太高,不符合資格	3
O	Not eligible due to	
	citizenship/immigration status 因公民/移民身份而不符合資格	4
0	Do not believe in health insurance 不相信健康保險	6
•	Do not need insurance because she/he is healthy	7
O	Already have insurance 已經有保險了	8
O	Did not know about it 不知道有保險	9
O	Do not like or want welfare 不喜歡/不想要福利	. 10
O	Other (Specify:) 其他(請詳述:)	. 91
O	REFUSED/DON'T KNOW	3

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA23_I54':

IF 'QA23_I36' = 1 AND ARMCARE = 1, THEN 'QA23_I54' = 'QA23_H61' AND 'QA23_I56' = 'QA23_H63' AND 'QA23_I57' = 'QA23_H64' 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_I58'

'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

<u>HMO</u> 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.

HMO表示「健康維護機構」。在 HMO 計劃中,{他/她}必須使用網路內的醫生及醫院的服務。除非是急診,如果{他/她}在網路外醫生或醫院處接受服務,計劃通常不支付服務費。

\mathbf{O}	Yes1	[GO TO 'QA23_I56']
	是	
O	No2	
	否	
O	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA23_I55':

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

<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the innetwork doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

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。

<u>PPO</u> 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.

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。

\mathbf{O}	PPO	1
O	EPO	2
O	Other (Specify:)	91
	其他(請詳述:	
O	REFUSED/DON'T KNOW	3

'QA23_I56'	What is the na	me of (TEEN)'s main health plan?		
	(TEEN) 參加的	主要保健計劃名稱是什麼?		
MA7	•	Aetna2		
	•	安泰 Anthem Blue Cross of California7 加州安盛藍十字		
	O	Blue Shield		
	O	Cigna Healthcare		
	O	Health Net		
	•	Kaiser Permanente		
	•	United Healthcare73 聯合健康保險		
	•	MediCal		
	•	Medicare 52 加州醫療補助計劃白卡		
	•	Other (Specify:)85 其他(請詳述:)		
Γ	0	REFUSED/DON'T KNOW3		
POST NOTE	QA23_I56': IF 'C	QA23_I56' = 93, 87, OR 89 THEN SET TEMILIT = 1		
'QA23_I57' Is (TEEN) covered for prescription drugs?				
IA14	(TEEN) 的計劃	是否支付處方藥品?		
	O	Yes1 是		
	O	No2 否		
	•	REFUSED/DON'T KNOW3		
High Deductibl	e Health Plans (Teen)		
IF [(ARINSURI	NG NOTE 'QA2 E ≠ 1 OR 'QA2 NUE WITH 'QA2) PN 'QA23_I61	$3_{-}136' \neq 1$) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), 3_158';		
'ΩΔ23 I58'	Does (TEFN)'s	s health plan have a deductible that is more than \$1,000?		

(TEEN)的健康保險計劃是否有超過 1,000 美元的免賠額?

Al82

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。

	O	Yes1 是	
	•	No2 否	
	•	Yes, but only when we go out of network3 是的,只當我們在網絡外的時候	
	O	REFUSED/DON'T KNOW3	
'QA23_I59'	Does (TEEN)'s \$2,000?	health plan have a deductible for all covered persons that is more than	
Al83	(TEEN)的健康仍	保險計劃對於所有受保人是否有超過2,000美元的免賠額?	
	A deductible is medical care.	the amount you have to pay before your plan begins to pay for your	
	自付額是您的保	民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 是	
	•	No2 否	
	0	Yes, but only when we go out of network3 是的,只當我們在網絡外的時候	
	O	REFUSED/DON'T KNOW3	
IF ('QA23_I58'		G_I60': QA23_I59' = 1 OR 3), CONTINUE WITH 'QA23_I60'; IG NOTE 'QA23_I61';	
'QA23_I60'	Do you have a expenses?	special account or fund you can use to pay for (TEEN)'s medical	
Al84	您是否有可以用	於支付(TEEN)的醫療費用的特殊帳戶或資金?	
Aloq	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。		
	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	

Reasons for Lack of Coverage (Teen)

IF TEINSURE = 1, GO TO 'QA23_I66'; ELSE CONTINUE WITH 'QA23_I61'

'QA23_I61'	What is the one	e main reason (TEEN) does not have any health	insurance?
IA18	(TEEN) 沒有任	何健康保險的 一個主要 原因是什麼?	
IAIO	•	Can't afford/Too expensive1 負擔不起/太貴了	
	•	Not eligible due to working status/2 Changed employer/Lost job 因工作狀態/更換雇主/失業而不符合資格	
	O	Not eligible due to health or3 other problems	
	O	因健康或其他問題而不符合資格 Not eligible due to citizenship/4 immigration status 因公民/移民身份而不符合資格	
	•	Family situation changed5 家庭狀況發生變化	
	O	Don't believe in insurance6 不相信保險	
	O	Did not have insurance while switching7 insurance companies 更換保險公司的期間導致延遲	
	O	Can get health care for free/8 Pay for own care 可以獲得免費的健康保險/自費負擔	
	0	Other (Specify:)91 其他(請詳述:)	
	O	REFUSED/DON'T KNOW3	
Coverage over	Past 12 months	s (Teen)	
'QA23_I62'	Was (TEEN) c	overed by health insurance at any time during the	past 12 months?
IA20	(TEEN) 在過去	12個月中的任何時間是否享受醫療保險?	
	O	Yes1 是	[GO TO 'QA23_I64']
	O	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA23_I63'	How long has i	t 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 no more than 3 years ago1 超過 12 個月前,但不超過 3 年前	[GO TO 'PN_QA23_J1']
	•	2 More than 3 years ago2 超過 3 年前	[GO TO 'PN_QA23_J1']
	O	3 Never had health insurance coverage3	[GO TO

	Q	從來沒有健康保險 REFUSED/DON'T KNOW	'PN_QA23_J1'] [GO TO 'PN_QA23_J1']		
'QA23_I64'	For how many	y of the last 12 months did {he/she} have health in	nsurance?		
IA22	在過去十二個	月內,{他/她}有幾個月有醫療保險?			
	0	Months [HR: 0-12] 個月 REFUSED/DON'T KNOW3	[IF 'QA23_I64'=0 GO TO 'PN_QA23_J1'] [GO TO 'PN_QA23_J1']		
'QA23_I65'	a plan you ob	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?			
IA23	接從保險公司	醫療保險期間,{他的/她的}保險是 Medi-Cal、您透購買的計劃、您透過 Covered California 購買的計			
	Check all that (5 maximum r				
	(5 maximum i	esponses)			
		Medi-Cal1 加州醫療補助計劃白卡(Medi-Cal)	[GO TO 'PN_QA23_J1']		
		Through current or former employer/union3 通過現任或前任雇主/工會	[GO TO 'PN_QA23_J1']		
		Purchased directly5 直接購得	[GO TO 'PN_QA23_J1']		
		Covered California6 透過加州全保(Covered California)購得	[GO TO 'PN_QA23_J1']		
		Other health plan91	[GO TO		
	O	其他健康計畫 REFUSED/DON'T KNOW	'PN_QA23_J1']		
'QA23_I66'		ut {his/her} current health insurance, did (TEEN) h ast 12 months?	ave this same insurance		
	請想一想{他的 相同的健康保	J/她的} 目前參加的健康保險,(TEEN) 是否在過去 險計劃?	十二個月中一直參加這個		
IA24	O	Yes1 是	[GO TO 'PN_QA23_J1']		
	O	No2 否	111_47_20_011		
	O	REFUSED/DON'T KNOW3			
'QA23_I67'		e} wasn't covered by {his/her} current health insura lth insurance?	ance, did {he/she} have		

	當 {他/她} 沒有 ?	下享受{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	:			
	•	Yes 是	1	
	O	No	2	[GO TO 'QA23_I69']
	O	否 REFUSED/DON'T KNOW	3	[GO TO 'QA23_I69']
'QA23_I68'	you purchased	r health insurance Medi-Cal, a plan you o d directly from an insurance company, a p ornia, or some other plan?		
LAGE		險是 Medi-CAL、您透過雇主獲得的計劃、 ed California 購買的計劃還是其他計劃?	您直接领	從保險公司購買的計劃、
IA26	Check all that	apply		
		Medi-Cal	1	
		加州醫療補助計劃白卡 (Medi-Cal) Obtained through current or former employer/union	4	
		通過現任或前任雇主/工會 Purchased directly 直接購得	5	
		Purchased through Covered California 透過加州全保(Covered California)購		
		Other health plan		
		REFUSED/DON'T KNOW	3	
'QA23_I69'	During the pasall?	st 12 months, was there any time when {h	ne/she} h	ad no health insurance at
IA27	在過去 12 個月	日中,{他/她} 有沒有任何時間完全沒有醫療	療保險?	
INE	•	Yes 是	1	
	O	No	2	[GO TO
	O	否 REFUSED/DON'T KNOW	3	'PN_QA23_J1'] [GO TO 'PN_QA23_J1']
'QA23_I70'	For how many	of the past 12 months did {he/she} have	no healtl	h insurance?
1420	在過去 12 個月	月中,{他/她}有幾個月沒有健康保險?		
IA28		MONTHS [RANGE: 1-12] 個月		
	•		3	
'QA23_I71'		ne main reason why (TEEN) did not have wasn't covered?	any heal	th insurance during the

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

\mathbf{O}	Can't afford/Too expensive1	
	負擔不起/太貴了	
\mathbf{O}	Not eligible due to working status/2	2
	Changed employer/Lost job	
	因工作狀態/更換雇主/失業而不符合資格	
\mathbf{O}	Not eligible due to health or	3
	other problems	
	因健康或其他問題而不符合資格	
0	Not eligible due to citizenship/	ļ
	immigration status	
	因公民/移民身份而不符合資格	
0	Family situation changed	5
	家庭狀況發生變化	
0	Don't believe in insurance6	3
	不相信保險	
\mathbf{O}	Did not have insurance while switching7	7
	insurance companies	
	更換保險公司的期間導致延遲	
\mathbf{O}	Can get health care for free/	3
	Pay for own care	
	可以獲得免費的健康保險/自費負擔	
\mathbf{O}	Other (Specify:)91	l
	其他(請詳述:)	
0	REFUSED/DON'T KNOW	3

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA23 172':

IF NO TEEN SELECTED, GO TO SECTION J;

IF 'QA23 A5'= 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'QA23_A5'= 2 (FEMALE AT BIRTH), DISPLAY "father";

IF 'QA23_A5'= 3 (REFUSED/DON'T KNOW) AND 'QA23_A25' 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

O	United States1 美國
O	American Samoa2 美屬薩摩亞
0	Canada3 加拿大
O	China4 中國
O	Guam9 關島
0	Japan 16 日本

	•	Korea17 韓國
	•	Mexico
	•	Philippines
	O	Puerto Rico
	O	Vietnam
	•	Virgin Islands
	O	Other (Specify:)
	O	REFUSED/DON'T KNNOW
IF 'QA23_I72' = ELSE CONTINI IF 'QA23_A5' = IF 'QA23_A5' = IF 'QA23_A5' = 'QA23_A25'=2	JE WITH 'QA23 : 1 (MALE AT BII : 2 (FEMALE AT	26 (BORN IN THE USA OR US TERRITORY), SKIP TO 'AI77'; _I73'; RTH), DISPLAY "mother"; BIRTH), DISPLAY "father" ON'T KNOW) AND 'QA23_A25' Sex =1 DISPLAY "father" OR If er"
	, carer parent	
'QA23_I73'	Does (TEEN)'s	{mother/father} now live in the U.S.?
ALC:	(TEEN)的{母親/	父親}目前住在美國嗎?
AI57	•	Yes1 是
	O	No2 否
	•	{Mother/Father/Other parent} deceased3 {Mother/Father/Other parent} 去世
	•	{Mother/Father/Other parent} never lived in U.S4
	•	{Mother/Father/Other parent}從未住在美國 REFUSED/DON'T KNOW
PROGRAMMIN	IG NOTE 'QA23	174':
		RTH), DISPLAY "mother";
		BIRTH), DISPLAY "father";
IF 'QA23_A5'=		ON'T KNOW) AND 'QA23_A25' Sex =1 DISPLAY "father" OR If
	`	THER DECEASED), DISPLAY "Was";
'QA23_I74'	{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?
AIFO	(TEEN)的{母親	/父親}{是/曾是}美國公民嗎?
AI58	O	Yes1

		是
	O	No2
		否
	•	Application pending3 申請待審
	O	REFUSED/DON'T KNOW
	NG NOTE 'QA2	
		_'QA23_I76' IF 'QA23_A5' = 2 (MALE AT BIRTH), DISPLAY "mother"; RTH), DISPLAY "father";
IF 'QA23_A5' :	3 (REFUSED/	DON'T KNOW) AND 'QA23_A25' Sex =2 DISPLAY "father" OR If
		other" ELSE IF DISPLAY "other parent" IF 'AI57 = 3 (MOTHER/FATHER
DECEASED), I ELSE DISPLA	DISPLAY "Was"; √ "Is"	
LEGE BIOI LA	1 10	
'QA23_I75'		N)'s {mother/father} a permanent resident with a green card? People
	usually call this	a "Green Card" but the color can also be pink, blue, or white.
	(TEEN)的(母親	/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
	可能是粉紅色、	•
AI59	11配定彻底口(
	O	Yes1
		是
	0	No2
	Q	否 Application pending3
	9	中請待審
	O	REFUSED/DON'T KNOW3
(0.100 100)		
'QA23_I76'	About how mar	ny 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	(),43(: : : :	
		Number of years
	年	•••
		Year first come and live in U.S. (第一次來美國居住)
	4	(另一次永天國店住)
	•	Number of years1
		年数
	0	Year first came to live in US2
	\circ	年(第一次來美國居住)
	0	Mother/father deceased3 {母親/父親} 去世
	O	Mother/father never lived in US4
		{母親/父親}從未住在美國
	•	REFUSED/DON'T KNOW3

Section J: Health Care Utilization and Access

Visits to Medical Doctor

		_ J1': O OR SPOUSE IN HH, DISPLAY "Now, I'd like t	to ask about the health
'QA23_J1'		ask about the health care <u>you</u> receive. During t e you seen a medical doctor?	he past 12 months, how
AH5	現在,我想詢問	有關您所得到的醫療保健。在過去 12 個月中,	您看過幾次醫生?
7.110	•	Times	[IF 'QA23_J1' > 0 GOTO 'PN_QA23_J3']
	•	REFUSED/DON'T KNOW3	
IF 'QA23_J1' = WITH 'QA23_J	2';	_J2': 'SEEN A DOCTOR IN LAST 12 MONTHS OR NOTE 'QA23_J3'	REF/DK), CONTINUE
'QA23_J2'	About how long	has it been since you last saw a doctor about y	our own health?
AH6		身的健康狀況去看醫生以來到現在已經有多長時	F間?
	•	One year ago or less0 1 年前或更短時間	
	O	More than 1 up to 2 years ago1 超過 1 年至 2 年前	
	•	More than 2 up to 5 years ago2 超過 2 年至 5 年前	
	•	More than 5 years ago3 超過 5 年前	
	O	Never	[GO TO 'QA23_J4']
	•	REFUSED/DON'T KNOW3	
'QA23_J3'	About how long check-up?	has it been since you last saw a doctor or med	ical provider for a <u>routine</u>
AJ114		醫生或其他醫療提供者的 <u>常規體檢</u> 以來大約有多	
		-up is a visit not for an illness or problem. This thealth behaviors such as smoking.	visit may include
	常規體檢指並非 抽煙)的問題。	因生病或病症而接受的門診檢 查 。該常規體檢可	「能包括有關健康行為例如
	•	One year ago or less0 1 年前或更短時間	
	•	More than 1 up to 2 years ago1 超過 1 年至 2 年前	

	3	More than 2 up to 5 years ago2 超過 2 年至 5 年前
	•	More than 5 years ago3
	•	超過 5 年前
	•	Never4
	•	從未
	O	REFUSED/DON'T KNOW
'QA23_J4'	In the last 6 m needed?	nonths, how often was it easy to get the care, tests, or treatment you
A 1249	過去6個月,	很容易就能獲取您所需的護理、檢 查 或治療的頻率為何?
AJ218	O	Never1 從未
	•	Sometimes2 有時
	O	Usually3 經常
	•	Always4 總是
	O	Not applicable5 不適用
	•	REFUSED/DON'T KNOW3
PROGRAMMII IF HOUSEHOL		-
ELSE SKIP TO		, ,
'QA23_J5'	'QA23_J6'	nonths, how often was it easy to get the care, tests, or treatment [teen's
'QA23_J5'	In the last 6 r	nonths, how often was it easy to get the care, tests, or treatment [teen's
	In the last 6 r	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never
'QA23_J5'	In the last 6 r name needed 過去 6 個月,	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never
'QA23_J5'	In the last 6 r name needed 過去 6 個月,	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never
'QA23_J5'	In the last 6 r name needed 過去 6 個月,	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never
'QA23_J5'	In the last 6 r name needed 過去 6 個月,	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never
'QA23_J5'	In the last 6 r name needed 過去 6 個月,	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never
'QA23_J5'	In the last 6 r name needed 過去 6 個月, ② ② ③ O O During the pa	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never
'QA23_J5'	In the last 6 r name needed 過去 6 個月, 過去 6 個月, O O During the pa because of illing	months, how often was it easy to get the care, tests, or treatment [teen's d? [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? Never

ア 与 任 字	克士文加	/// × ///
个包括多	庭或產假	/陪產假

	11011137度次度			
		Days (0 -	365)	
			500)	
	O	Did not have job in past	4	
		12 months	1	
	Q	回去 12 间方的人来 Other (specify)	996	
	•	其他 (請詳述:)	. 000	
	O	REFUSED/DON'T KNOW	3	
Personal Docto	r			
PROGRAMMIN	IG NOTE 'QA23	_J7':		
		AL SOURCE OF CARE), THEN CONTIN NOTE 'QA23_J8'	UE WIT	H 'QA23_J7' ;
'QA23_J7'	Do you have a	personal doctor or medical provider who i	s your n	nain provider?
AJ77	您是否有一位作	為您的主要服務提供者的個人醫生或醫療	服務提信	共者?
AUTT	This can be a g health provider.	eneral doctor, a specialist doctor, a physi	ician ass	sistant, a nurse, or other
	可以是全科醫生	、專科醫生、醫生助理、護士或其他健康	服務提供	共者
	•	Yes 是	1	
	O	No 否	2	
	O	REFUSED/DON'T KNOW	3	
IF ARINSURE : 'QA23_J8' ELSE GO TO 'I DISPLAY INST	PN_QA23_J10' RUCTIONS:	1' = 1 (HAS USUAL SOURCE OF CARE		N CONTINUE WITH
IF 'QA23_J7' = ELSE DISPLAY		SONAL DOCTOR), THEN DISPLAY "youi	-";	
'QA23_J8'		nonths, did you try to get an appointment wo days because you were sick or injure		your/a} doctor or medica
A 1400	在過去 12 個月 ¹ 者 ?	中,您是否曾經因為生病或受傷嘗試預約在	王兩天 内	看醫生或醫療服務提供
AJ102	•	Yes 是	1	
	O	No 否	2	[GO TO 'PN_QA23_J10']
	O	REFUSED/DON'T KNOW	3	[GO TO

'PN_QA23_J10']

'QA23_J9'	How often were	you able to get an appointment within two days? Would you say…
	能夠在兩天內為	您安排就診的頻率有多高?您認為是
AJ103		
	O	Never1 從未
	O	Sometimes2 有時
	•	但Sually3
	•	經常
	O	Always4 總是
	O	Not applicable5 不適用
	O	REFUSED/DON'T KNOW3
Care Coordinat	ion	
Care Coordinat		
IF 'QA23_H1' = DOCTOR/MED	ICAL PROVIDER ETES) OR 'QA2	_J10': AL SOURCE OF CARE) AND 'QA23_J7' = 1 (HAS A PERSONAL R) AND [('QA23_B3' = 1 OR 'QA23_B4' = 1 (HAS ASTHMA)) OR AB22' 3_B22' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH
2202 00 10	Q7 (20_0) !	
'QA23_J10'		at your doctor's office or clinic who helps coordinate your care with other ces such as tests or treatments?
AJ80	在您的醫生辦公療?	室或診所內是否有人幫助協調其他醫生對您的護理或服務,例如測試或治
A300	•	Yes1
	•	是
	O	No2
		否
	O	REFUSED/DON'T KNOW3
Tele-Medical C	are	
'QA23_J11'	During the past appointments?	12 months, did your <u>usual medical provider</u> <u>offer</u> telephone or video
AJ220	過去 12 個月內,	您通常使用的醫療服務提供者是否 <u>提供</u> 電話或視像看診?
A3220	O	Yes1 是
	O	No2 [GO TO 'QA23_J14']
	O	Don't know

	•	REFUSED3	[GO TO 'QA23_J14']
'QA23_J12'	What options of	lid your medical provider offer?	
A 1004	您的醫療服務提	供者提供了哪些選項?	
AJ221	(Check all that	apply)	
		In-person appointments1 當面看診	
		Telephone appointments2 電話看診	
		Video appointments3 視像看診	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_J14']
'QA23_J13'	How satisfied a providers?	re you with the availability of telephone 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理滿意程度	為何?
AJZZZ	•	Very satisfied1 非常滿意	
	O	Somewhat satisfied2 較滿意	
	O	Neither satisfied nor dissatisfied3 既非滿意亦非不滿意	
	O	Somewhat dissatisfied4 較不滿意	
	O	Very dissatisfied5 非常不滿意	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_J14']
'QA23_J14'	•	12 months, did you receive care from a doctor or telephone conversation rather than an office	•
	過去 12 個月內 過親身就診?	, 您有否透過視頻或電話交談獲得醫生或專業醫	護人員的護理,而並非透
AJ202	O	Yes1	
	Q	是 No2	[CO TO (OA22 128]
	_	否	[GO TO 'QA23_J28']
	O	Don't know3	[GO TO 'QA23_J28']
'QA23_J15'	What was this o	care for?	
AJ203	該次護理目的是	甚麼?	
		Primary Care1 基礎護理	[GO TO 'QA23_J18']
		Dental Care2	[GO TO 'QA23_J18']

		分科護 理	
		Mental Health3 精神健康	[GO TO 'QA23_J18']
		Family Planning4 家庭計劃	
		Other speciality care5 其他專科護理	[GO TO 'QA23_J18']
	•	Other:	[GO TO 'QA23_J18']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_J18']
QA23_J16'	Where did you	receive your family planning service?	
AJ223	您是在哪裡接	受家庭計劃服務的?	
	•	Private Doctor's Office1 私人醫生診所	
	•	HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)	ss、Health Net、United
	•	Hospital or Hospital Clinic3 醫院或醫院診所	
	•	Planned Parenthood4 計劃生育聯合會 (Planned Parenthood)	
	0	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	
	•	Some other place (Specify:) 11 其他地方(請註明:)	
	0	REFUSED/DON'T KNOW3	
QA23_J17'	Was the appo	intment via telephone or video?	
AJ224	看診是否透過	電話或網絡進行的?	
	•	Yes, a telephone visit1 是,電話看診	
	•	Yes, a video visit2 是,視像看診	
	•	Both3 兩者	

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	O	No	4
	O	否 REFUSED/DON'T KNOW	3
'QA23_J18'		ur telephone or video healthcare experie ou that your health provider addressed y	
AJ225		₹ 12 個月內的電話或視像健康護理體驗。 您的滿意程度為何?	在您的醫療服務提供者解決您的
AJ225		ry satisfied	1
		常滿意 tisfied 意	2
	O Sli	ghtly satisfied 些滿意	3
	O No	ot satisfied at all 全不滿意	4
	-	FUSED DON'T KNOW	3
'QA23_J19'		ur most recent telephone or video health an in-person visit?	n care experience. Would you
AJ226	請想想您最近的	的電話或視像健康護理體驗。您是否會更	喜歡當面就診?
7.0220	•	Yes 是	1
	O	No	2
	•	否 REFUSED/DON'T KNOW	3
	NG NOTE 'QA2' = 2, CONTINUE QA23 J26'	-	
'QA23_J20'	_	ur most recent video visit with your dent	al health provider. How would you
Q, 120_020		ence compared to an in-person visit? We	
	請想想您最近挂經歷? 您認為	è受牙科服務提供者視像看診的情況。與 見像就診	當面就診相比,您會如何評價這次
AJ227	Q	Much worse	1
	_	糟糕得多	
	O	Somewhat worse 比當面就診糟糕一點	
	O	About the Same 差不多	3
	O	Somewhat better 比當面就診好一點	4
	•	Much better	5
	Q	好得多 I did not have a video visit	6

並未進行視像就診

REFUSED/DON'T KNOW......-3

PROGRAMMING NOTE 'QA23_J21':

IF 'QA23 J15' = 3, CONTINUE;

ELSE GOTO 'QA23_J26'

'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

0	Much worse 糟糕得多	.1
O	Somewhat worse 比當面就診糟糕一點	.2
O	About the Same 差不多	.3
0	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
O	REFUSED/DON'T KNOW	.3

PROGRAMMING NOTE 'QA23_J22':

IF 'QA23_J15' = 1, CONTINUE;

ELSE GOTO 'QA23_J26'

'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 worse1 糟糕得多
O	Somewhat worse2 比當面就診糟糕一點
•	About the Same3 差不多
0	Somewhat better4 比當面就診好一點
0	Much better5 好得多
•	I did not have a video visit6 並未進行視像就診
•	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'AJ230:

IF 'QA23_J15' = 2, CONTINUE;

ELSE GOTO 'QA23_J26'

'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

0	Much worse 糟糕得多	1
O	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
0	I did not have a telephone visit 並未進行電話就診	6
O	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23_J24':

IF 'QA23_J15' = 3, CONTINUE;

ELSE GOTO 'QA23_J26'

'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.....

AJ231

•	Much worse 糟糕得多	1
O	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 telephone visit 並未進行電話就診	6
O	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23_J25':

IF 'QA23_J15' ELSE GOTO '	' = 1, CONTINUI QA23_J26 '	Ξ;	
'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 was	
	請想想您最近拉歷? 您認為視信	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	0	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	
	•	I did not have a telephone visit6 並未進行電話就診	
	O	REFUSED/DON'T KNOW3	
'QA23_J26'	Did you have a	any problems with a telephone or video appointment?	
AJ233	您在電話或視像預約方面有任何問題嗎?		
AJ233	O	Yes1 是	
	O	定 No2 否	
	O	REFUSED/DON'T KNOW3	
IF 'QA23_J26'	NG NOTE 'QA2 ' = 1 THEN CON 'PN_QA23_J28'	ITĪNUE;	
'QA23_J27'	What problem	ns did you experience?	
A 1224	您遇到什麼問題	ূ ?	
AJ234		Bad internet/network connection1 網絡連結不佳	
		Couldn't download the telehealth app2 無法下載遙距醫療應用程式	
		Audio/Video was not working3 音訊/視像無法正常運作	
		No privacy during the telehealth appointment4	

The doctor/nurse did not speak my language/understand my language......5

		醫生/護士不會說我的語言/聽不懂我的語言	
		Other:6	
		其他:	
	O	REFUSED/DON'T KNOW3	
Communicatio	n Problems with	a Doctor	
IF 'QA23_A21 'AJ8';	NG NOTE 'AJ8I ' >=2 (SPEAKS 'PN_QA23_J33'	ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT AL	L'), CONTINUE WITH
'QA23_J28'	The last time y	ou saw a doctor, did you have a hard time under	standing the doctor?
	您上次看醫生	時,是否很難聽懂醫生 說 的話?	
AJ8B			
	0	Yes1	[GO TO 'QA23_J30']
	O	No2 否	
	O	台 REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_J33']
ELSE GO TO	:ONTINUE WITH ' PN_QA23_J33 ' 29 ' ENGL = ENC		T TIME 'QA22_J16' WA
'QA23_J29'	In what langua	age did the doctor speak to you?	
AJ50	您的醫生用哪-	一種語言與您交談?	
	•	English1 英語	[GO TO 'QA23_J31']
	•	Spanish2	[GO TO
		西班牙語	'PN_QA23_J33']
	0	Cantonese3 廣東話	[GO TO 'PN_QA23_J33']
	O	Vietnamese4 越南語	[GO TO 'PN_QA23_J33']
	•	Tagalog5	[GO TO
		他加祿語(TAGALOG)	PN_QA23_J33']
	O	Mandarin6 國語	[GO TO 'PN_QA23_J33']
	•	Korean7	[GO TO
	O	韓國語 Asian Indian Janguages	'PN_QA23_J33']
	•	Asian Indian languages (including Hindi, Punjabi, Urdu)8	[GO TO
		亞洲印度語 (Hindi, Punjabi, Urdu)	'PN_QA23_J33']

 \mathbf{O}

Russian9 [GO TO

		俄語	'PN_QA23_J33']
	O	Japanese12	[GO TO
		日本語	'PN_QA23_J33']
	O	French14	[GO TO
		法語	'PN_QA23_J33']
	0	German15	IGO TO
		· 德語	'PN_QA23_J33']
	O	Farsi18	[GO TO
		現代伊朗語	'PN_QA23_J33']
	O	American19	[GO TO
	•	亞美尼亞語	'PN_QA23_J33']
	O	Arabic20	[GO TO
	•	阿拉伯語	'PN_QA23_J33']
	O	Other (Specify:)91	[GO TO
	•	其他(請詳述:)	'PN_QA23_J33']
		共他 (明叶处·/	FN_QA23_333]
QA23_J30'	Was this beca	ause you and the doctor spoke different language:	s?
C, 120_000	Trae and beec	ados you and the design spoke amerem language.	.
	這是不是因為	您和醫生講的是不同的語言?	
AJ9	Zer / Zem //	A. III E E E E E E E E E E E E E E E E E	
7.00	O	Yes1	
	•	是	
	O	No2	
	•	否	
	O	REFUSED/DON'T KNOW3	
	•	TEL GOLD/DOINT THOOW	
QA23_J31'	Did you need	someone to help you understand the doctor?	
_	,	, ,	
	您是否需要有	人幫助您聽懂醫生的話?	
AJ10			
	O	Yes1	
		是	
	O	No2	[GO TO
		否	'PN_QA23_J33']
	O	REFUSED/DON'T KNOW3	[GO TO
			['] PN_QA23_J33']
QA23_J32'	Who was this	person who helped you understand the doctor?	
	是誰幫助您聽	懂醫生說的話?	
AJ11			
	•	Minor child (under age 18)1	
		未成年子女(18 歲以下)	
	•	An adult family member or friend of mine2	
	•	我的成年家庭成員或朋友	
	•	Non-medical office staff3	
	•	非醫療辦公人員	
	•	介置原が立八貝 Medical staff including nurses/doctors4	
	•	醫療人員包括護理師/醫生	
	•	置源八貝巴伯陵连叫/置生 Professional interpreter	
	•	(both in person and on the telephone)5	
		專業口譯員(面對面和通過電話)	
		守未口 辞貝(囬到囬仰乪迥黾砧 <i>)</i>	
	O	Other (patients, someone else)6	

			其他(患者、其他人)	
		O	Did not have someone to help	7
		O	沒有人幫忙 REFUSED/DON'T KNOW	-3
PROGRAMMIN F 'QA23_A21' QA23_J33'; ELSE GO TO '(= 3 OR 4	4 (SPEA	_ J33 ': KS ENGLISH NOT WELL OR NOT AT ALL	_), THEN CONTINUE WITH
QA23_J33'			u have the right to get help from an interpre Did you know this before today?	ter for free during your
AJ105	在加州,	您有權	在就診時獲得免費口譯服務。您在今天之前	是否知道這項服務?
A3103		O	Yes 是	1
		O	No 否	2
Delays in Care		•	REFUSED/DON'T KNOW	-3
QA23_J34'	During t for you?	•	12 months, did you delay or not get a medi	cine 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發	葵 ?
<u>-</u>		O	Yes 是	1
		O	No 否	2 [GO TO 'QA23_J39']
		O	REFUSED/DON'T KNOW	-3 [GO TO 'QA23_J39']
QA23_J35'	Did you	get the	medicine that a doctor prescribed for you e	ventually?
AJ251	您最終是	是否有去	取醫生為您開的藥?	
7.0201		O	Yes 是	1
		O	No 否	2
		0	REFUSED/DON'T KNOW	-3
QA23_J36'	During t prescrib		12 months, why did you delay or not get a rou?	nedicine that a doctor
AJ252	過去 12	個月中,	您為何延遲去取或沒有去取醫生為您開的藝	葵?
	Check a	all that a	pply	
			Medication not in stock	1
			Insurance approval issue	2

	保險批核問題
	Delays in communication with provider
_	or pharmacy3
	與提供者或藥房的聯絡延遲
	Concerns with side effects or interactionst
	with other medications4
	對副作用或與其他藥物的交互作用有疑慮
	Didn't want or thought
	I didn't need prescription5
_	不想要或認為不需要開藥
	Too hard to track all my medications6
	追蹤記錄所有的用藥太困難
Ч	I forgot or lost prescription
	忘記或遺失了處方 I didn't have time8
_	我沒有時間
П	I have no insurance9
_	我沒有保險
	Too expensive
_	太昂貴
	Other (Specify:)
	其他 (請註明:)
O	REFUSED/DON'T KNOW3
E AJ253	:
ESPON	ISE FROM 'OA23 J36' THEN CONTINUE W

PROGRAMMING NOTE AJ253:

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?

O	Medication not in stock1 藥物缺貨
O	Insurance approval issue2 保險批核問題
O	Delays in communication with provider or pharmacy3 與提供者或藥房的聯絡延遲
O	Concerns with side effects or interactionst with other medications4 對副作用或與其他藥物的交互作用有疑慮
O	Didn't want or thought I didn't need prescription5 不想要或認為不需要開藥
O	Too hard to track all my medications6 追蹤記錄所有的用藥太困難
O	I forgot or lost prescription7 忘記或遺失了處方
O	I didn't have time8 我沒有時間

	O	I have no insurance9 我沒有保險	
	•	Too expensive10 太昂貴	
	•	Other (Specify:)91 其他(請註明:)	
	O	REFUSED/DON'T KNOW3	
		3_J38': NTINUE WITH 'QA23_J38' ;	
'QA23_J38'	Did you delay	or not get a medicine while you had your currer	nt insurance plan?
AJ176	在持有目前的	保險計劃期間,您曾否延遲或沒有取藥?	
	O	Yes1	
		是 Na	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA23_J39'		st 12 months, did you delay or not get any other n as seeing a doctor, a specialist, or other health	
AH22		月中,您有沒有延遲或沒有接受任何您認為必要 他健康護理專業人員?	的醫療護理 - 例如看醫生、
Allez	•	Yes1 是	
	O	No2 否	[GO TO 'QA23_J44']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_J44']
'QA23_J40'	Did you get the	e care eventually?	
AJ129	您最終接受了	護理嗎?	
	O	Yes1	
		是 N-	
	0	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA23_J41'	During the pas	st 12 months, why did you delay or not get the c	are you felt you needed?
AJ254	過去 12 個月中	中,您為何延遲或沒有進行您感到需要的治療?	
70207	Check all that	apply	
	O	Couldn't get appointment1 無法預約	
	•	My insurance was not accepted2	

	我的保險不獲接受	
O	My insurance did not cover	3
O	Language understanding problems	4
O	語言理解問題 Transportation problems	5
O	交通問題 Hours were not convenient	6
0	時間不方便 There was no child care for	
	children at home 沒有托兒服務照顧家中兒童	7
O	I forgot or lost referral 我忘記或遺失了轉介	8
O	I didn't have time to go	9
O	Too expensive	10
O	太昂貴 I have no insurance	11
O	我沒有保險 Other (Specify:)	91
•	其他(請註明:) REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23_J42':

IF MORE THAN ONE RESPONSE FROM 'QA23_J41' WITH SELECTED CHOICES FROM 'QA23_J41' DISPLAYED, THEN CONTINUE WITH 'QA23_J42';

ELSE SKIP TO NEXT TOPIC

'QA23_J42' What was the one main reason why you delayed getting the care you felt you needed?

您延遲接受您認為自己需要的護理的一個最主要原因是什麼?

AJ131B

•	Couldn't get appointment1 無法預約
•	My insurance was not accepted2 我的保險不獲接受
•	My insurance did not cover3 我的保險不提供承保
0	Language understanding problems4 語言理解問題
•	Transportation problems5 交通問題
•	Hours were not convenient6 時間不方便
•	There was no child care for children at home
•	I forgot or lost referral8 我忘記或遺失了轉介
•	I didn't have time to go9 我沒有時間
O	Too expensive

		太昂貴
	O	I have no insurance11
		我沒有保險
	O	Other (Specify:)
	•	REFUSED/DON'T KNOW3
		3_J43': TINUE WITH 'QA23_J43 ';
'QA23_J43'	Did you delay o	or not get other medical care you felt you needed while you had your ce plan?
AJ177	在持有目前的保	R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?
AGIII	•	Yes1 是
	•	No2 否
	•	REFUSED/DON'T KNOW3
'QA23_J44'		doctors like surgeons, heart doctors, allergy doctors, skin doctors, and cialize in one area of health care.
AJ136	專科醫生是指外 域的專科醫生。	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 past12 m	nonths, did you or a doctor think you needed to see a medical specialist?
	在過去十二個月	中,您或醫生是否曾認為您應當去看專科醫生?
	•	Yes1 是
	•	No2 否
	O	REFUSED/DON'T KNOW3
		B_J45': MEDICAL SPECIALIST) CONTINUE WITH 'QA23_J45';
'QA23_J45'	During the past would see you?	t 12 months, did you have any trouble finding a medical specialist who
A 1427	在過去十二個月	中,您是否有任何困難找到一位能夠為您看病的專科醫生?
AJ137	O	Yes1 是
	•	No2 否
	•	REFUSED/DON'T KNOW3

'QA23_J46'	During the pas take you as a r	t 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?
AUTOU	•	Yes1
	O	是 No2
	•	否
	O	REFUSED/DON'T KNOW3
		3_J47': LY INSURED) CONTINUE WITH 'QA23_J47';
'QA23_J47'	During the pas your main heal	t 12 months, did a medical specialist's office tell you that they did not take th insurance?
AJ139	在過去十二個月	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?
710 100	O	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
'QA23_J48'		ut general doctors. During the past 12 months, did you have any trouble ral doctor who would see you?
A 1422	現在是有關全和全科醫生?	斗醫生的問題。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	•	Yes1
		是
	0	No2 否
	O	REFUSED/DON'T KNOW3
'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?
AUTOT	O	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
	NG NOTE 'QA2	
IF ARINSURE ELSE SKIP TO		LY INSURED) CONTINUE WITH 'QA23_J50';

'QA23_J50' During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

在過去十二個月中, 是否有醫生診所告訴您他們不願接受您的主要醫療保險?

AJ135

O	Yes1	
\mathbf{O}	是 No2	,
		•
0	REFUSED/DON'T KNOW3	3

Pregnancy Status

PROGRAMMING NOTE 'QA23_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' = 2 (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 -3 (MALE, TRANSGENDER, NON-BINARY, OR SKIPPED)], 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?

•	Yes1	[GO TO 'QA23_J53']
	是	
\mathbf{O}	No2	
	否	
\mathbf{O}	No applicable3	
	不適用	
\mathbf{O}	REFUSED/DON'T KNOW3	

Family Planning

PROGRAMMING NOTE 'QA23 J52':

IF AGE IS BETWEEN 18 AND 44 YEARS AND 'QA23_A5' = 2 (FEMALE AT BIRTH) AND 'QA23_D10' = 1 OR 3 (MALE SEXUAL PARTNER OR BOTH MALE AND FEMALE) THEN CONTINUE; ELSE 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 months	
	Q	您不打算在未來 12 個月內懷孕,	
	9	I am not sexually active2 您性生活不活躍,	
	O	I am planning to get pregnant within	
		the next 12 months3	
		您打算在未來 12 個月內懷孕,或	
	•	I am currently pregnant4 您現正懷孕?	
	O	I am not able to get pregnant5	[GO TO
		您不能懷孕?	'PN_QA23_J61']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_J61']
'QA23_J53'	During the past	12 months, did you become pregnant with an u	nintended pregnancy?
	過去 12 個月内、	您是否意外懷孕?	
AJ235			
710200	0	Yes1	
	•	是	
	O	No2	
		否	
	O	REFUSED/DON'T KNOW3	
'QA23_J54'		12 months, has a doctor, medical provider, or factorist to be sold by the second of the second second of the second secon	
	温土的 40 佃日	内 ,醫生、醫療服務提供者或家庭計劃諮詢師是	不由你計於溫筋吞明期 0
			百哭心的
1 1000	共 中包括于呂塚	或皮下埋植避孕器(手臂上的裝置)。	
AJ236		V.	
	•	Yes1	
	\circ	是 No.	
	•	No2 否	
	O	台 REFUSED/DON'T KNOW	
	•	THE GOLD/DOINT KINOVY3	

PROGRAMMING NOTE 'QA23_J55':

IF 'QA23_J51' = 1 (PREGNANT), GO TO 'PN_QA23_J68';

IF 'QA23_A5' = 2 (FEMALE AT BIRTH) AND 'QA23_D10' = 2 (FEMALE SEXUAL PARTNER, SKIPPED), GO TO 'PN 'QA23_J68';

IF 'QA23_J52' = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT OR NOT ABLE TO GET PREGNANT) THEN GO TO 'QA23_J60'; ELSE CONTINUE WITH 'QA23_J55'

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' = 1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your male partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF 'QA23_D8' > 1 OR -3 AND 'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your male partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'QA23_J55' During the past 12 months, did you or your male partner{s} use a birth control method to prevent pregnancy? This includes male or female sterilization.

過去的 **12** 個月**內**,您或您的男性性伴侶是否使用避孕方法來預防懷孕?這包括男性或女性的絶育。

AF40C

Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.

絕育方式包括輸卵管結紮、輸精管切除或進行絕育手術,以使您不能生育。

O	Yes1	
	是	
\mathbf{O}	No2	[GO TO
	否	'PN_QA23_J60']
O	No male partner3	[GO TO
	沒有男性性伴侶	'PN_QA23_J61']
0	REFUSED/DON'T KNOW3	[GO TO
		PN QA23 J61'1

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 -3 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?

0	Tubal Ligation (Tubes Tied, Cut, Fallopian Tubes Removed)1 輸卵管結紮(結紮、切斷、移除)
0	Vasectomy (Male sterilization)2 輸精管切除(男性絶育)
•	IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
0	Implant (Nexplanon® - that thing in your arm)4 皮下埋植避孕器(Nexplanon® - 手臂上的裝置)
0	Birth control pills

	•	Other hormonal methods	
		(Injection/Depo-Provera, patch,	
		vaginal ring)6	[GO TO 'QA23_J58']
			陰道環)
	•	Condoms (male or female)7 安全套(男用或女用)	[GO TO 'QA23_J58']
	0	Phexxi (birth control gel)8 Phexxi (避孕凝膠)	[GO TO 'QA23_J58']
	O	Other (Specify:)91 其他 (請註明:)	[GO TO 'QA23_J58']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_J61']
PROGRAMMI	NG NOTE 'QA23	_J57':	
DISPLAY INST	TRUCTIONS.		
		TINUE AND DISPLAY 'TUBAL LIGATION', 'VA	ASECTOMY', 'IUD',
'QA23_J57'	Did you or your past 12 months	male partner get {Tubal Ligation, Vasectomy, I ?	UD or implant} within in the
AJ238	您或您的男性件 下埋植避孕器}?	· 侣是否在過去 12 個月內接受{輸卵管結紮術、輔	渝精管切除術、子宮環或皮
A0230	•	Yes1 是	
	•	No2 否	[GO TO 'PN_QA23_J61']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_J61']
PROGRAMMII	NG NOTE 'QA23	_J58':	
DICDL AV INCT	TO LICTION C		
DISPLAY INST		9 ' = 2 (1 PARTNER) DISPLAY "During the past	12 months, where did you
		AIN birth control method or prescription?"	12 months, where did you
IF 'QA23 D8'	>1 OR -3 AND '0	2A23_D9' = 3,4,5,6 (MORE THAN 1 PARTNER	S) DISPLAY "During the
		or your male partners get your MAIN birth contr	
prescription?";	•	, , , <u>—</u>	
'QA23_J58'		12 months, where did you or your male partner or prescription?	{s} get your MAIN birth
	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			
	•	Private Doctor's Office1 私人醫生診所	
	•	HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)	ss、Health Net、United
	0	Healthcare 等) Hospital or Hospital Clinic3	
	_	1	

		醫院或醫院診所
	O	Planned Parenthood4 計劃生育聯合會 (Planned Parenthood)
	O	County Health Department5 縣衛生部門
	O	Family Planning Clinic6 家庭計劃診所
	O	Community Clinic7 社區診所
	O	School or School-Based Clinic8 學校或學校診所
	O	Native American health center/clinic9 美國原住民健康中心/診所
	O	Pharmacy10 藥房
	O	Some other place (Specify:) 11 其他地方(請註明:)
	O	REFUSED/DON'T KNOW3
'QA23_J59'	During the past video or telepho	12 months, did you receive your main birth control method through a one visit?
AJ240	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?
7.02.40	O	Yes, over a video visit1 是,透過視像就診
	•	Yes, over a telephone visit2 是,透過電話就診
	O	No3
	O	否 REFUSED/DON'T KNOW
IF 'QA23_J55'	NG NOTE AJ170 = 2 CONTINUE; • 'PN_QA23_J61	
IF 'QA23_D8' = male partner di IF 'QA23_D8' :	= 1 OR 'QA23_D ' d <u>not</u> use birth co >1 OR -3 AND 'Q	9' = 2 (1 PARTNER) DISPLAY "What is the <u>main</u> reason you and your ontrol in the past 12 months?" (A23_D9' = 3, 4, 5, 6 OR > 1 DISPLAY "What is the <u>main</u> reason you and birth control in the past 12 months?";
'QA23_J60'		n reason you and your male partner{s} did not use birth control in the past
AJ170B	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?
AUTIOD	•	Trying to get pregnant/want a baby1 試圖懷孕/想要一個孩子
	O	Haven't found a method I like2 還沒找到我喜歡的方法
	O	Cost3

\mathbf{O}	Haven't had time to go in for birth control4	
	還沒有時間從事生育控制	
O	No transportation5	
	沒有交通工具	
O	Don't know where to get it6	
	不知從何處取得	
O	Don't believe in birth control7	
	不相信生育控制	
O	Worried about side effects and/or	
	health risks8	
	擔心副作用和/或健康風險	
\mathbf{O}	Partner won't let me9	
	伴侶不許我使用	
\mathbf{O}	Forget to use birth control10	
	忘記使用避孕措施	
\mathbf{O}	Feel uncomfortable asking for	
	birth control/talking about birth control 11	
	對要求避孕/談論避孕感到不自在	
O	REFUSED/DON'T KNOW3	[GO TO
		'PN_QA23_J61']

PROGRAMMING NOTE 'QA23_J61':

IF AGE IS BETWEEN 18 AND 54 YEARS AND 'QA23_A5' = 1 (MALE AT BIRTH) WITH 'QA23_D10' = 2 OR 3 (FEMALE SEXUAL PARTNER OR BOTH MALE AND FEMALE) THEN CONTINUE; IF AGE > 54 YEARS ELSE SKIP TO 'PN_QA23_J68'

'QA23_J61' During the past 12 months, has a doctor, medical provider, or family planning counselor 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

\mathbf{O}	Yes1	
	是	
O	No2	
	否	
\mathbf{O}	REFUSED/DON'T KNOW -3	

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 -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?

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。*

O	Yes1	
	是	
\mathbf{O}	No2	[GO TO
	否	PN_QA23_J67']
\mathbf{O}	No female partner3	[GO TO
	沒有女性性伴侶	PN_QA23_J68']
\mathbf{O}	REFUSED/DON'T KNOW3	[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 -3 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 <u>main</u> 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?

0	Tubal Ligation (Tubes Tied, Cut, Fallopian Tubes Removed)1 輸卵管結紮(結紮、切斷、移除)
_	
0	Vasectomy (Male sterilization)2 輸精管切除(男性絶育)
\mathbf{O}	
•	(Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)3
	子宮環(釋放激素的宮內節育器 (Mirena®)、銅製節育器 (Paragard®)、
	黃體酮節育器 (Skyla®)、激素型宮內節育器 (Kyleena®)、左炔諾孕酮宮
	內緩釋系統 (Liletta®) 等)
\mathbf{O}	Implant
	(Nexplanon® - that thing in your arm)4
	皮下埋植避孕器(Nexplanon® - 手臂上的裝置)
•	Birth control pills [GO TO 'QA23_J65']
	· · · · · · · · · · · · · · · · · · ·
O	Other hormonal methods
_	(Injection/Depo-Provera, patch,
	vaginal ring)
	其他荷爾蒙方法(注射/Depo-Provera、貼劑、陰道環)
O	Condoms (male or female)
	安全套(男用或女用)
\mathbf{O}	Phexxi (birth control gel)8 [GO TO 'QA23_J65']
	Phexxi(避孕凝膠)
O	Other (Specify:)91 [GO TO 'QA23_J65']

	O	其他(請註明:) REFUSED/DON'T KNOW	[GO TO 'PN_QA23_J68']
PROGRAMMIN	IG NOTE AJ244	:	
DISPLAY INST IF 'QA23_J63'= 'IMPLANT'		INUE AND DISPLAY 'TUBAL LIGATION', 'VASE	ECTOMY', 'IUD',
'QA23_J64'	Did you or your the past 12 mor	female partner get {Tubal Ligation, Vasectomy, Inths?	UD or implant} within in
AJ244	您或您的女性伴 下埋植避孕器}?	侶是否在過去 12 個月內接受{輸卵管結紮術、輸料	情管切除術、子宮環或 皮
A3244	•	Yes1	
	O	No2 否	[GO TO 'PN_QA23_J68']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_J68']
PROGRAMMIN	IG NOTE 'QA23	_J65':	
or your female IF 'QA23_D8' >	= 1 OR 'QA23_D partner get your <u>l</u> > 1 OR -3 AND '(9' = 2 (1 PARTNER) DISPLAY "During the past of MAIN birth control method or prescription?" QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNEF or your female partner(s) get your MAIN birth cor	RS) DISPLAY "During the
'QA23_J65'	During the past control method	t 12 months, where did you or your female partner or prescription?	er{s} get your <u>MAIN</u> birth
AJ245	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	意方藥?
	O	Private Doctor's Office	
	O	HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)	s、Health Net、United
	•	Hospital or Hospital Clinic3 醫院或醫院診所	
	•	Planned Parenthood	
	•	County Health Department5 縣衛生部門	
	O	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
	•	Native American health center/clinic9 美國原住民健康中心/診所
	O	Pharmacy 10 藥房
	•	Some other place (Specify:) 11 其他地方(請註明:)
	O	REFUSED/DON'T KNOW3
'QA23_J66'	During the past video or telepho	12 months, did you receive your main birth control method through a one visit?
AJ246	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?
	•	Yes, over a video visit
	•	Yes, over a telephone visit2 是,透過電話就診
	•	No3 否
	0	REFUSED/DON'T KNOW3
IF 'QA23_J62'	NG NOTE 'QA23 = 2, THEN CON 'PN_QA23_J68	TINUE;
	= 1 OR 'QA23_D	9 ' = 2 (1 PARTNER) DISPLAY "What is the <u>MAIN</u> reason you and your ontrol in the past 12 months?"
		NA23_D9' = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "What is the alle partners did <u>not</u> use birth control in the past 12 months?";
'QA23_J67'	What is the <u>mai</u> past 12 months	\underline{n} reason you and your female partner{s} did \underline{not} use birth control in the ?
AJ175B	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?
7.0.1.02	O	Trying to get pregnant/want a baby1 試圖懷孕/想要一個孩子
	O	Haven't found a method I like2 還沒找到我喜歡的方法
	O	Cost3 成本
	O	Haven't had time to go in for birth control4 還沒有時間從事生育控制
	O	No transportation5 沒有交通工具
	O	Don't know where to get it6 不知從何處取得

Don't believe in birth control......7

Worried about side effects and/or

不相信生育控制

O

 \mathbf{O}

O

 \mathbf{O}

痛楚/尷尬

		health risks8	
	_	擔心副作用和/或健康風險	
	•	Partner won't let me9 伴侶不許我使用	
	•	Forget to use birth control10	
		忘記使用避孕措施	
	•	Feel uncomfortable asking for	
		birth control/talking about birth control 11 對要求避孕/談論避孕感到不自在	
	•	対安小近中/ 欧洲近中巡判十日位 REFUSED/DON'T KNOW3	
Mammogram			
		3_J68': COUNTY AND ('QA23_A5' = 2 AND AAGE 50-7	74) CONTINUE WITH
(O.A.O.O. 100)	D	10	
'QA23_J68'	During the pas	t 2 years, have you had a mammogram?	
	過去2年,您不	有否進行乳房造影檢查 ?	
AJ206			
	A mammogran squeezes eacl	n is an x-ray taken of each breast separately by a	n machine that flattens or
	squeezes eaci	TDIGASL	
	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	f X 光片。
	•	Yes1	[GO TO 'QA23_J70']
		是	
	•	No2 否	
	O	台 REFUSED/DON'T KNOW3	[GO TO 'QA23_J70']
'QA23_J69'	What is the on	e most important reason why you have not had a	mammogram in the past
QA23_309	2 years?	e most important reason why you have not had a	mammogram in the past
A 1207	過去2年,您沒	沒有進行乳房造影檢查的 <u>一個</u> 最重要原因為何?	
AJ207	•	No reason/never thought about it1	
	J	沒有原因	
	O	Didn't know i needed this type of test2 不知道有這需要	
	O	Doctor didn't tell me I needed it3 醫生沒有告訴我有這需要	
	O	Haven't had any problems4 沒有任何問題	
	•	Put it off/laziness5 拖延/懶惰	
	O	Too expensive/no insurance6 太昂貴/沒有保險	
	\circ	Too poinful uppleasant ambarrassing 7	

Too painful, unpleasant, embarrassing.......7

Too young8

		太牛輕	
	O	Don't have a doctor9	
		附近沒有醫療服務/醫生 Transportation problem	
	0	Transportation problem10 交通問題	
	O	Competing priorities	
		(work, childcare, caregiving)	= \
	O	REFSUED/DON'T KNOW3	₹/
Dental Health			
'QA23_J70'		has it been since <u>you visited</u> a dentist or dental dental specialists.	clinic? Include hygienists
AG1	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。
	O	Have never visited0 從未探訪過	[GO TO 'QA23_J74']
	•	6 months ago or less1 6 個月前或更短時間	
	•	More than 6 months, and up to 1 year2 超過 6 個月至 1 年前	
	•	More than 1 year, and up to 2 years ago3 超過 1 年至 2 年前	
	0	More than 2 years, and up to 5 years ago4 超過 2 年至 5 年前	
	•	More than 5 years ago5 超過 5 年前	
	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_J74']
'QA23_J71'	Was it for a rou	tine 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?	
	O	Routine checkup or cleaning1 例行性檢查或清潔	
	•	Specific problem2 特定問題	
	0	Both3 兩者	
	O	REFUSED/DON'T KNOW3	
'QA23_J72'	How many time	es 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?	
	O	None1 沒有	[GO TO 'QA23_J74']
	O	Once2 一次	
	•	Twice3	

		兩次	
	O	Three Times 三次	
	O	Four Times 四次	5
	O	Five Times or More 五次或以上	6
	O	REFUSED/DON'T KNOW	3 [GO TO 'QA23_J74']
'AJ248B'	Where did yo	u receive the dental service?	
AJ248B	您從何處獲取	牙科服務?	
7102105	O	Free health/dental event	1
	O	Dentist office	2
	O	Hospital 醫院	3
	O	Other 其他	
	O	REFUSED/DON'T KNOW	
'QA23_J74'	Do you now h	nave 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	将費用?
1.000	O	Yes 是	1
	O	No 否	2
	O	REFUSED/DON'T KNOW	3
'QA23_J75'	Where did yo in the last 12	u receive educational information about oral he months?	ealth 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	管訊?
	O	Have not received any educational information 尚未收到過任何宣傳教育資訊	1 [GO TO 'PN_QA23_J77']
		From dental office	
		From school of my child	3 [GO TO 'PN_QA23_J77']
		From social media 從社交媒體獲取	4 [GO TO 'PN_QA23_J77']
		From family or friends	5 [GO TO 'PN_QA23_J77']
		From Smile, California™ website 從 Smile, California 網站獲取	6 [GO TO 'PN_QA23_J77']
		From other sources	7 IGO TO

		其他渠道	'PN_QA23_J77']
		From other online sources8	[GO TO
		來自其他在線資源	'PN_QA23_J77']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_J77']
	NG NOTE 'QA23		
months?"	= 0, 3, 4, 5 DISP	LAY "What is the main reason you have not visite	ed a dentist in the last 12
	PN_QA23_J77		
(0.4.00 17.0)	NAM: - ('- () '		1.40
'QA23_J76'	what is the mai	in reason you have not visited a dentist in the las	it 12 months?
	您在過去 12 個	月内{從未/未}看牙醫的主要原因是什麼?	
AJ250	_		
	•	Not applicable1	
	•	不適用 No reason to go/No problem2	
	•	沒有必要去/沒有牙科問題	
	•	Could not find a dentist3	
		找不到牙醫	
	•	Could not afford/no insurance4	
		無力負擔/沒有保險	
	•	Other(s)5 其他	
	•	REFUSED/DON'T KNOW3	
	J	TALL COLD, BOTT TATOY	
DDOCDAMMIA	UC NOTE (OA22	177).	
	NG NOTE 'QA23 .D HAS A TEEN,	THEN CONTINUE;	
ELSE GOTO 'C			
'QA23 J77'	Do you now hav	ve any type of insurance that pays for part or all	of (TEEN) dental care?
QA20_077	Do you now na	ve any type of insurance that pays for part of an o	or (TEETY) derital care:
	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?
MA10		V	
	O	Yes1 是	
	•	No2	
	_	否	
	•	REFUSED/DON'T KNOW3	
'QA23_J78'	This next quest	ion is about dental health.	
_		has it been since (teen's name) visited a dental	provider? (eg, dental
	hygienists and	dentists)	
	下一個問題與牙	·齒健康有關。	
	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)		
MTF14B	0	Have never visited0	[CO TO (OA22 102)]
•	•	Mave never visited 從未探訪過	[GO TO 'QA23_J82']

	O	6 months ago or less1 6 個月前或更短時間	
	0	More than 6 months, and up to 1 year2 超過 6 個月至 1 年前	
	•	More than 1 year, and up to 2 years ago3 超過 1 年至 2 年前	[GO TO 'QA23_J82']
	•	More than 2 years, and up to 5 years ago4 超過 2 年至 5 年前	[GO TO 'QA23_J82']
	O	More than 5 years ago5 超過 5 年前	[GO TO 'QA23_J82']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_J82']
'QA23_J79'	How many tim	nes has (teen's name) received a dental service v	vithin the last 12 months?
MTH64	過去 12 個月內	9 ,(青少年的姓名)接受了多少次牙科服務?	
	O	None1	[GO TO 'QA23_J81']
	•	沒有 Once2 一次	
	•	Twice3 兩次	
	•	Three Times4 三次	
	•	Four Times5 四次	
	O	Five Times or More6 五次或以上	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_J81']
'QA23_J80'	Where did (tee	en's name) receive the dental service?	
MTH65B	(青少年的姓	名)從何處獲取牙科服務?	
	•	Free health/dental event1 免費醫療/牙醫活動	
	O	Dentist office2 牙醫診所	
	•	Hospital3 醫院	
	•	Other4 其他	
	O	REFUSED/DON'T KNOW3	
'QA23_J81'		en's name) receive educational information about the last 12 months?	t oral health or preventive
MTH66B	(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	制的宣傳教育資訊?
	•	Have not received any educational information1 尚未收到過任何宣傳教育資訊	
		From dental office2	

		從牙科診所獲取	
		From school of my child3 從子女的學校獲取	
		From social media4 從社交媒體獲取	
		From family or friends5 從親友處獲取	
		From Smile, California™ website6 從 Smile, California 網站獲取	
		Other sources7 從其他渠道獲取	
		From other online sources8 來自其他在線資源	
	O	REFUSED/DON'T KNOW3	
'QA23_J82'	What is the m	ain reason (teen's name) has not visited a denti	st in the last 12 months?
MTH67	(青少年的姓	名)在過去 12 個月內{從未/未}看牙醫的主要原因	目是什麼?
	O	Not applicable1 不適用	
	O	No reason to go/No problem2 沒有必要去/沒有牙科問題	
	O	Could not find a dentist3 找不到牙醫	
	O	Could not afford/no insurance4 無力負擔/沒有保險	
	O	Other(s)5 其他	
	0	REFUSED/DON'T KNOW3	
Discrimination	in Healthcare S	etting	
'QA23_J83'		it when you are receiving medical care, was the uld 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?
	O	Yes1 是	
	O	No2 否	[GOTO 'PN_QA23_J85']
	O	REFSUED/DON'T KNOW3	[GOTO 'PN_QA23_J85']
'QA23_J84'	Think about th	ne last time this happened. How long ago was th	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	?
	O	A year ago or less1 1 年前或以內	
	O	More than 1 up to 2 years ago2	

		1 年至 2 年前	
	0	More than 2 up to 3 years ago3 2 年至 3 年前	
	O	More than 3 up to 5 years ago4 3 年至 5 年前	
	O	More than 5 up to 10 years ago5 5 年至 10 年前	
	•	More than 10 up to 20 years ago6 10 年至 20 年前	
	O	More than 20 years ago7 超過 20 年前	
	O	REFUSED/DON'T KNOW3	
Caregiving			
'QA23_J85'		rovide short-term or long-term help to a family more ronic illness or disability. This may include help v	
	有些人會協助患 無法自行處理的	是有嚴重或慢性疾病或殘疾的家庭成員或朋友。這]事。	可能包括協助他們做那些
'QA23_J86'	During the past	12 months, did you provide any such help to a fa	amily member or friend?
AJ87	在過去 12 個月	內,您是否提供過家人或朋友任何此類協助?	
AGGI	doctor's visits o	de help with baths, medicines, household chores, or the grocery store, arranging for medical and su see how they are doing	
		n洗澡、服用藥品、做家事、付帳單、開車去看醫 次只是去看看他們過得好不好。	生或到雜貨店、安排醫療
	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA23_K1']
	O	REFSUED/DON'T KNOW3	[GO TO 'PN_QA23_K1']
'QA23_J87'	Do you current	y provide care for this person?	
AJ101B	您目前是否在照	展顧這個人?	
	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
PROGRAMMIN	IG NOTE FOR '	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。

[HR: 0-110]
[

O REFUSED/DON'T KNOW-3

'QA23_J89' What is this person's relationship to you?

此人與您的關係是?

AJ90

\mathbf{O}	Husband1
	先生
\mathbf{O}	Wife2
	太太
•	Spouse/partner3
	配偶/伴侶
•	Father/father-in-law4
	父親/岳父/老爺
O	Mother/mother-in-law5
_	母親/岳母/奶奶
\mathbf{O}	Brother/brother-in-law6
_	兄弟/姐夫/妹夫
\mathbf{O}	Sister/sister-in-law7
_	姐妹/嫂子/弟媳
\mathbf{O}	Grandfather8
	祖父
\mathbf{O}	Grandmother9
	祖母
0	Son/son-in-law
\sim	兒子/女婿
O	Daughter/daughter-in-law
O	女兒/兒媳
9	Other relative12 其他親人
\circ	· 11—110
9	Friend/neighbor13 朋友/鄰居
O	朋及/鄭店 Other non-relative14
•	其他非親人的人士
\circ	共世中就入的入工 REFUSED/DON'T KNOW
•	NEFUSED/DUN I NNUVV3

PROGRAMMING NOTE 'QA23_J90':

DISPLAY INSTRUCTIONS:

IF 'QA23_J87' = 1 THEN DISPLAY "do"; ELSE DISPLAY "did";

IF 'QA23_J89' ELSE DISPLAY		PLAY "family member/frie	nd";	
'QA23_J90'	In a typical wee member/friend}		s {do/did} you spend,	helping your {AJ90/ family
AJ93	在典型的一週中	,您{會/曾}花多少個小時	來幫助您的{AJ90/家/	人/朋友}?
			Hours	[HR: 0-125]
	O RE	FUSED/DON'T KNOW		
		: INUE WITH ' QA23_J91 '	;	
	= 1 DISPLAY "A	re you paid for any of the /ere you paid for any of t		
'QA23_J91'	{Are/Were} you	paid for any of the hours	you {help/helped} yo	ur {AJ90}'?
A 1404	您是否為{幫助/曾幫助}您{AJ90}的任何時間而{獲得/曾獲得}酬勞?			
AJ191	This could be payment from a public program, family member, or directly from the care recipient.			
	這可以是來自公	共計劃、家庭成員或直接	<i>達來自護理對象的付款。</i>	2
	•	Yes 是	1	
	O	No 否	2	
	•	REFUSED/DON'T KNO	W3	
PROGRAMMIN	IG NOTE 'QA23	_J92':		
DISPLAY INST IF AJ101B' = 1 ELSE DISPLAY	THEN DISPLAY	"is";		
'QA23_J92'	How much of a you?	financial stress would yo	u say that caring for y	our {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?	
7.0.00	•	Extremely stressful 壓力很大	1	
	•	Somewhat stressful 壓力較大	2	
	O	A little stressful 有點壓力	3	
	O	Not at all stressful	4	

		· · · · · - ·
		完全沒有壓力
	•	REFUSED/DON'TKNOW3
'QA23_J93'	During the past	12 months, did your {AJ90} live
AJ91B	過去 12 個月內,	您{AJ90}的居住狀況是:
AUSTE	Check all that a	pply
		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	REFUSED/DON'T KNOW3
PROGRAMMIN	NG NOTE 'QA23	_J94':
DISPLAY INST		LAY "What", "does", and "requires". ELSE DISPLAY "At the time you
	what", "did", and	
'QA23_J94'		ne you provided care, what} disabilities or illnesses {does/did} {he/she/he at {require/required} your help?
	or snot have the	at frequire/required/your help:
		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 些{需要}您幫助的殘障或疾病?
AJ194		
	Check all that a	pply.
		Alzheimer's, confusion, dementia, forgetfulness
		Arthritis2 關節炎
		Back problems3 背部問題
		Broken bones4 骨折
		Cancer5 癌症
		Diabetes6 糖尿病
		Feeble, unsteady, falling7 虚弱、不穩、跌倒
		Lung disease, emphysema, COPD8

		肺部疾病、肺氣腫、慢性阻塞性肺病	
		Mental illness, emotional illness,	
		depression9	
		精神疾病、情緒疾病、憂鬱症	
		Mobility problem, can't get around 10	
		行動不便,無法移動	
		Old age, aging11	
	_	年老、變老	
		Stroke	
		中風	
		Surgery, wounds	
		Other (Specify:)91	
	_	其他 (請註明:)	
	•	共他(明証切) REFUSED/DON'T KNOW3	
	9	NEI OGED/DOIN I KINOW	
DDOCDAMM	NO NOTE FOR	(OA22 IDE).	
	NG NOTE FOR		
	' = 1 CONTINUE		
ELSE SKIP IC) 'PN_QA23_K	<u> </u>	
(0.400 105)	(D	-III of the second and have been been as a literature for the second (OACO 100)	^
'QA23_J95'	{Do you have	all of the support and services you need to care for your {'QA23_J89'}	?
	·/		
	{您是否擁有照	·顧{AJ90}所需的所有支援和服務?	
AJ197			
	O	Yes1	
		是	
	•	No2	
	•	否	
	O	REFUSED/DON'T KNOW3	
	9	NEI OOLD/DOIN I NINOW3	
'QA23_J96'		st 12 months, have you experienced any physical health problems due to your {'QA23_J89'}?	to
	1 - 3 - 3	, , , , , , , , , , , , , , , , , , ,	
	過去的 12 個月	引內,您自己是否因照顧您的{AJ90}而出現任何身體健康問題?	
AJ199A	22H) IH/		
AUISSA	\circ	Yes1	
	•		
		是 N	
	•	No2	
	_	否	
	O	REFUSED/DON'T KNOW3	
'QA23_J97'		st 12 months, have you experienced any mental health problems due to your {'QA23_J89'}?	Э
	過去的 12 個月	引內,您自己是否因照顧您的{AJ90}而出現任何精神健康問題?	
AJ199B			
	O	Yes1	
		是	
	O	No2	
		·····································	
	•	REFUSED/DON'T KNOW3	
	•		

'QA23_J98' Has your work situation changed because of helping your {'QA23_J89'}, such as a change in job position, reduced number of work hours, quitting or retiring?

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	1
	工作狀況沒有變化	
	Changed job	2
	轉換工作	
	Took a second job/	
	Increased hours with current job	3
	從事副業/增加當前工作的工作時數	
	Reduced number of work hour	4
	工作時數減少	
	Temporary leave of absence	5
	暫時休假	
	Quit job	6
	辭職	
	Retired/retired early	7
	退休/提前退休	
	Received paid family leave	8
	獲得有薪家事假	
	I don't work	9
	我沒有工作	
	Other (Specify:)	91
	其他(請註明:)	
\mathbf{O}	REFUSED/DON'T KNOW	3

Section K: Employment, Income, Poverty Status, Food Security

Hours	Worked

Tiodis Worked					
IF 'QA23_G27'	'QA23_G29'= 1	AT JOB OR B	USINESS) OR 2 (WIT WORKS) CONTINUE	H A JOB OR BUISNESS BUT NOT WITH 'QA23_K1' ;	
'QA23_K1'	How many hour	s per week do	you <u>usually</u> work at <u>al</u>		
	您在從事的 <u>所有</u>	<u>的</u> 工作或業務。	中每週 <u>通常</u> 工作多少小	持 ?	
AK3	If you do not wo	ork, enter 0 (ze	ro)		
	如果您沒有工作	,請輸入 0(約	零)		
	O		Hours 小時	[HR: 0-95]	
	O	REFUSED/DO	DN'T KNOW	3	
'QA23_K2'	How long have	you worked at	your <u>main</u> job?		
ALCZ	您從事這份 <u>主要</u> 工作多久了?				
AK7	That is, for your <u>current</u> employer.				
	就是為現在的僱	主工作			
			Months	[HR: 0-12]	
	o			[HR: 0-50]	
	O REI	FUSED/DON'T	KNOW	3	
Income Last Mo	onth				
IF 'QA23_G27' WORK)] OR 'Q		AT JOB OR B	USINESS) OR 2 (WIT RKS), CONTINUE WIT	H JOB OR BUSINESS BUT NOT AT TH 'QA23_K3' ;	
'QA23_K3'				nonth before taxes and other ourly wages, salaries, tips and	
			包括小時工資、薪水的最佳估計數字。	、小費和佣金, 稅 前和其它扣除額之	
AK10	0	\$	Amount 仝 変	[HR: 0-999995]	

	O	REFUSED/DON'T	KNOW	3	
IF 'QA23_G35' (SPOUSE/PAR (SPOUSE/PAR IF 'QA23_G27' DOES NOT HA = 1 (MARRIED) ELSE IF 'QA23 DOES NOT HA 1 OR 'QA23_D IF 'QA23_A23'	TNER WITH JOE TNER USUALLY \neq 1 OR 2 (R NO .VE A JOB) AND), DISPLAY "The \mathbf{G} \mathbf{G}	ARTNER WORKING OR BUSINESS BU WORKS), CONTINITY AT A JOB OR BUSINESS BUSIN	T NOT AT WORK) UE WITH 'QA23_K SINESS LAST WEI DOES NOT USUA ut your spouse's er OR BUSINESS LAS DOES NOT USUA uestion is about you	OR 'QA23_G36' = 1 4' AND: K, DID NOT WORK, AND LLY WORK), AND 'QA23_A2 ployment." T WEEK, DID NOT WORK, A LLY WORK), AND ('QA23_D1 partner's employment."	ND
'QA23_K4'	How many hours businesses?	s per week does you	r {spouse/partner}	usually work at all jobs or	
AK20	您的{丈夫/妻子/	/配偶}在從事的所有	的工作或業務中每過	圆通常工作多少小時?	
ANZO	O		_ Hours _ 小時	[HR: 0-95]	
	O	REFUSED/DON'T K	NOW	3	
IF 'QA23_K4' = IF 'QA23_A23'	_ D12 ' = 1 OR 'Q			r's";	
'QA23_K5'		deductions from all j		's} earnings <u>last month</u> before s, including hourly wages,	
AK10A		它扣除額之前的收入	,請包括小時工資、	務的收入有多少?這是指在沒 ^求 薪資、小費和佣金。	有扣
	O	\$ <i>FF</i>	Amount 金額	[HR: 0-999995]	
	O	REFUSED/DON'T	KNOW	3	
Annual Househ	old Income				
'QA23_K6'	What is your best before taxes in 2		ousehold's total anı	nual income from all sources	
AK22	您的住戶 2021 年	F來自所有來源的 <u>稅</u> 意	前全年總收入 <mark>是多少</mark>	?	

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。

	•	\$Am \$金额	ount §	[HR: 0-999995]
	O	REFUSED/DON'T KN	OW3	[GO TO 'PN_QA23_K8']
QA23_K7'	Please verify a	mount entered that your annual househ	old income is (AMOUNT). Is that correct?
AK22A	根據我的記錄,	您的住戶年收入是(AMC	DUNT)。這是否正確?	
	O	Yes 是	1	[GO TO 'PN_AK17]
	O	No 否	2	[GO TO 'QA23_K6']
	O	REFUSED/DON'T KNO)W3	

PROGAMMING NOTE 'QA23_K8':

IF 'QA23_K6' = -3 CONTINUE WITH 'QA23_K8';

ELSE GO TO 'PN_QA23_K14'

'QA23_K8' We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is ...

我們不需要知道詳細的數字,但您可不可以告訴我,你們**住戶**所有來源的<u>稅前年收入</u>是否超過還是不足 20,000 美元 ?

AK11

O	More than \$20,000 per year 每年超過 \$20,000	[GO TO 'AK13]
•	\$20,000 or less per year2 每年 \$20,000 或以下	
•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_K14']

'QA23 K9' Is it ...

是.....

AK12

O	\$5,000 or less1 \$5,000 或以下	[GO TO 'PN_QA23_K14']
\mathbf{O}	\$5,001 to \$10,0002	[GO TO
	\$5,001 - \$10,000	'PN_QA23_K14']
\mathbf{O}	\$10,001 to \$15,0003	[GO TO
	\$10,001 - \$15,000	PN_QA23_K14']
\mathbf{O}	\$15,001 to 20,0004	[GO TO
	\$15,001 - 20,000	'PN_QA23_K14']
\mathbf{O}	REFUSED/DON'T KNOW3	[GO TO

'PN_QA23_K14'] Is it ... 'QA23_K10' 是..... AK13 \mathbf{O} More than \$70,000 per year.....1 [GO TO 'QA23_K12'] 每年超過 \$70,000 O \$70,000 or less per year2 每年 \$70,000 或以下 REFUSED/DON'T KNOW.....-3 \mathbf{O} **IGO TO** 'PN_QA23_K14'] 'QA23_K11' Is it ... 是..... AK14 \$20,001 to \$30,0001 0 [GO TO 'PN_QA23_K14'] \$30,001 to \$40,0002 \mathbf{O} [GO TO 'PN_QA23_K14'] \$40,001 to \$50,0003 0 [GO TO 'PN_QA23_K14'] 0 \$50,001 to \$60,0004 [GO TO 'PN_QA23_K14'] \$60,001 to \$70,0005 O **IGO TO** 'PN QA23 K14'] REFUSED/DON'T KNOW.....-3 0 [GO TO 'PN_QA23_K14'] 'QA23_K12' Is it ... 是..... AK15 \mathbf{O} More than \$135,000 per year.....1 [GO TO 每年超過 \$135,000 'PN_QA23_K14'] \$135,000 or less per year2 0 每年 \$135,000 或以下 REFUSED/DON'T KNOW.....-3 \mathbf{O} [GO TO 'PN_QA23_K14'] 'QA23_K13' Is it ... 是..... AK16 \$70,001 to \$80,0001 0 \$80,001 to \$90,0002 0 \$90,001 to \$100,0003 0 \$100,001 to \$135,0004 0 0 REFUSED/DON'T KNOW.....-3 Number of Persons Supported

PROGRAMMING NOTE 'QA23_K14':

	MEMBER OF HH UE WITH 'QA23	I, SET 'QA23_K14' = 1 AND GO TO 'PN_QA2 3 _K14'	3_K15';
'QA23_K14'	Including yours	elf, how many people living in your household a me?	re supported by your total
AK17	包括您自己在内],住在您的住戶裡的多少人需要依靠您的住戶總	嗯收入生活?
		Number of people [個人	HR: 1-20]
	O RE	FUSED/DON'T KNOW3	
'QA23_K15' MI IF R IS ONLY M IF NO CHILDRI OR TOTAL NUI ENUMERATION	MEMBER OF HH EN UNDER 18 II MBER OF PEOF		LT PLUS CHILD
'QA23_K15'	How many of the of 18?	nese {INSERT NUMBER FROM AK17} people a	re children under the age
AK18	在這{INSERT N O O	NUMBER FROM AK17} 口人中,有多少是 18 歲 Number of children (UNDER AGE 18) 兒童人數(未滿18歲) REFUSED/DON'T KNOW	
'QA23_K16'		e else living in the U.S., but not currently living in bur household income?	your household, that is
AK32	是否有住在美國 〇 〇	引、目前不住在您們住戶中、但依靠您們的住戶收 Yes1 是 No2 否	[GO TO 'QA23_K18']
(0.4.00 J/.4.T)	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_K18']
'QA23_K17'	How many?		
AK33	有幾個人?	Number of people	[HR: 1-20]

Paid Family Leave

REFUSED/DON'T KNOW.....-3

_____個人

O

'QA23_K18'	leave for eligibl	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 \$1,30 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,薪資以的 60-70%,每週最高金額為\$ 1,300。您是否有看過或聽過這條法律:	
ARTSU	•	Yes1 是	
	O	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA23_K19'	because of you	ears, have you taken a <u>paid</u> leave longer than two weeks from work or own or a family member's serious health condition or for the arrival of a or adopted or foster child?	а
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 前薪假超過兩週?	領
7	O	Yes1 是	
	O	No	
	O	REFUSED/DON'T KNOW3 [GO TO 'PN_QA23_K21']	
'QA23_K20'	What were the	reasons you took a leave from work?	
AK138	您請假的原因是	是甚麼?	
AKISO	Check all that a	apply	
		Own health1 自身健康	
		Family member's health2 家庭成員的健康	
		Arrival of newborn, newly adopted child, or foster child	
		迎接新生命、新收養或領養的孩子 Other (Specify:)	
	_	其他 (請註明:)	
	0	REFUSED/DON'T KNOW3	
		3_K21': TAKE 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?	
	ш.о_г. 11 1 ,		

	Fear of losing job1 害怕失去工作
	Fear of hurting changes of job advancement2 害怕影響晉升
	Could not afford to go on leave3 無法負擔休假費用
	Employer denied request for leave4 僱主拒絶休假要求
	Not eligible for leave5 不合資格休假
	Didn't know about leave program6 不知道有休假計劃
	Process to apply for leave too complicated .7 申請休假程序過份複雜
	Used other available leave options (e.g., vacation or sick leave)
	Did not need to take leave9 無需休假
O	REFUSED/DON'T KNOW3

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"

'AM1

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…		
	•	Often true1 經常是真的	
	O	Sometimes true2 有時是真的	
	•	Never true3 從來不是真的	
	O	REFUSED/DON'T KNOW3	
PROGRAMMIN	IG NOTE 'QA2	3_K23':	
DISPLAY INST IF ' QA23_K22 ' ELSE IF ' QA23	= 1, THEN DIS		
'QA23_K23'	The second st	atement is: '{I/We} couldn't afford to eat balanced	meals.'
	第二句話是:	「{我/我們}沒有錢吃均衡的食物。」	
AM2	Was that		
	這是…		
	O	Often true1 經常是真的	
	O	Sometimes true2 有時是真的	
	•	Never true3 從來不是真的	
	O	REFUSED/DON'T KNOW3	
'QA23_K24'		months, did you or other adults in your household meals because there wasn't enough money for fo	
AM3		過去 12 個月中,您或住 戶 中的其他成年人有沒有區 或減少用餐次數?	因為沒有足 夠 的錢購買食物
	•	Yes1 是	
	•	No2 否	[GO TO 'QA23_K26']
	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_K26']
'QA23_K25'	How often did only in 1 or 2 r	this happen almost every month, some months months?	but not every month, or
ABADA	這種情況多久 ¹ 裡?	會出現一次-幾乎每個月、有的月份但不是每個月	、或只是在1或2個月
AM3A	O	Almost every month1	

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		幾乎每個月
	O	Some months but not every month2
	0	有的月份但不是每個月 Only in 1 or 2 months3
		只是在1或2個月裡
	O	REFUSED/DON'T KNOW3
Hunger		
'QA23_K26'	In the last 12 n enough money	nonths, did you ever eat less than you felt you should because there wasn't v to buy food?
AM4	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?
7	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA23_K27'	In the last 12 n enough food?	nonths, were you ever hungry but didn't eat because you couldn't afford
AM5	在過去 12 個月	中,您有沒有因為買不起足夠的食物而挨餓?
Alvis	O	Yes1
	•	是 No2 不
	O	否 REFUSED/DON'T KNOW
Dietary Intake		
		3_K28': \$ 185% FPL CONTINUE;
'QA23_K28'		ut the foods you ate or drank during the past month that is, the past 30 meals and snacks.
4500	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	• .	t month, how many times did you eat fruit? Do not count juices. You can , per week, or month.
	上月您吃過多少	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。
	Your best gues	ss is fine
	盡量估計就可以	以了
		times

	O	REFUSED/DON'T KNOW3			
	Select one				
	•	Per day1 每天	[HR: 0-20; SR: 0-9]		
	O	母人 Per week2 毎週	[HR: 0-70; SR: 0-29]		
	O	^{辞週} Per month3 每個月	[HR: 0-210; SR: 0-149]		
	O	REFUSED/DON'T KNOW3			
'QA23_K29'	beans, or po	past month, how many times did you eat vegetables otatoes? Do not include fried potatoes or cooked dried beans or bean soup.			
AE7B		您吃過多少次蔬菜,例如蔬菜沙拉、四季豆或馬鈴薯豆泥(refried beans)、焗豆(baked beans)、或			
ALIB	Other veget	ables include tomatoes, carrots, onions, or broccoli	. Rice is not a vegetable		
	如番茄、胡	蘿蔔、洋蔥、或花椰菜			
		times 次			
	•	REFUSED/DON'T KNOW3			
	Select one				
	O	Per day1 每天	[HR: 0-20; SR: 0-9]		
	O	Per week2 每週	[HR: 0-70; SR: 0-29]		
	O	Per month3 每個月	[HR: 0-210; SR: 0-149]		
	O	REFUSED/DON'T KNOW3			
'QA23_K30'	During the pdrinks?	past month, how <u>often</u> did you drink sweetened fruit	drinks, sports, or energy		
	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	Examples might include lemonade, Gatorade, Snapple, or Red Bull.				
	例如檸檬水、	、Gatorade、Snapple 或 Red Bull			
	Do not inclu flavored tea	ide: 100% fruit juices or soda, yogurt drinks, carbon s	ated water, or fruit-		
	請不要包括	: 100%果汁或汽水、優酪乳、蘇打水或水果茶。			
		times			

	•	REFUS	ED/DON'T K	NOW		3	
	Select one						
	O	Per 每天	•			1	[HR: 0-20; SR: 0-9]
	O		week			2	[HR: 0-70; SR: 0-29]
	O	Per 每個				3	[HR: 0-210; SR: 0-149]
	•			T KNOW		3	
PROGRAMMIN IF CAGE ≥ 2 Y ELSE SKIP TO	EARS AND	HOŪSE		ME IS ≤ 185%	5 FPL CON	ITINUI	≣;
'QA23_K31'		esterday,					ay, including meals and e or a banana, did
CC13B	現在我希望 例如蘋果或		女昨天吃了什	十 麼,包括正餐	和零食。昨	菲 天,{	他/她}吃了多少份水果,
00100	Servings are self-defined. A serving is the child's regular portion of this food.						
	份數是自己	定義的。	一份是指孩子	产吃這種食物的	平常份量。		
			Servings 份	;			[HR: 0-20; SR 0-9]
	•	REF	FUSED/DON	T KNOW		3	
'QA23_K32'				f vegetables lik le fried potatoe		ılad, gı	reen beans, or potatoes
CC31B	{他/她}昨天	吃了多少	份緣色沙律、	青豆、馬鈴薯	等蔬菜?請	青不要包	卫括炸馬鈴薯 。
			Servings 份				[HR: 0-20; SR 0-4]
	O	REF	FUSED/DON	T KNOW		3	
'QA23_K33'	Yesterday, did your ch			cans of sweet	ened fruit o	drinks,	sports, or energy drinks,
00500	您 的孩子[的	手天]喝了	多少杯或多少	罐含糖果汁 飲 料	^纠 、運動或	能量飲	料?
CC50B	Such as ler	monade,	Gatorade, Sr	napple, or Red	Bull.		
	例如檸檬水	. Gatora	ade、Snapple	e 或 Red Bull。			

	Glasses, cans or bottles 杯或罐	[HR 0-15; SR 0-7]
\mathbf{a}	REFUSED/DON'T KNOW -3	

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

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。

\circ	Yes	1
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

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

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
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

Food Stamps

PROGRAMMING NOTE 'QA23_L3': IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA23_L3'; ELSE SKIP TO 'QA23_L4'					
'QA23_L3'	Is (CHILD) now	on TANF or CalWORKs?			
(CHILD)目前是否參加 TANF 或 CalWORKs?					
CEII	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.				
		因家庭臨時協助」; <i>CalWORK</i> S表示「加州工作機會及對孩子的責任」。 替代加州原來的福利計劃AFDC。			
	•	Yes1 是			
	•	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA23_L4'	Are you receiving	ng Food Stamp benefits, also known as CalFresh?			
	您是否在領糧食	券福利,糧食券也稱為 CalFresh。			
AL5	You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card				
	您可能透過EB7	卡獲得福利。 <i>EBT</i> 表示電子福利轉換卡。又稱作「黃金州優惠卡」。			
	O	Yes1 是			
	O	No2 否			
	•	管 REFUSED/DON'T KNOW			
		_L5': HOLD, CONTINUE WITH 'QA23_L5';			
'QA23_L5'	Is (TEEN) recei	ving Food Stamp benefits, also known as CalFresh?			
	(TEEN) 是否在f	領糧食券福利?糧食券福利也稱為 CalFresh。			
IAP2		e benefits through an Electronic Benefit Transfer (EBT) card, and is also olden 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 是			

	O	No2 否	
	O	REFUSED/DON'T KNOW3	
PROGRAMMIN IF SAMPLED C ELSE SKIP TO	HILD IN HOUS	23_L3': SEHOLD, CONTINUE WITH 'QA23_L6 ';	
'QA23_L6'	Is (CHILD) red	ceiving Food Stamp benefits, also known as CalFresh?	
CE11A	(CHILD)是否在	生領糧食券福利?糧食券福利也稱為 Cal Fresh。	
CETTA		eive benefits through an Electronic Benefit Transfer (EBT) card, and is also Golden State Advantage Card.	
	您通過EBT卡	接受福利。EBT表示電子福利轉帳卡,也稱為「黃金州優惠卡」。	
	O	Yes1	
	O	是 No2	
	•	否 REFUSED/DON'T KNOW	
Supplemental S	Security Income	Э	
'QA23_L7'	Are you receive	ving Supplemental Security Income (SSI)?	
	您是否在領取	SSI?	
ALC			
AL6		upplemental Security Income. This is different from Social Security.	
AL6	SSI means Su	upplemental Security Income. This is different from Social Security. 助收入.這和社會安全金不同。	
AL6	SSI means Su	助收入,這和社會安全金不同。 Yes1	
AL6	SSI means Su SSI指安全補助	助收入.這和社會安全金不同。 Yes1 是 No2	
AL6	SSI means Su SSI指安全補助 O	か收入 · 這和社會安全金不同。 Yes1 是	
AL6	SSI means Su SSI指安全補助 O	m收入.這和社會安全金不同。 Yes1 是 No2 否	
WIC PROGRAMMIN IF 'QA23_A5' =	SSI means Su SSI指安全補助 O O IG NOTE 'QA2 = 2 (FEMALE A UNGER)] CON	助收入 . 這和社會安全金不同。 Yes	
WIC PROGRAMMIN IF 'QA23_A5' = YEARS OR YO	SSI means Su SSI指安全補助 O O IG NOTE 'QA2 = 2 (FEMALE A UNGER)] CON	数收入,這和社會安全金不同。 Yes	
WIC PROGRAMMIN IF 'QA23_A5' = YEARS OR YO ELSE GO TO 'F	SSI means Su SSI指安全補助 O O IG NOTE 'QA2 = 2 (FEMALE A UNGER)] CON PN_AL9';	数收入,這和社會安全金不同。 Yes	
WIC PROGRAMMIN IF 'QA23_A5' = YEARS OR YO ELSE GO TO 'F	SSI means Su SSI指安全補助 O O O IG NOTE 'QA2 = 2 (FEMALE A UNGER)] CON PN_AL9'; Are you on W 您目前是否参	数收入,這和社會安全金不同。 Yes	

O	Yes	1
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

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	1
	是	
0	No	2
	否	
0	REFUSED/DON'T KNOW	3

Assets

PROGRAMMING NOTE 'QA23 L10':

IF 'QA23_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA23_A4' = 6) AND (POVERTY < 5 (HH INCOME \leq 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).

IF 'QA23 K14'= 1 DISPLAY \$ 130,000:

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_A23'= 1 (MARRIED) OR 'QA23_D12'= 1 OR 'QA23_D13'= 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

C	Yes1 是	[GO TO 'PN_QA23_L12']
O	No2 否	
O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_L12']

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_A23'= 1 (MARRIED) OR 'QA23_D12'= 1 OR 'QA23_D13'= 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{c}	Yes	1
	是	
\mathbf{c}	No	2
	否	
\mathbf{c}	REFUSED/DON'T KNOW	3

Child Support

PROGRAMMING NOTE 'QA23_L12':

DISPLAY INSTRUCTIONS:

IF 'QA23_A23' = 1 (MARRIED) AND 'QA23_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

	UPLE)] AND 'Q	NG WITH PARTNER) OR ' QA23_D12 ' = 1 OR '(A23_A24 ' = 1 (SPOUSE/PARTNER LIVES IN H		
'QA23_L12'	Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for child support?			
	{您或您的配偶/	您或您的伴侶/你們} <u>上個月</u> 有沒有收到任何子女技	扶養費 ?	
AL15B	O	Yes1		
	O	是 No2	[GO TO	
	O	否 REFUSED/DON'T KNOW	'PN_QA23_L14'] [GO TO 'PN_QA23_L14']	
PROGRAMMIN	IG NOTE 'QA23	3_L13':		
DISPLAY "coml ELSE IF ['QA23 SEX COUPLE)] AND "and your	= 1 (MARRIED) bined" AND "and 3_A23' = 2 (LIVI AND 'QA23_A 2	$ \stackrel{\cdot}{NG} $ WITH PARTNER) OR 'QA23_D12' = 1 OR ' $ \stackrel{\cdot}{NG} $ 24'= 1 (SPOUSE/PARTNER LIVES IN HH), THE	AD61'= 1 (LEGAL SAME-	
'QA23_L13'	What was the {combined} total amount that you {and your spouse/and your partner} received from child support <u>last month</u> {for both you and your spouse/partner}?			
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{合言	十}總額是多少?	
	0	\$REFUSED/DON'T KNOW3	[000001-999995]	
PROGRAMMIN	IG NOTE 'QA23	_L14':		
DISPLAY "you of ELSE IF ['QA23	= 1 (MARRIED) or your spouse of 3_A23'= 2 (LIVIN UPLE)] AND 'Qor or both of you"	AND 'QA23_A24' = 1 (SPOUSE/PARTNER LIV or both of you"; NG WITH PARTNER) OR 'QA23_D12'= 1 OR 'Q A23_A24'= 1 (SPOUSE/PARTNER LIVES IN HE	A23_D13 '= 1 (LEGAL	
'QA23_L14'		r partner or both of you/you or your spouse or bost 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扶	養費?	
AL17	0	Yes, I paid1 是的,我支付		
	O	Yes, my spouse/partner paid2 是的,我的配偶/伴侶支付		

	O	Yes, we both paid 是的,我倆都支付	3	
	0	No 否		[GO TO 'PN_QA23_L16']
	O	REFUSED/DON'T KNOW	3	[GO TO 'PN_QA23_L16']
PROGRAMMIN	IG NOTE 'QA23	3_L15':		
DISPLAY "you ELSE IF [' QA2 ; SAME-SEX CO	= 1 (MARRIED) or your spouse of 3_A23'= 2 (LIVII) UPLE)] AND 'Q or both of you";	AND 'QA23_A24' = 1 (SPOUS or both of you"; NG WITH PARTNER) OR 'QA2 A23_A24'= 1 (SPOUSE/PART	23_ D12 '= 1 OR ' Q	A23_D13 '= 1 (LEGAL
'QA23_L15'		otal amount {you or your spous d in child support <u>last month</u> ?	e or both of you/yo	ou or your partner or both
	{您或您的配偶或少?	戉你們兩人/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	O	AMOUNT REFUSED/DON'T KNOW		[000001-99995]
Worker's Comp	ensation			
IF 'QA23_A23' DISPLAY "you o ELSE IF ['QA23	or your spouse"; 3_A23' = 2 (LIVI UPLE)] AND 'Q	AND 'QA23_A24' = 1 (SPOU	23_D12 ' = 1 OR '6	QA23_D13 ' = 1 (LEGAL
'QA23_L16'	Did {you or you workers compe	r spouse/you or your partner/yonsation?	ou} receive any mo	oney <u>last month</u> for
AL32	{您或您的配偶/	您或您的伴侶/您} <u>上個月</u> 是否領	取任何工傷賠償付	款?
7.202	O	Yes 是	1	
	•	No 否	2	[GO TO 'PN_QA23_L18']
	O	REFUSED/DON'T KNOW	3	[GO TO 'PN_QA23_L18']

PROGRAMMING NOTE 'QA23_L17':

DISPLAY INSTRUCTIONS:

IF 'QA23_A23' = 1 (MARRIED) AND 'QA23_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF ['QA23_A23' = 2 (LIVING WITH PARTNER) OR 'QA23_D12' = 1 OR 'QA23_D13' = 1 (LEGAL

Reasons for Non-Participation in Medi-Cal*

"combined" ANI	OUPLE)] AND ' QA D "and your partr UE WITHOUT DI		IN HE	H), THEN DISPLAY
'QA23_L17'		combined} total amount that you {and your sourkers compensation last month?	pous	e/and your partner}
AL33	您{和您的配偶/你	学侶 <u>}上個月</u> 從工傷賠償領取的{合計}總額是多 \$ REFUSED/DON'T KNOW		[000001-999995]
Social Security/	Pension Paymer			
PROGRAMMIN	IG NOTE 'QA23	_L18':		
'QA23_A24'= 1 DISPLAY "you	(SPOUSE/PAR' or your spouse";		/ITH '	QA23_L18 ' AND
CONTINUE WITELSE IF AGE	TH 'QA23_L18' .	3_A24' = 1 (SPOUSE/PARTNER LIVING IN AND DISPLAY "you or your partner"; NTINUE WITH 'QA23_L18' AND DISPLAY		,
'QA23_L18'	Did {you or your payments last m	r spouse/you or your partner/you} receive an nonth?	ny So	cial Security or Pension
AL18A	{您或您的配偶/約 休金?	您或您的伴侶/您} <u>上個月</u> 有沒有領取任何社會	安全	金 (Social Security)或退
ALIOA	O	Yes 是	1	
	0	No 否	2	[GO TO 'PN_QA23_L20']
	O	REFUSED/DON'T KNOW	-3	[GO TO 'PN_QA23_L20']
IF [AGE > 50 O 'QA23_A24'= 1 ELSE IF AGE ≥ your partner";	(SPOUSE/PAR` 65 AND 'QA23	IS BETWEEN 50 AND 64)] AND 'QA23_A2 TNER LIVING IN SAME HH), DISPLAY "you 3_A24'= 1 (SPOUSE/PARTNER LIVING IN S	u or y	our spouse";
ELSE IF AGE	≥ 65, DISPLAY "	you";		
'QA23_L19'		otal amount {you} received <u>last month</u> from Sold your spouse/partner}?	Socia	I Security and Pensions
AL18B	您 <u>上個月</u> 領取的	社會安全金和養老金總額是多少?		
	•	AMOUNT REFUSED/DON'T KNOW	-3	[000001-999995]

IF ARINSURE	PROGRAMMING NOTE 'QA23_L20': IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA23_L20'; ELSE GO TO 'QA23_L21'			
'QA23_L20'	What is the one	main reason why you are not enrolled in the Medi-Cal program?		
AL19	您{和您的配偶/	伴侶 <u>}上個月</u> 從工傷賠償領取的{合計}總額是多少?		
	O	Paperwork too difficult1 申請填表太困難		
	O	Do not know if eligible2 不知道是否符合資格		
	O	Income too high, not eligible3 因為收入太高,不符合資格		
	0	Not eligible due to citizenship/immigration status4 因公民/移民身份而不符合資格		
	•	Do not believe in health insurance6 不相信健康保險		
	•	Do not need insurance because I'm is healthy		
	O	Already have insurance8 已經有保險了		
	O	Did not know about it9 不知道有保險		
	•	Do not like or want welfare10 不喜歡/不想要福利		
	O	Other (Specify:)		
	O	REFUSED/DON'T KNOW3		
Medi-Cal Eligib	ility			
PROGRAMMIN	IG NOTE 'QA23	_L21':		
' QA23_L21 ' AN IF ARMCAL = 1	= 1 OR 'QA23_ ND DISPLAY "Yo I (MEDI-CAL) OI you have Medi-0	H75' = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH ou previously said you had Medi-Cal. How long did you have Medi-Cal?"; R 'QA23_H73' = 1, CONTINUE WITH 'QA23_L21' AND DISPLAY "{You Cal. How long have you had Medi-Cal?"		
'QA23_L21'		said you had Medi-Cal. How long did you have Medi-Cal?}{You you have Medi-Cal. How long have you had Medi-Cal?}		
	您擁有加州醫療 擁有 Medi-Cal 的	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?		
AL40				

___ Months

	•	個月 REFUSED/DON'T KNOW
'QA23_L22'		st 12 months, when you most recently contacted the County office r Medi-Cal benefits, how long did you have to wait before speaking to a e?
AL86		月內,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?
ALOO	•	5 minutes or less1 5 分鐘或更短時間
	O	More than 5, up to 15 minutes2 超過 5 分鐘,到 15 分鐘
	•	More than 15, up to 30 minutes3 超過 15 分鐘,到 30 分鐘
	O	More than 30 minutes4 超過 30 分鐘
	•	Never contacted the county office5 [GO TO 'QA23_L27'] 從未聯絡過縣政府辦公室
	O	REFUSED/DON'T KNOW
'QA23_L23'	Most recently,	how did you contact the County office?
AL87	您如何聯絡縣	政府辦公室?當您最近聯絡縣政府辦公室時,您
7.201	•	Visited office in person1 親自拜訪辦公室
	•	Called office
	•	Directly contacted eligibility worker3 直接聯絡資格核定工作人員
	O	Online4 線上
	•	Mail5 郵件
	•	Other (Specify:) 91 其他(請詳述:)
	•	REFUSED/DON'T KNOW
'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?
ALOO	O	A week or less1 1 週或更短時間
	•	More than 1 week up to 2 weeks2 超過1週,到2週
	O	More than 2 weeks up to a month3 超過2週,到1個月
	•	More than a month4 超過 1 個月
	O	尼EFUSED/DON'T KNOW

'QA23_L25'		gly 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。		
ALUS	The County re	epresentative was able to answer all of my questions.		
	縣代表能夠解	決我的所有問題。		
	•	Strongly agree1 極度同意		
	O	Agree2 同意		
	O	Neither agree nor disagree3 模稜兩可		
	O	Disagree4 不同意		
	O	Strongly disagree5 極度不同意		
	O	REFUSED/DON'T KNOW3		
'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		
	O	Agree2 同意		
	O	Neither agree nor disagree3 模稜兩可		
	O	Disagree4 不同意		
	O	Strongly disagree5 極度不同意		
	O	REFUSED/DON'T KNOW3		
'QA23_L27'	What areas sl	hould the County office consider improving?		
AL91	縣政府應該考慮改善哪些方面?			
7.20	Check all that	t apply		
		Reduce wait times1 減少等待時間		
		Spend more time with me2 花更多時間和我在一起		
		Explain things so I can understand3 解釋事情,讓我能理解		
		Tell me what the next steps are4 告訴我下一步該怎麼做		
		No improvement needed5		

		無需改進 Other (specify:)91 其他(請詳述:)	
	O	共他(萌辞亚:) REFUSED/DON'T KNOW3	
'QA23_L28'	How satisfied	are you with the County office?	
AL92	您對縣辦公室	的滿意度如何?	
	O	Very satisfied1 非常滿意	
	O	Somewhat satisfied2 較滿意	
	0	Neither satisfied nor dissatisfied3 既非滿意亦非不滿意	
	0	Somewhat dissatisfied4 較不滿意	
	0	Very dissatisfied5 非常不滿意	
	0	Not applicable6 不適用	
	O	REFUSED/DON'T KNOW3	
'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?	
AL93	•	Yes1	
	0	^死 No2 否	[GO TO 'QA23_L32']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_L32']
'QA23_L30'	When renewir	ng your Medi-Cal, did you have any issues or prol	blems?
	在續保 Medi-(Cal 時,您是否有任何議題或問題?	
AL94	O	Yes1	[GO TO 'QA23_L33']
	O	是 No2	
	O	否 REFUSED/DON'T KNOW	
'QA23_L31'	Did you temporeapply?	orarily lose coverage for 1 to 2 months, lost cover	age completely, or had to
AL OF	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	〔新申請保險?
AL95	O	Yes, lost coverage for 1-2 months1 是的,失去1至2個月的保險	
	O	Yes, lost coverage2 是的,失去保險	
	O	Yes, had to reapply3	

		是的,必須重新申請		
	O	No	4	
	•	否 REFUSED/DON'T KNOW	2	
	9	REPUSED/DOINT KNOW	3	
'QA23_L32'	Before you ha	ad Medi-Cal, what health coverage did you h	ave?	
AL96	在投保 Medi-	Cal 保險之前,您有哪種健康保險?		
	O	No insurance 未投保	1	[GO TO 'QA23_L35']
	O	Employer-based 雇主提供	2	[GO TO 'QA23_L35']
	O	催土炭供 Private 私人	3	[GO TO 'QA23_L35']
	O	Covered California	4	
	O	Other 其他	5	
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA23_L35']
'QA23_L33'	Did you have	a problem changing to Medi-Cal?		
AL97	在轉換到 Med	di-Cal 時,您是否遇到任何問題?		
ALOI	O	Yes 是	1	
	O	~_ No 否	2	[GO TO 'QA23_L35']
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA23_L35']
'QA23_L34'	What was the	problem?		
AL98	出了什麼問題	?		
71200	Check all that	t apply		
		Had to pay premiums while waiting for Medi-Cal decision在等待 Medi-Cal 作決定時,必須支付保險	1 a.费	
		Received conflicting eligibility notices 收到前後不一致的資格通知		
		Delay in receiving Medi-Cal 延遲獲得 Medi-Cal	3	
		Could not see my provider 無法去看我的醫療服務提供者	4	
		Required to provide a lot of paperwork 要求大量的申請文件	5	
		Had to file an appeal 不得不提出申訴	6	
	•	不行不延山中が REFUSED/DON'T KNOW	3	

'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.			
AL105		療保險 (Medi-Cal) 計劃發送書面《行動通知》,以分擔的變化資訊。	以提供有關資格、狀態、福		
ALTOS	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	REFUSED/DON'T KNOW3	[GO TO 'QA23_L37']		
'QA23_L36'	How can Noti	ice of Actions be improved?			
AL106	《行動通知》	可以如何改善?			
		Reduce text1 減少字數			
		Simplify language/Reading level2 簡化語言/閱讀水平			
		Shorter paragraphs/sentences3 縮短段落/句子			
		Send fewer notices4 發送較少通知			
		Give me clear steps of what I need to do5 清晰地告訴我所需進行的步驟			
	•	No improvement needed6 無需改善			
	•	REFUSED/DON'T KNOW3			
'QA23_L37'	Were you abl	e to update your contact information?			
AL107	您能更新聯絡	資訊嗎?			
	O	Yes1 是	[GO TO 'QA23_L39']		
	O	No2 否			
	O	Did not need to update3 無需更新	[GO TO 'QA23_L41']		
	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_L41']		

'QA23_L38'	Why not?	
AL108	為甚麼無法更新	新 ?
ALTOO	•	My changes did not update1 我所作出的修改並未更新
	O	I don't know how to update my information .2 我不知道該如何更新資訊
	O	Did not need to update3 無需更新
	O	REFUSED/DON'T KNOW3
		3_L39': IE WITH 'QA23_L39 ';
'QA23_L39'	Please tell us i strongly disagr	f you strongly agree, agree, neither agree or disagree, disagree, or ee with the following statement:
AL109	就以下陳述,為	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 c	ontact information was easy.
	更新我的聯絡資	資料非常簡易。
	O	Strongly agree1 極度同意
	O	Agree2 同意
	O	Neither agree nor disagree3 模稜兩可
	O	Disagree4 不同意
	O	Strongly disagree5 極度不同意
	O	REFUSED/DON'T KNOW3
'QA23_L40'		pdate your contact information?
AL110	您怎樣更新聯約	
		Visited office in person1 親身到訪辦公室
		Called county office
		Called health plan3 致電醫療保健計劃
		Directly contacted eligibility worker4 直接聯絡合資格工作人員
		Online5

網上

信件

Mail.....6

		PUNIAI	/	
		門戶網站	04	
		Other, specify:	91	
		其他,請註明:	•	
	O	REFUSED/DON'T KNOW	3	
Public Charge	Related			
IF 'QA23_G2'		23_L41': R 26, CONTINUE WITH 'QA23	3_L41';	
ELSE SKIP TO) 'QA23_M1'			
'QA23_L41'	government b	er a time when you decided no enefits, such as Medi-Cal, foo it would disqualify you, or a far l.S. citizen?	d stamps, or housin	g subsidies, because you
	項或多項非現	為擔心會使您或家人失去獲得 金政府福利,例如:Medi-Cal、		
AL99	housing subs	idles) 。		
AL99	O	Yes 是	1	
	O	 No 否	2	[GO TO 'QA23_L43']
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA23_L43']
'QA23_L42'	Did this happe	en in the last 12 months?		
AL104	這種情況是在	過去 12 個月內發生的嗎?		
AL 104	•	Yes	1	
	•	 是		
	•	凡O	2	
	•	不 不		
	O	REFUSED/DON'T KNOW	3	
'QA23_L43'		er been asked to provide your sollegal status when you tried to		
AL100		醫療服務時,您是否曾被要求 位的證明文件?	是供您的社會安全保	險號碼、或出示您的公民
ALIOU	O	Yes	1	
	O	是 No	2	[GO TO 'QA23_L45']
		否		
	•	REFUSED/DON'T KNOW	3	[GO TO 'QA23_L45']
'QA23_L44'	Did this happe	en in the past 12 months?		
	這種情況是在	過去 12 個月內發生的嗎?		
AL101				

	O	Yes1 是	
	O	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA23_L45'	Have you ever been asked to provide your Social Security Number or show proof of citizenship or legal status when you tried to enroll yourself or a child in school?		
AL102		己或孩子申請入學時,您是否曾被要求提供您的? 或合法地位的證明文件?	土會安全保險號碼、或出示
ALIUZ	O	Yes1 是	
	O	No2 否	[GO TO 'QA23_M1']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_M1']
'QA23_L46'	Did this happe	en in the past 12 months?	
AL103	這種情況是在	過去 12 個月內發生的嗎?	
	O	Yes1 是	
	O	No2 否	
	\circ	REFUSED/DON'T KNOW -3	

Section M: Housing and Social Cohesion

Housing		•	
'QA23_M1'	Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?		
	您是住在獨立	屋、雙連屋、三單元或多單元建築物還是活動房屋	中 ?
AK23	A duplex is a	building with 2units.	
	雙連屋指有兩	個單元的建築物。	
	•	House1 獨立屋	
	O	闽立庠 Duplex2 雙連屋	
	O	Building with 3 or more units3 三單元或多單元建築物	
	O	Mobile home4 活動房屋	
	O	REFUSED/DON'T KNOW3	
'QA23_M2'	Do you own o	or rent your home?	
AK25	您是自己擁有	住宅還是租用住宅:	
71120	O	Own1 自有	
	O	Rent2 租用	
	•	Other arrangement3 其他	
	O	REFUSED/DON'T KNOW3	
'QA23_M3'	Did you live ir	this house or apartment one year ago?	
AM204	您一年前是否	5住在這間房屋或公寓?	
AWZOT	•	Yes1 是	[GO TO 'QA23_M5']
	•	~	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_M5']
'QA23_M4'	In what zipcoo	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: 請註明:	
	•	REFUSED/DON'T KNOW3	
'QA23_M5'	How do you f	feel about your current housing situation?	

	您覺得您目前的	的住房狀況如何?		
AM183	•	Very stable1 非常穩定		
	•	Fairly stable2 相當穩定		
	•	Somewhat stable3 有點穩定		
	•	Fairly unstable4 相當不穩定		
	•	Very unstable5 非常不穩定		
	O	REFUSED/DON'T KNOW3		
'QA23_M6'	Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.			
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。		
Struggling to keep up with your mortgage or rent payments				
	為繳付按揭與租金而苦惱			
	O	Very often1 經常		
	O	Somewhat often2 頗常		
	O	From time to time3 有時		
	O	Almost never4 幾乎從不		
	O	REFUSED/DON'T KNOW3		
'QA23_M7'	People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?			
	人有時會因繳 情 ?	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		
		Take on an additional job or1 多做一份工或增加現職工時		
	0	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	
	O	REFUSED/DON'T KNOW3	
'QA23_M8'	buying a home	our experiences with housing; for example, expe e, obtaining a mortgage, getting your landlord to ith your neighbors.	
AM189	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
AWIOO	During the las related to hou	t two years, have your directly experienced discr sing?	imination or harassment
	過去兩年中,	您是否直接經歷過與住房有關的歧視或騷擾?	
	O	Yes1 是	
	•	No2 否	[GO TO 'QA23_M11']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_M11']
'QA23_M9'	Why do you th	nink you were targeted for this discrimination or h	narassment?
A.N. 4.00	您認為自己為	何會成為該類歧視或騷擾的目標?	
AM190		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:	
	Q	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA23_M10':

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'

'QA23_M10' What do you think is the MAIN reason you were targeted for this discrimination or harassment?

您認為自己成為歧視或騷擾目標的主要原因為何?

_			_	_	
Λ	ΝЛ	1	a	1	

O	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
O	Because of your gender or sex, including
	gender identity 因為您的社會性別或生理性別,包括性別認同
O	Because of your sexual orientation4 因為您的性取向
O	Because of your religion5 因為您的宗教
O	Because of your disability6 因為您的殘障狀態
O	Because of your immigration status7 因為您的移民身分
O	Because you have children8 因為您有小孩
O	Because of some other reason:9 因為其他原因:
•	REFUSED/DON'T KNOW3
In the past 2 youcher?	ears, did you or your household receive or use a Housing Choice Section 8
過去 2 年 内 , 的代金券?	您或您的家庭是否收到了住房選擇第 8 節(Housing Choice Section 8)
Housing Choic	ce Section 8 vouchers are a form of government assistance with housing
分司混摆签 o	第44条类具对应担供任 豆烃助的一種形式

AM192

'QA23_M11'

住房選擇第 8 節代金券是政府提供住房援助的一種形式

\mathbf{O}	Yes1	
	是	
O	No2	[GO TO 'QA23_M15']
	否	
O	REFUSED/DON'T KNOW3	[GO TO 'QA23_M15']

'QA23_M12' Were you or your household...

您或您的家庭是否.....

Α	Ν	11	93	

CITCON AII LITAL ADDIV	Check	all	that	ap	ıla	V
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	Unable to use your Housing voucher 無法使用您的住房代金券	1
	Denied housing because of your Housing voucher由於您的住房代金券而被拒絕提供住房,	2
	Told by a landlord that they do not accept Housing vouchers, or被房東告知他們不接受住房代金券,或	3
O	None of these以上皆非	4
\bigcirc	REFUSED/DON'T KNOW	-3

Hate Incident

'QA23 M13'

The next questions are about hate incidents. Thinking about these incidents may be stressful. Your answers will be kept confidential. If any question upsets you, you don't have to answer it. At the end of this section, we will give you information about organizations that can provide resources and support.

接下來的問題是關於仇恨事件。想到這些事件可能會讓人感到有壓力。您的回答將會保密。如果有任何問題讓您感到不安,您不必回答。在本節的末尾,我們將為您提供可以提供資源和支援的組織的相關資訊。

'AM194INTRO'This next set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain characteristics or religious beliefs. You may or may not actually have these characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to get something from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

下一組問題的重點是您是否可能由於對具有某些特徵或宗教信仰的人士之偏見而成為仇恨目標。事實上,您不一定具有這些特徵或宗教信仰,但與其他針對您的原因不同,例如生氣或想從您那裡得到一些東西。仇恨可包括身體虐待、語言暴力、網絡霸凌、財物損毀及其他。

'QA23 M15' During the past 12 months, have you directly experienced a hate incident?

過去的 12 個月內, 您是否直接經歷過仇恨事件?

AM194

O	Yes1	
	是	
O	No2	[GO TO 'QA23_M20']
	台	
0	REFSUED/DON'T KNOW3	[GO TO 'QA23 M20']

'QA23_M16' Did you experience..

您經歷的是:

AM195

Check all that apply

		Physical abuse or attack 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	REFUSED/DON'T KNOW3
'QA23_M17'	Where did the	incident or incidences take place?
AM196	事件發生在何處	₹? 2.
AWIT90	Check all that a	apply
		At home1 在家
		At school2 在學校
		At work
		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:)
	O	来他地方(南莊切) REFUSED/DON'T KNOW3
'QA23_M18'	Why do you thi	nk you were targeted?
AM197	您認為自己為何	可會成為仇恨事件的目標?
		Because of your race or skin color1 因為您的種族或膚色
		Because of your sexual orientation2 因為您的性取向
		Because of your gender or sex, including gender identity
		Because of your religion4 因為您的宗教

	Because of your ancestry, national origin, or language 因為您的血統、國籍或語言	.5
	Because of your disability 因為您的殘障狀態	6
	Because of your immigration status 因為您的移民身分	7
	Because of your age 因為您的年齡	8
	Because of some other reason: 因為其他原因:	9
O	REFUSED/DON'T KNOW	.3

PROGRAMMING NOTE 'QA23_M19':

IF MORE THAN ONE RESPONSE FROM 'QA23_M18', THEN CONTINUE WITH 'QA23_M19' WITH SELECTED CHOICES FROM 'QA23_M18' DISPLAYED; ELSE SKIP TO 'QA23_M20'

'QA23_M19' What do you think is the MAIN reason you were targeted for a hate incident?

您認為自己成為仇恨事件目標的主要原因為何?

AM198

If you experienced more than one incident, please think about 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。

0	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
0	Because of your gender or sex, including gender identity
O	Because of your religion4 因為您的宗教
•	Because of your ancestry, national origin, or language 因為您的血統、國籍或語言
O	Because of your disability 因為您的殘障狀態
O	Because of your immigration status7 因為您的移民身分
O	Because of your age 因為您的年齡
O	Because of some other reason:9 因為其他原因:
O	REFUSED/DON'T KNOW3

'QA23_M20' During the past 12 months, have you witnessed another person experiencing a hate incident?

過去的 12 個月內,您是否曾目睹另一個人經歷仇恨事件?

AM199			
	O	Yes1 是	
	O	No2	[GO TO 'QA23_M26']
	O	REFSUED/DON'T KNOW3	[GO TO 'QA23_M26']
'QA23_M21'	Did you witnes	SS	
AM200	您目睹的是:		
7200	(Check all that	t 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	REFUSED/DON'T KNOW3	
'QA23_M22'	Where did the	incident take place?	
	事件發生在何愿	處?	
AM201	(Check all that	t 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:)	
	O	兵他地方(調託功・) REFUSED/DON'T KNOW3	
'QA23_M23'	Why do you th	ink the person was targeted for a hate incident?	

256

您認為該名人士為何會成為仇恨事件的目標?

AM202

Check 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:
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23_M24':

IF MORE THAN ONE RESPONSE FROM 'QA23_M23', THEN CONTINUE WITH 'QA23_M24' WITH SELECTED CHOICES FROM 'QA23_M23' DISPLAYED; ELSE SKIP TO 'QA23_M24'

'QA23_M24' What do you think is the MAIN reason that person was the target for a hate incident?

您認為該名人士成為仇恨事件目標的主要原因為何?

AM203

If you witnessed more than one incident, please think about the most recent incident.

如果您目睹過不止一次事件,請回想最近一次發生的事件

•	Because of their race or skin color
•	Because of their sexual orientation2 因為他們的性取向
O	Because of their gender or sex, including gender identity
•	Because of their religion4 因為他們的宗教
O	Because of their ancestry, national origin, or language5 因為他們的血統、國籍或語言
O	Because of their disability6

	因為他們的殘障狀態	
O	Because of their immigration status	7
	因為他們的移民身分	
O	Because of their age	8
	因為他們的年齡	
\mathbf{O}	Because of some other reason:	9
	因為其他原因:	
\circ	REFUSED/DON'T KNOW	-3

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 www.mentalhealthsf.org/peer-run-warmline/.

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 www.Cavshate.org/ 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. *Implemented on Sep 5th, 2023

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 (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
	是	
O	No	2
	否	
\bigcirc	DEESLIED/DON'T KNOW	_3

Encounters with Police

'QA23_M27' Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

困難的生活經歷會對一個人的身心健康產生有害影響,即使這些經歷已經過去,例如:與警察或司法系統接觸。

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

現今,公眾經常基於各種原因而被警察攔截。過去三年間,您被警察攔截了多少次?

O	0	1
0	1	2
0	2	3
	3	
	4	
	5 or more	
	5 次或以上	
\circ		-3

Social Cohesion

'QA23_M28' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

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:

AM19

People in my neighborhood are willing to help each other.

我所在社區的居民很願意互相幫助。

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?

O	Strongly agree 極度同意	1
O	Agree 同意	2
O	Disagree 不同意	3
O	Strongly disagree極度不同意	4
O	REFUSED/DON'T KNOW	-3

'QA23_M29' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

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:

AM20

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

本社區的人通常無法和睦相處。

	Do you strong	ly agree, agree, disagree, or strongly disagree?
	您是極為贊成	、贊成、不贊成還是極不贊成?
	O	Strongly agree1 極度同意
	O	Agree2 同意
	O	Disagree3 不同意
	O	Strongly disagree4 極度不同意
	•	REFUSED/DON'T KNOW3
'QA23_M30'	Tell me if you s statements:	strongly agree, agree, disagree, or strongly disagree with the following
AM21	請告訴我您對以	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:
AWZI	People in this i	neighborhood can be trusted.
	本社區的人值得	导信賴。
	Do you strong	ly agree, agree, disagree, or strongly disagree?
	您是極為贊成	、贊成、不贊成還是極不贊成?
	O	Strongly agree1 極度同意
	O	Agree2 同意
	O	Disagree3 不同意
	O	Strongly disagree4 極度不同意
	O	REFUSED/DON'T KNOW3
Safety		
'QA23_M31'	Do you feel sa	fe in your neighborhood
AK28	您在居住區附近	近感到安全
AILEO	O	All of the time1 所有的時間
	•	Most of the time2 大多數時間
	O	Some of the time, or3 有些時候
	O	None of the time4

REFUSED/DON'T KNOW.....-3

 \mathbf{O}

Civic	Engagement	
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'QA23_M32'	In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?		
AM39	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的	您所在社區的問題?
Allioo	O	Yes1 是	
	•	No2 否	
	O	REFSUED/DON'T KNOW3	
'QA23_M33'	Do you think you represents you	ou could contact an elected official or someone er community?	lse in government who
AM45	您認為您可以聯	絡民選官員或在政府中其他代表您社區的人嗎?	
	O	Definitely could not1 絕對不可以	
	•	Probably could not2 可能不可以	
	•	Maybe could3 也許可以	
	•	Probably could4 可能可以	
	•	Definitely could5 絕對可以	
	•	REFUSED/DON'T KNOW3	
'QA23_M34'		nonths, have you been an active member of any policy or government, not including a political party	
A 14 4 0	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	可團體(但不包括政黨)
AM48	O	Yes1 是	
	•	No2 否	[GO TO 'QA23_M1']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_M1']

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'QA23_P1': IF 'QA23_G5' = 1 (CITIZEN) OR 'QA23_G2' = 1 (USA)) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA23_P1'; ELSE GO TO 'QA23_P3'			
'QA23_P1'	How often do you vote in presidential elections?		
AP73	您多常在總統選	建 舉中投票?	
Airo	O	Always1 總是	
	•	Sometimes, or2 有時	
	•	Never?3 從未	
	O	REFUSED/DON'T KNOW3	
'QA23_P2'	How often do y	ou vote in state elections, such as for Governor or state proposition?	
AP74	您多常在州選舉	尽(例如州長或州提案)中投票?	
7	•	Always1 總是	
	•	Sometimes, or2 有時	
	0	Never?3 從未	
	•	REFUSED/DON'T KNOW3	
'QA23_P3'	How often do y	ou vote in local elections, such as for Mayor or school board?	
AP75	您多常在本地選	選舉(例如市長或教育委員會)中投票?	
	•	Always1 總是	
	•	Sometimes, or2 有時	
	•	Never?3 從未	
	O	REFUSED/DON'T KNOW3	

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 我不喜歡政治
O	Voting has little to do with the way real
•	decisions are made2
	投票無法影響真正決策的方式
•	I did not like any of the candidates
	on the ballot3
	選票上的候選人我都不喜歡
0	My one vote is not going to affect how
	things turn out4
	我的一票不會影響事情的發展結果
•	I was not informed enough about
	the candidates or issues to make
	a good decision5
	我沒有充分了解候選人或問題, 以致於無法做出好的決定
\mathbf{O}	I did not see a difference between
	the candidates or parties6
	我無法區分候選人或政黨之間的差異
\mathbf{O}	I was not interested in what
	is happening in government7
	我對政府的事務不感興趣
\mathbf{O}	I just did not think about doing it8
	我只是沒考慮做這件事
\mathbf{O}	I forgot9
	我忘記了
\mathbf{O}	I had to work 10
	我必須工作
\mathbf{O}	I did not have transportation11
	我沒有交通工具
\mathbf{O}	Other (Specify:)91
	其他(請詳述:)
O	REFUSED7

Section Q: Adverse Childhood Experiences

ACEs Screener

AOLS OCICCIO							
'QA23_Q1'	through the ag challenges. Me	hood Experiences a ge of 18 and relate to edical professionals and others, can pe	o categories on the categories of the categories	of child abuse ctors, nurse	e, negle practitic	ct, and/or hou oners, midwiv	usehold es,
	負面童年經驗是	是指從出生至 18 歲	期間所經歷的	壓力或創傷事	事件, 並	5與兒童虐待、	疏忽、
	及/或家庭功能	 能失調類別相關。醫	療專業人員,	包括:醫生、	執業護	善士、助產士、	心理學
		能夠進行負面童年					
'QA23_Q2'	Have you hear	rd the term Adverse	Childhood Ex	rperiences o	r ACEs	before?	
AQ28	您是否聽說過貨	負面童年經驗 (ACEs	s) 一詞?				
7142	•	Yes			1		
		是			•		
	•	No 否			2		
	•	Don't know			3		
	_	不清楚					
	•	REFUSED			3		
Past ACEs ass	essment						
'QA23_Q3'		completed an asse with a medical health				verse Childho	ood
AQ23	您是否曾與醫語	獲人員或心理專家一	起完成過對自	己負面童年終	巠驗的評	好估?	
AQZJ	0	Yes			1		
		是					
	•	No			-	OTO	
		否 Don't know				N_QA23_Q5	"]
	O	Ton t know 不清楚				6O TO N_QA23_Q5	.' 1
	O	REFUSED				O TO	1
						N_QA23_Q5	"]
'QA23_Q4'		ovider reviewed you , resilience or positi				ent did they d	iscuss
AO20		务提供者審核您對負 或生活中的積極經歷		檢問題的回答	答時,他	1們是否討論	了您的優
AQ29	O	Yes 是			1		
	0	No.			2		

Don't know3

O

	O	不清楚 REFUSED3
IF SELECTED	NG NOTE 'QA2: TEEN, CONTIN D 'PN_QA23_Q	ÜE;
'QA23_Q5'		completed an assessment of (TEEN's) Adverse Childhood Experiences health or mental health professional?
AQ24	您是否曾與醫證	隻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?
71321	•	Yes1 是
	•	No2 否
	•	Don't know3 不清楚
	0	REFUSED3
	NG NOTE 'QA2' CHILD, CONTIN O 'QA23_Q7'	
'QA23_Q6'		completed an assessment of (CHILD's) Adverse Childhood Experiences health or mental health professional?
AQ25	您是否曾與醫護	隻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?
	O	Yes1 是
	O	No2 否
	O	Don't know3 不清楚
	O	REFUSED3
'QA23_Q7'	childhood. This early in life, and may feel uncor	questions are about events that might have happened during your information will allow us to better understand problems that may occur d may help others in the future. This is a sensitive topic and some people infortable with these questions. Please keep in mind that you can skip any o not want to answer. All questions refer to the time period before you of age.
	能出現的問題, 在。但在本節的	展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 we	re 18 years of age
AQ1	在您 18 歲之前	·

	Did you live with anyone who was depressed, mentally ill, or suicidal?			
	您是否曾經與	患有抑鬱症、精神病,或有自殺傾向的人士一起生活?		
	O	Yes1 是		
	O	No2 否		
	O	Don't know3 不清楚		
	O	REFUSED3		
'QA23_Q9'	Did you live w	vith anyone who was a problem drinker or alcoholic?		
A02	您曾否與喝酒	或酗酒人士住在一起?		
AQ2	O	Yes1 是		
	O	No2 否		
	O	REFUSED/DON'T KNOW3		
'QA23_Q10'	Did you live w medications?	vith 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?		
AQ3	O	Yes1 是		
	O	No2		
	•	否 REFUSED/DON'T KNOW		
'QA23_Q11'		vith anyone who served time or was sentenced to serve time in a prison, jail, ectional facility?		
	您曾否與在監	獄或其他懲教設施服過刑的住在一起?		
AQ4	O	Yes1 是		
	O	No2		
	O	否 REFUSED/DON'T KNOW		
'QA23_Q12'	Before you w	ere 18 years of age		
AQ5	在您 18 歲之前	前		
AQJ	Were your pa	rents separated or divorced?		
	您的父母是否	分居或離婚?		
	O	Yes1		

		是 Na
	O	No2 否
	O	Parent not married3 父母沒有結婚
	O	REFUSED/DON'T KNOW3
'QA23_Q13'	Before you we	ere 18 years of age
400	在您 18 歲之前	前
AQ6	How often did other up?	d your parents or adults in your home ever slap, hit, kick, punch or beat each
	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?
	O	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	REFUSED/DON'T KNOW3
'QA23_Q14'		d a parent or adult in your home ever hit, beat, kick, or physically hurt you in not include spanking.
107	在您 18 歲前, 以任何形式傷	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 害您的身體 ?
AQ7	O	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	REFUSED/DON'T KNOW3
'QA23_Q15'	How often did down?	d a parent or adult in your home ever swear at you, insult you, or put you
AQ8	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?
AQO	O	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	REFUSED/DON'T KNOW3
'QA23_Q16'	How often did sexually?	d 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?
AQ9	0	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	REFUSED/DON'T KNOW3
'QA23_Q17'	How often did them sexually	anyone at least 5 years older than you or an adult, try to make you touch?
AQ10	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?
714.0	•	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	多過一人 REFUSED/DON'T KNOW
'QA23_Q18'	How often did	anyone at least 5 years older than you or an adult, force you to have sex?
AQ11	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?
AQTI	O	Never1 從不
	O	Once2 一次
	O	·····································
	•	多過一人 REFUSED/DON'T KNOW
'QA23_Q19'	Before you we	ere 18 years of age
	在您 18 歲之前	Í
AQ12	Were you eve	r the victim of violence or witness any violence in your neighborhood?
	您是否曾經是	暴力行為的受害者,或在社區目睹過任何暴力行為?
	O	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
'QA23_Q20'	Were you eve	r treated or judged unfairly because of your race or ethnic group?
	您是否曾因為	種族或民族而受到過不公正的對待或評價?

AQ13				
	O	Yes1		
		是		
	O	No2 否		
	•	REFUSED/DON'T KNOW3		
'QA23_Q21'	Did you ever liv	re with a parent or guardian who died?		
AQ14	您曾否與已去世的父母或監護人住在一起?			
AQ14	O	Yes1 是		
	O	No2		
	O	否 REFUSED/DON'T KNOW3		
'QA23_Q22'	Before you wer	e 18 years of age		
	在您 18 歲之前			
AQ15	How often was	it very hard to get by on your family's income, for example, it was hard to		
	How often was it very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing? Would you say very often, somewhat often, not very often, or never?			
	您的家庭遭遇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?			
	•	Very often1 經常		
	O	Somewhat often2 有時		
	•	Not very often3 不常		
	O	Never4		
	Q	從不 REFUSED/DON'T KNOW		
(0.4.00, 0.00)				
'QA23_Q23'		of your childhood was there an adult in your household who made you feel sted? Would you say		
	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		
AQ30	O	Never1		
	O	從來沒有 A little of the time2		
	\circ	一點時間 Some of the time3		
	0	有些時間		
	O	Most of the time4 大部分時間		
	O	All of the time 5		

全部時間

O REFUSED/DON'T KNOW.....-3

'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

O	Never1 從來沒有
O	A little of the time2 一點時間
O	Some of the time3 有些時間
O	Most of the time4 大部分時間
O	All of the time5 全部時間
\mathbf{O}	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23 Q25':

DISPLAY INSTRUCTIONS:

IF [('QA23_Q16' OR 'QA23_Q17' OR 'QA23_Q18') = -3 OR ('QA23_Q16' OR 'QA23_Q17' OR 'QA23_Q18') >1], DISPLAY RAINN RESOURCE AND (IF 'QA23_Q14'= 1 OR 'QA23_Q14'= -3), DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE; ELSE SKIP TO 'QA23_S1'

'QA23 Q25'

RAINN Resource: 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 counselor, 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 tollfree number if you'd like to talk about these issues. Someone is available 24 hours a day to provide information. The number is 1-800-799-7233 or TTY 1-800-787-3224. 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。

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.		
AF86	下一節是有關! 回答。	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
AFOO	Have you <u>ever</u>	seriously thought about committing suicide?	
	您是否 <u>曾經</u> 認真	真地考慮過自殺?	
	•	Yes1 是	
	•	No2 否	[GO TO 'PN_AM10B']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_AM10B']
'QA23_S2'	Have you serio	ously thought about committing suicide at any time	e in the past 12 months?
AF87	您在過去十二個	固月 内 的任何時間是否認真地考慮過自殺?	
Alor	O	Yes1 是	
	•	No2 否	[GO TO 'QA23_S4']
	•	REFUSED/DON'T KNOW3	[GO TO 'QA23_S4']
'QA23_S3'	Have you seriously thought about committing suicide at any time in the past 2 month		
AF91	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?	
70.	O	Yes1 是	
	•	No2 否	
	0	REFUSED/DON'T KNOW3	
'QA23_S4'	Have you ever attempted suicide?		
AF88	您是否曾經嘗記	试過自殺?	
	0	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	

IF 'QA23_S2' = (2, -3) AND 'QA23_S4'= (2, -3) THEN GO TO 'QA23_S6';	
IF 'QA23_S3' = (2, -3) AND 'QA23_S4'= (2, -3) THEN GO TO 'QA23_S6';	
IF 'QA23_S3' = 1 AND 'QA23_S4'= (2, -3) THEN GO TO 'QA23_S6';	
ELSE CONTINUE WITH 'QA23 S5'	

'QA23_S5' Have you attempted suicide at any time in the past 12 months?

您在過去十二個月內的任何時間是否曾經嘗試過自殺?

AF89

O	Yes	1
	是	
O	No	2
	否	
O	REFUSED/DON'T KNOW	3

'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 988lifeline.org, 在線上聊天或查詢如何求助的詳情。

Follow-Up Survey Permission

IF ('QA23_D4' QUESTIONS";	IG NOTE 'AM10 OR 'QA23_D5' (′ "JUST A FINAL	DR 'QA23_D6'= 1), THEN DISPLAY "JUST A CC	OUPLE OF FINAL
'AM10B'		f} final question{s} and then we are done. your name and telephone number so that we may ions.	y call you if we have
AM10B	只剩最後一個{幾 可與您聯絡。	是個}問題就完成了。請提供您的姓名和電話號碼,	以便我們有其他問題時
AWIUD	名字 Last Name: 姓氏		
		_ A': DR 'QA23_D6' = 1), THEN CONTINUE;	
'LTSS_A'	Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid \$25. This other survey is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands.		
	根據您的回答,	我們想進一步請教您一些問題。這份新問卷調 查 追	通常約需 15 分鐘。完成
LTCC		25 作為報酬。另一項調 查 適用於在日常生活活動)方面遇到困難的人。	(例如穿衣、洗澡、走路
LTSS_A	Would you like t	o participate in this survey?	
	您願意參加本問	卷調 查 嗎?	
	o o	Yes1 是 No	[GO TO LTSS SURVEY] [GO TO 'LTSS_
	•	否 REFUSED/DON'T KNOW3	RECON2']
'LTSS_RECON	2' Would you like	e to participate in this survey at a later date?	
		加本問卷調 查 嗎?	
LTSS_RECON	<u>\12</u>	YES1 是	
	•	^疋 NO2 否	[GO TO 'PN_SUICIDE RESOURCE2']

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\mathbf{O}	REFUSED7	[GO TO 'PN_SUICIDE
		RESOURCE2']
\mathbf{O}	DON'T KNOW8	[GO TO 'PN_SUICIDE
		RESOURCE2'1

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 guestions.

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:	
名字	
Last Name:	
姓氏	
Phone Number:	
電話號碼	

PROGRAMMING NOTE 'SUICIDE RESOURCE2':

['QA23_S3' = 1 OR ('QA23_S3' = 2, -3 AND 'QA23_S5' = 1), THEN CONTINUE WITH 'SUICIDE RESOURCE 2';

ELSE GO TO 'PN_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 <u>988lifeline.org</u> 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 9881ifeline.org,在線上聊天或查詢如何求助的詳情。

'CLOSE2'

Thank you. We really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

謝謝您的時間與合作!您幫助我們進行了一項非常重要的健康調查。如果您有任何疑問,請與研究負責人Ninez Ponce博士聯繫。他的免費電話號碼是1-866-275-2447。再次感謝,再見。