

CHIS 2024 Adult CAWI Questionnaire

(Self- administered) Version 3.01 August 23, 2024 Adult Respondents Age 18 and Older

Collaborating Agencies:

- UCLA Center for Health Policy Research
- California Department of Health Care Services
- California Department of Public Health

Contact:

California Health Interview Survey

UCLA Center for Health Policy Research 10960 Wilshire Blvd, Suite 1550 Los Angeles, CA 90024

Telephone: (866) 275-2447 Fax: (310) 794-2686

Email: chis@ucla.edu Web: www.chis.ucla.edu

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. 'QA24_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 'QA24_A1': SET AADATE = CURRENT DATE (YYYYMMDD)

'QA24_A1' What is your date of birth?

AA1

Month _____ [Range: 1-12] January1 0 0 February 2 0 March3 0 April4 0 May5 0 June6 0 July......7 0 August.....8 0 September.....9 October 10 November.....11 0 December......12 0 REFUSED/ DON'T KNOW.....-3 0 [Range: 1-31] REFUSED/ DON'T KNOW.....-3 0 [Range: 1907-2005] REFUSED/ DON'T KNOW.....-3 0

'QA24_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	
0	No2	[GO TO 'QA24_A22']
•	REFUSED/DON'T KNOW3	[GO TO 'QA24_A22']

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NOTE: Please consult the CHIS 2023 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	'QA24	_A1':	

SET AADATE = CURRENT DATE (YYYYMMDD)

'QA24_A1' What is your date of birth?

您的出生日期是什麼?

AA1

	Month [Range: 1-12]	
	月	
O	January 1 月	1
O	February2 月	2
O	March	3
O	April4 月	4
O	May5 5 月	5
O	June 6 月	6
O	July 7 月	7
O	August 8 月	8
O	September9月	9
O	October 10 月	10
O	November 11 月	11
O	December 12 月	12
O	REFUSED/DON'T KNOW	3
	Day [Range: 1-31] 天	
O	REFUSED/DON'T KNOW	3
	Year [Range: 1907-2005] 年	
0	REFUSED/DON'T KNOW	3

'QA24_A2' What month and year were you born?

您在哪年哪月出生?

Α	Α	1	Α	

'QA24_A3'

AA2

	Month [Range: 1-12]
O	月1 January1
•	1月 February2
O	2 月 March3
O	3 月 April4
O	4 月 May5
•	5月 June6
•	6 月 July7
O	7月 August8
•	8月 September9
•	9月 October 10
•	10 月 November11
O	11 月 December
	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

'QA24_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	
\mathbf{O}	Between 30 and 39	2
	介於 30 及 39 歲之間	
\mathbf{O}	Between 40 and 44	3
	介於 40 及 44 歲之間	
\mathbf{O}	Between 45 and 49	4
	介於 45 及 49 歲之間	
\mathbf{O}	Between 50 and 64	5
	介於 50 及 64 歲之間	
\mathbf{O}	65 or older	6
	65 歲或以上	
\mathbf{O}	REFUSED/DON'T NOW	3

POST NOTE 'QA24 A4':

AAGE ENUM.AGE CALCULATE VALUE OF AAGE BASED ON 'QA24_A1', 'QA24_A2', OR 'QA24_A3' TO USE IN ALL AGE-RELATED QUESTIONS; IF 'QA24_A1', 'QA24_A2', OR 'QA24_A3' = -3, THEN USE 'QA24_A4';

ELSE USE ENUM.AGE

Gender Identity

'QA24_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

0	Female2 女性
O	Male1 男性
O	Don't know3 不清楚
0	Prefer not to answer9 不願作答
•	Refused3
	拒 絕 回答

'QA24_A6' What is your current gender?

目前您自我認同的性別是什麼?

AD66C

\mathbf{O}	Female	2
	女性	
O	Male	1
	男性	
\mathbf{O}	Transgender	3
	跨性別者	

	3	Non-binary5 非二元性别者	
	•	I use a different term: ()7	
		我使用其他術語()	
	0	Don't know8 不清楚	
	•	Prefer not to answer	
	O	Refused	
		15 ~0 104	
IF ['QA24_A5'	$QA24_A6' = 1, 3,$	_ A7': IRTH) AND 'QA24_A6' = 2, 3, 5, 7] OR ['QA24_ 5, 7] THEN CONTINUE WITH 'QA24_A7' ;	A5 ' = 2 (FEMALE AT
'QA24_A7'	Just to confirm, and now descri	you were assigned {INSERT RESPONSE FROM oe yourself as {INSERT RESPONSE FROM 'QA	of 'QA24_A5'} at birth .24_A6'}. Is that correct?
AD68B		您出生時是{INSERT RESPONSE FROM 'QA24 SPONSE FROM AD66 OR 'QA24_A6' }。	
ADOOD	O	Yes1	
	•	是 No2	[GO TO 'QA24_A5']
	O	否 REFUSED/DON'T KNOW	
POST NOTE: 0	ON SECOND AT	TEMPT IF = 2 GO TO 'QA24 A5' AND FLAG 'Q	A24 A7 ' = 1
Ethnicity			
'QA24_A8'	Are you Latino	or Hispanic?	
	您是拉丁裔或西	裔嗎?	
AA4	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_A10']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_A10']
'QA24_A9'	And what is you	ır 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	0)
	•	Salvadoran	/

\mathbf{O}	Guatemalan		5
	瓜地馬拉人(Guatemalan)		
O	Costa Rican		6
	哥斯大黎加人(Costa Rican)		
O	Honduran		7
	宏都拉斯人(Honduran)		
O	Nicaraguan		8
	尼加拉瓜人(Nicaraguan)		
O	Panamanian		9
	巴拿馬人(Panamanian)		
O	Puerto Rican		10
	波多黎各人(Puerto Rican)		
O	Cuban		11
	古巴人(Cuban)		
O	Spanish-American (from Spain)		12
	西班牙裔-美國人(來自西班牙)		
\mathbf{O}	Other Latino (Specify:)	91
	其他拉丁美洲人(請詳述:		
O	REFUSED/DON'T KNOW		3

Race

PROGRAMMING NOTE 'QA24_A10':

IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA24_A10', CONTINUE WITH 'PN_QA24_A13'

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

DISPLAY INSTRUCTIONS:

IF 'QA24_A8' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";

'QA24 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 黑人或非洲裔美國人	[GO TO 'PN_QA24_A12']
	Asian3 亞洲人	[GO TO 'PN_QA24_A16']
	American Indian or Alaska Native4 美洲原住民或阿拉斯加原住民	[GO TO 'PN_QA24_A13']
	Pacific Islander5 其他太平洋島民	[GO TO 'PN QA24 A17']
	Native Hawaiian6 夏威夷原住民	[GO TO 'PN_QA24_A18']
	Other (Specify:) 91 其他(請詳述:)	[GO TO 'PN QA24 A18']
O	REFUSED/DON'T KNOW3	[GO TO 'QA24_A20']

'QA24_A11'	What are your white origin or origins?			
AA5H	原自何處?			
ААЭП	For example, 0	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 'QA24_A10	NG NOTE 'QA2 ' = 2 (BLACK OF 'PN_QA24_A13	AFRICAN AMERICAN), CONTINUE WITH 'QA24_A12';		
'QA24_A12'	What are your	Black origin or origins?		
AA5I	您的黑人血統》	原自何處?		
AAU	For example, A	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 KNOW3		
IF 'QA24_A10	NG NOTE 'QA2 ' = 4 (AMERICA 'PN_QA24_A16	N INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA24_A13';		
'QA24_A13'	You said, Ame	rican Indian or Alaska Native, and what is your tribal heritage?		
AASD	您說您是美洲F 請告訴我所有3	D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, 這些部落。		
AA5B	Check all that	арріу		
	(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)	
		Pomo	
	_	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	共同的各个明中型:/ REFUSED/DON'T KNOW3	
	9	REFUSED/DON I KNOW3	
'QA24_A14'	Are you an er	nrolled member in a federally or state recognized t	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	
	O	No2	[GO TO
	•	否	'PN_QA24_A16']
	O	REFUSED/DON'T KNOW3	[GO TO
		TEL GOLD/BOTT FROM	'PN_QA24_A16']
'QA24_A15'	Which tribe ar	re you enrolled in?	
	您在哪一個部	落註冊?	
AA5D			
	Apache		
	•	Mescalero Apache, NM1	
		梅斯卡勒羅阿帕契族,新墨西哥州(Mescalero	Apache, NM)
	0	Apache (not specified)2 阿帕契族(未指定)	
	O	Other Apache (Specify:)3 其他阿帕契族(請詳述	
	Blackfeet		
	O	Blackfoot/Blackfeet4	
	_	黑腳族 (Blackfoot / Blackfeet)	
	Cherokee	7117July 707 (= = 7	
	O	Western Cherokee5 西切羅基族	
	O	Cherokee (not specified)6 切羅基族(未指定)	
	O	Other Cherokee (Specify:)7 其他切羅基族(請詳述:)	
	Choctaw	不過为雅 <i>色</i> 灰(明叶处・/	
	O	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	喬克壮族(未指定) Other Choctaw (Specify:) 10	

	Navajo		
	·	O	Navajo (not specified)11 納瓦荷族(未指定)
	Pomo		All Politics
		O	Hopland Band, Hopland Rancheria 12 霍普蘭群落,霍普蘭村落(Hopland Band, Hopland Rancheria)
		•	Sherwood Valley Rancheria
		O	Pomo (not specified)14 波莫族(未指定)
		O	Other Pomo (SPECIFY:) 15
	Pueblo		其他波莫族(請詳述:)
	ruebio	•	Hopi16
		•	霍皮族(Hopi)
		•	Ysleta del Sur Pueblo of Texas 17
		•	德州依斯雷達普魏布勒族(Ysleta Del Sur Pueblo Of Texas)
		•	Pueblo (not specified)
		•	普韋布洛族(未指定)
		•	Other Pueblo (Specify:) 19
		•	其他普韋布洛族(請詳述:)
	Sioux		只能自幸和相默(明叶是·/
	Oloux	•	Oglala/ Pine Ridge Sioux20
			奥格拉拉/派里吉蘇族(Oglala/Pine Ridge Sioux)
		•	Sioux (not specified)
		•	蘇族(未指定)
		•	Other Sioux (Specify:)
		•	Other Sioux (Specify:) 22 其他蘇族(請詳述:)
	Yaqui		/ (High) / (
		O	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)24
			雅季族 (未指定)
		•	
			Other Yaqui (Specify:) 25 其他雅季族 (請詳述:)
	Other		
		•	Other (Specify:)91
			其他(請詳述:)
		O	REFUSED/DON'T KNOW3
PROGRAMMIN			
			ONTINUE WITH 'QA24_A16';
ELSE GO TO '	PN_QAZ	24_A17	
'QA24_A16'	You sa	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	Chack	all that a	onnly
	CHECK	all that a	ирру
	(18 ma	ximum r	esponses)
			Bangladeshi1

		孟加拉人
	O	Burmese2
		緬甸人
	O	Cambodian3
		柬埔寨人
	O	Chinese4
		華人
	O	Filipino5
		菲律賓人
	O	Hmong6
		西部苗族人(Hmong)
	O	Indian (India)7
		印度人(印度)
	O	Indonesian8
		印尼人
	O	Japanese9
		日本人
	•	Korean10
		韓國人
	O	Laotian 11
		老撾人或寮國人
	O	Malaysian 12
		馬來西亞人
	0	Pakistani
		巴基斯坦人
	•	Sri Lankan
		斯里蘭卡人
	•	Taiwanese
	\circ	台灣人 Thai
	•	Thai
	\circ	泰國人 Viotnamasa
	•	Vietnamese
	Q	Other Asian (Specify:) 91
	•	其他 (請詳述:)
	O	REFUSED/DON'T KNOW3
	•	TALL GOLD/DOINT KNOW5
PROGRAMMIN	IG NOTE 'QA24	A17':
		CIFIC ISLANDER) CONTINUE WITH 'QA24_A17';
ELSE GO TO F	ROĞRAMMING	NOTE 'PN_QA24_A18'
'QA24_A17'	You said you a	re Pacific Islander. What specific ethnic 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	pply
	(E maximum ===	anonaca)
	(5 maximum res	sponses)
	O	Samoan/American Samoan1
	-	薩摩亞人/美屬薩摩亞人(Samoan/American Samoan)
	O	Guamanian 2
		關島人(Guamanian)

	•	Tongan3
		東加人(Tongan)
	•	Fijian4
		斐濟人(Fijian)
	•	Other Pacific Islander (Specify:). 91
		其他太平洋島民(請詳述:)
	O	REFUSED/DON'T KNOW3
	•	THE COLDINATION INTO THE COLDINATION OF THE COLDINA
IF 'QA24_A8' = PACIFIC ISLAM = 3 (ASIAN) OF 'QA24_A10' = ELSE IF THER	NDÈR) OR 'QA2 4 R 'QA24_A10' = 91 (OTHER)], CO E WERE MULTII CONTINUE WIT	D ['QA24_A10' = 6 (NATIVE HAWAIIAN) OR 'QA24_A10' = 5 (OTHER 4_A10' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA24_A10' 2 (BLACK/AFRICAN AMERICAN) OR 'QA24_A10' = 1 (WHITE) OR DNTINUE WITH 'QA24_A18'; PLE RESPONSES TO 'QA24_A10', 'QA24_A16', OR 'QA24_A17' [NOT
'QA24_A18'		ou are: {INSERT MULTIPLE RESPONSES FROM 'QA24_A9' , QA24_A16 ' AND 'QA24_A17 '}.
AA5G	•	INSERT MULTIPLE RESPONSES FROM 'QA24_A9', 'QA24_A10', ND 'QA24_A17'}.
AAJO	Do you identify	with any one race in particular?
	您是否認同任何	一個特定的種族?
	O	Yes1 是
	O	No
	•	REFUSED/DON'T KNOW3 [GO TO 'QA24_A20']
IF 'QA24_A8' = IF 'QA24_A10' DISPLAY 'QA2	= 5 (YES, OTHE 2 4_A19' = 17 (OT	QA24_A19': D) AND 'QA24_A9' ≠ -3, DO NOT DISPLAY 'QA24_A19' = 14 (LATINO); ER PACIFIC ISLANDER) AND 'QA24_A17' = 1 TO 4 OR 91, DO NOT THER PACIFIC ISLANDER); _A16' = 1 TO 17 OR 91, DO NOT DISPLAY 'QA24_A19' = 19 (ASIAN)
'QA24_A19'	Which do you m	nost identify with?
	您最認同的是哪	一個族裔?
AA5F	~	Mariana (Mariana Anna da ana 1911)
	•	Mexican/Mexican American/Chicano1
		墨西哥人/墨西哥裔美國人/齊卡諾人(Chicano)
	•	Salvadoran
	\sim	薩爾瓦多人(Salvadoran)
	•	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	Nicaraguan8 尼加拉瓜人(Nicaraguan)
O	Panamanian9
O	巴拿馬人(Panamanian) Puerto Rican10
•	波多黎各人(Puerto Rican) Cuban11
\mathbf{O}	古巴人(Cuban) Spanish-American (from Spain)12
9	西班牙裔-美國人(來自西班牙)
0	Latino, Other Specify
•	Latino14 拉丁美洲人
O	Native Hawaiian 16
O	夏威夷原住民 Other Pacific Islander17
0	其他太平洋島民 American Indian or Alaskan Native 18
0	美洲原住民或阿拉斯加原住民
•	Asian
•	Black or African American20 黑人或非洲裔美國人
O	White21 白人
O	Race, Other Specify22
O	種族,其他,請詳述 Bangladeshi
O	孟加拉人 Burmese
O	緬甸人 Cambodian32
O	柬埔寨人 Chinese33
•	華人 Filipino34
\circ	菲律賓人 Hmong35
9	西部苗族人(Hmong)
3	Indian (India)36 印度人(印度)
O	Indonesian
•	Japanese
•	Korean
O	韓國人 Laotian
O	老撾人或寮國人 Malaysian41
•	馬來西亞人 Pakistani42

		巴基斯坦人	
	•	Sri Lankan	. 43
		斯里蘭卡人	
	•	Taiwanese	. 44
		台灣人	
	•	Thai	. 45
		泰國人	
	•	Vietnamese	. 46
		越南人	
	•	Asian, Other Specify	. 49
		亞洲人, 其他, 請詳述	
	O	Samoan/American Samoan	. 50
		薩摩亞人/美屬薩摩亞人(Samoan/Ame	rican Samoan)
	•	Guamanian	. 51
		關島人(Guamanian)	
	•	Tongan	. 52
		東加人(Tongan)	
	•	Fijian	. 53
		斐濟人(Fijian)	
	•	Pacific Islander, Other Specify	. 55
		太平洋島民,其他,請詳述	
	•	Both/All/Multiracial	. 90
		兩者/所有/多種族的	
	•	None of these	. 95
		以上皆非	
	•	Other (Specify)	. 97
		其他(請詳述:)	
	•	REFUSED/DON'T KNOW	3
Language Spo	ken at Home		
'QA24_A20'	What language	es do you speak at home?	
	松大学出田八藤	# ○	
ALIOC	您在家中用什麼	紧带言父敬?	
AH36	06-21-21-46-4		
	Check all that a	арріу	
		English	1
	_	英語	1
		Spanish	2
	_	西班牙語	2
		Cantonese	3
	_	廣東話	
		Vietnamese	4
	_	越南語	
		Tagalog	5
		他加祿語(TAGALOG)	
	_	他加祿語(TAGALOG) Mandarin	
	_	他加祿語(TAGALOG) Mandarin 國語	6
	<u> </u>	他加祿語(TAGALOG) Mandarin	6
	<u> </u>	他加祿語(TAGALOG) Mandarin 國語 Korean	6

	Russian	9
	俄語	
	Japanese	12
	日本語	
	French	14
	法語	
	German	15
	德語	
	Farsi	18
	現代伊朗語	
	先代伊朗語 Armenian	19
	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:)	
\mathbf{O}	REFUSED/DON'T KNOW	3

Additional Language Use

PROGRAMMING NOTE 'QA24_A21':

IF 'QA24_A20' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO 'PN_QA24_A23';

DISPLAY INSTRUCTIONS:

IF 'QA24_A20' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'QA24_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 'QA24_A21' WAS ASKED

'QA24_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	1
	非常好	
\mathbf{O}	Well	2
	好	
O	Not well	3
	不好	
\mathbf{O}	Not at all	4
	完全不會	
O	REFUSED/DON'T KNOW	3

Educational Attainment

'QA24 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		
	O	No Formal Education
	9	
		沒有受過正規教育 Grade School2
	<u>O</u>	
	O	High School or Equivalent
	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	_	
	•	1st Grade1
		1 年級
	•	2nd Grade2
		2 年級
	•	3rd Grade3
		3 年級
	O	4th Grade4
	•	4 年級
	\circ	• •
	•	5th Grade5
	_	5 年級
	•	6th Grade6
		6 年級
	•	7th Grade7
		7年級(初中/國中1年級)
	•	8th Grade8
		8年級(初中/國中2年級)
High		
riigii	O	9th Grade9
	•	9 年級(初中/國中 3 年級)
	Q	10th Grade
	9	
		10 年級(高中 1 年級)
	0	11th Grade
		11 年級(高中 2 年級)
	\mathbf{O}	12th Grade 12
		12 年級(高中 3 年級)
College		
College	O	12年級(高中3年級)
College	•	12 年級(高中 3 年級) 1st year of college or
College	0	12 年級(高中 3 年級) 1st year of college or university (Freshman)13
College		12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	o o	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College		12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	0	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College		12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	• •	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	0	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	• •	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	• •	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	• •	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	• • •	12 年級(高中 3 年級) 1st year of college or university (Freshman)
College	• • •	12 年級(高中 3 年級) 1st year of college or university (Freshman)
	• • •	12 年級(高中 3 年級) 1st year of college or university (Freshman)
	• • •	12 年級(高中 3 年級) 1st year of college or university (Freshman)

	•	研究所或專業學校 1 年級 2nd year of graduate or		
		professional school (MA/MS) 研究所或專業學校 2 年級	. 19	
	O	3rd year of graduate or professional School	. 20	
	O	研究所或專業學校 3 年級 More than 3 years of graduate or professional school (PhD)	. 21	
Community		3 中以工则九川以寻未学仪(博工)		
Community	O	1st year of junior or community college 1 年制初級學院(專科學校)或社區大學	. 22	
	O	2nd year of junior or community college (AA/AS)	. 23	
Desciones		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	
	O	1 年制 職業、商業、或貿易學校 2nd year of vocational, business, or trade school	25	
	O	2 年制 職業、商業、或貿易學校 More than 2 years of vocational,	. 20	
	•	business,or trade school超過 2 年以上職業、商業、或貿易學校	. 26	
Marital Status				
'QA24_A23'		arried, living with a partner in a marriage-lil rated, or never married?	ke relat	tionship, widowed,
AH43	您現在是已婚、	與伴侶像婚姻關係一樣同居、喪偶、離婚、	分居道	還是從未結婚?
	O	Married 已婚	1	
	0	Living with partner 與伴侶同居		
	0	Widowed 鰥寡		[GO TO 'PN_QA24_A27']
	0	Divorced 離婚		[GO TO 'PN_QA24_A27']
	0	Separated分居		[GO TO 'PN_QA24_A27']
	•	Never married 未婚		[GO TO 'PN_QA24_A27']
	•	REFUSED/DON'T KNOW	3	[GO TO 'PN_QA24_A27']

PROGRAMMIN	IG NOTE 'QA2	24_A24':		
	= 1, THEN DIS	SPLAY "spouse"; SPLAY "partner";		
'QA24_A24'	Is your {spous	se/partner} also living in your household?		
AH44	您的不是也住	在您的住戶中?		
	O	Yes 是	1	
	•	No 否	2	
	O	REFUSED/DON'T KNOW	3	
'QA24_A25'	May I have yo	our {spouse/partner}'s age and gender?		
SC11A	請問您能否提	供{spouse/partner}的年齡及性別?		
	Enter spouse'	's/Partner's age and sex		
		Spouse/Partner age 您的配偶/伴侶年齡	[SR: 18-120]	
		窓内的では一個大学的 Spouse/Partner gender		
		您的配偶/伴侶性別		
	O	REFUSED/DON'T KNOW	3	
PROGRAMMIN IF 'WSC6' = -3 ELSE SKIP TO	IN SCREENEF	R, CONTINUE WITH 'QA24_A26';		
Adult Roster				
'QA24_A26'		self (and your spouse/partner), are there oth g in this household?	er adults, age 18 or older,	
	除了您自己(超家庭裡?	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	₹			
	<u> </u>	Yes	1	
	O	是 No 否	2	
	•	REFUSED/DON'T KNOW	3	
PROGRAMMIN IF CHILD ROST ELSE GOTO 'C	TER NOT ALR	24_A27': EADY COMPLETE, CONTINUE;		

NAME/SEX)

'QA24_A27'	How many children, age 11 and younger including babies, normally live in this household?			
SC7B	通常有幾個 11	歲及以下的兒童, 包括嬰兒, 住在這個家庭?		
	O O	Children under 123 REFUSED/DON'T KNOW		
'QA24_A28'	And how many	adolescents age 12-17, normally live in this household?		
SC8B	而且,通常有幾	超 12 至 17 歲的青少年居住在這個家庭?		
	O	Children 12 -17		
POST NOTE 'C	QA24_A28': SET	KIDCNT = 'QA24_A27' + 'QA24_A28'		
'QA24_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[開始} (兒童/這名兒童/下一名兒童}的姓名或姓名縮寫是什麼?		
	O O	Name/ Initials given (Specify)		
'QA24_A30'	What is {the ch	ild's/this child's} age?		
	(兒童/這名兒童)年紀多大?		
SC13A2		AGE		
	•	REFUSED/DON'T KNOW3		
	NG NOTE 'QA24			
_	INSERT "the ch INSERT "this ch			
'QA24_A31'	What is {the ch	ild's/this child's} gender?		
GENDER6	{兒童/這名兒童	的性別是什麼?		
	•	Male1 男性		
	O	Female2 女性		
	O	REFUSED/DON'T KNOW3		
PROGRAMMIN	NG NOTE 'QA24	_A32':		
MEMBER WIT	HOUT AN AGE	CHILD ROSTER MEMBER, ASK 'QA24_A32' FOR EACH ROSTER		
		F THE CHILD ROSTER 24_A32' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT		
		ND 'QA24_A29' = -3 INSERT "the child" AND DO NOT DISPLAY CHILD		

'QA24_A32'	Is {CHILD NAM	IE/ the child}
SC15A4	(CHILD NAME	the child }是
OOTOAT	O	0 to 5 years old1 0 至 5 歳
	•	6 to 11 years old2 6 至 11 歲
	0	12 to 17 years old3 12 至 17 歲
	O	REFUSED/DON'T KNOW3
PROGRAMMII	NG NOTE 'QA24	L A33':
	1 INSERT "the c	
	1 INSERT "all the	
'QA24_A33'	Are you the par	rent or legal guardian of (the child/all the children) in your household?
	您是家庭內(兒主	童/所有兒童)的家長或法定監護人嗎?
SC14B4	_	
	0	Yes1
		是
	•	No2
	Q	否 REFUSED/DON'T KNOW
	9	REFUSED/DON I KNOW3
PROGRAMMII	MG NOTE 'QA24	1_A34':
	MG NOTE 'QA24 ' = 2 ASK 'QA24	1_A34': _A34' FOR EACH CHILD IN THE ROSTER
	' = 2 ASK ' QA24	
IF 'QA24_A33	' = 2 ASK 'QA24 Are you the par	_A34' FOR EACH CHILD IN THE ROSTER rent or legal guardian of {CHILD NAME/AGE/SEX}?
'QA24_A33'	' = 2 ASK 'QA24 Are you the par	_A34' FOR EACH CHILD IN THE ROSTER
IF 'QA24_A33	' = 2 ASK ' QA24 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?
'QA24_A33'	' = 2 ASK 'QA24 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
'QA24_A33'	' = 2 ASK ' QA24 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
'QA24_A33'	' = 2 ASK ' QA24 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
'QA24_A33'	* = 2 ASK 'QA24 Are you the par 您是{CHILD NA O	_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
'QA24_A33'	' = 2 ASK ' QA24 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
'QA24_A34' SC14B	* = 2 ASK 'QA24 Are you the par 您是{CHILD NA O	_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
'QA24_A34' SC14B PROGRAMMII IF NAME GIVE	Y = 2 ASK 'QA24 Are you the par 您是{CHILD NA O O NG NOTE 'QA24 EN AT 'QA24_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
'QA24_A34' SC14B PROGRAMMII IF NAME GIVE ELSE INSERT	Are you the par 您是{CHILD NA O O O NG NOTE 'QA24 AR ADULT NAM	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
'QA24_A33' 'QA24_A34' SC14B PROGRAMMII IF NAME GIVE ELSE INSERT IF 'KIDCNT' = 1	* = 2 ASK 'QA24 Are you the par 您是{CHILD NA O O NG NOTE 'QA24 EN AT 'QA24_A2 AR ADULT NAM I INSERT "the ch	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
'QA24_A33' 'QA24_A34' SC14B PROGRAMMII IF NAME GIVE ELSE INSERT IF 'KIDCNT' = 1	Are you the par 您是{CHILD NA O O O NG NOTE 'QA24 AR ADULT NAM	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
'QA24_A33' 'QA24_A34' SC14B PROGRAMMII IF NAME GIVE ELSE INSERT IF 'KIDCNT' = 1	Are you the pare 您是{CHILD NATE OF STATE OF STAT	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	Are you the pare 您是{CHILD NATE OF STATE OF STAT	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	Are you the pare 您是{CHILD NA O O O O O O O O O O O O O O O O O O	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 'QA24_A35'	* = 2 ASK 'QA24 Are you the par 您是{CHILD NA O O NG NOTE 'QA24 EN AT 'QA24_A2 AR ADULT NAM I INSERT "the ch I INSERT "all the Is {SC11A NAM guardian of (the	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	Are you the pare 您是{CHILD NA O O O O O O O O O O O O O O O O O O	rent or legal guardian of {CHILD NAME/AGE/SEX}? AME/AGE/SEX}的家長或法定監護人嗎? Yes

		是
	O	No2 否
	O	REFUSED/DON'T KNOW3
POST NOTE 'C		QA24_A35' = 1 AUTO POPULATE 'QA24_A36' AS 'YES' FOR ALL
	IG NOTE 'QA24 = 2 ASK 'QA24	1_A36': L_A36' FOR EACH CHILD IN THE ROSTER
'QA24_A36'		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 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
PROGRAMMIN	IG NOTE 'QA24	1_A37':
		ILDREN IN ' QA24_A34 ' AGED 0 TO 5 YRS
		ILDREN IN 'QA24_A34' AGED 6 TO 11 YRS
		DREN IN 'QA24_A34' AGED 12 TO 17 YRS
IF CHILD2CNT		se with 'QA24_A34' =1
		D 0 TO 5 YRS IS [SELECTED CHILD],
		CT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD		D 6 TO 11 YRS IS [SELECTED CHILD]
		CT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT
	CH CHILD AGE	D 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT +
CHILD2CNT)) 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT +
		CTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY
CHILDPROB	-	·
		se with 'QA24_A34'=1
		12 TO 17 YRS IS [SELECTED TEEN] , LECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT
'QA24_A37'		ded {CHILD1CNT+CHILD2CNT+TEENCNT} child{ren} 17 or younger in . Have we missed anyone aged 17 or younger who usually lives here but i
	temporarily awa	
	•	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?
SC13A	II JAC HI VING JT ILL [1	
	•	No, no one missed1
	~	沒有任何錯過
	•	Yes

是 __LOOP]
O REFUSED/DON'T KNOW.....-3

POST NOTE 'QA24_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

'QA24_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)	
\mathbf{C}	Father (Birth/Adoptive/Step)	2
	父親(生父/領養/繼父)	
\mathbf{O}	Sister (Birth/Adoptive/Step)	3
	姊妹,包括繼姊妹、領養姊妹	
O	Brother (Birth/Adoptive/Step)	4
	兄弟,包括繼兄弟、領養兄弟	
0	Grandmother	5
	祖母	
\mathbf{O}	Grandfather	6
_	祖父	_
0	Aunt	7
_	姑/姨/嬸/舅母	
O	Uncle	8
_	伯/叔/舅/姑/姨丈	•
O	Cousin	9
\sim	堂/表兄弟姐妹 Other relative	40
0		10
\circ	其他親戚 Nonrelative	11
0		11
•	非親屬 REFUSED/DON'T KNOW	2
•	VELOSED/DOM I VMOM	

POST NOTE 'QA24_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

C	no	rol	.	lea	lth
176	2 F 1 F	1121	_	102	uri

'QA24_B1'	Would you say that in general your health is excellent, very good, good, fair, or poor?			
	總體而言,	您認為您的健康狀況是極好、很好、好、一般還是很差?		
AB1	O	Excellent1 極好		
	O	Very good2 很好		
	0	Good3 好		
	O	Fair4 普通		
	0	Poor5 很差		
	0	REFUSED/DON'T KNOW3		
Asthma				
'QA24_B2'	Has a doct	or <u>ever</u> 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?		
	O	Yes1 是		
	•	No2 [GO TO 否 'PN_QA24_B9']		
	0	REFUSED/DON'T KNOW3 [GO TO 'PN_QA24_B9']		
'QA24_B3'	Do you still	have asthma?		
AB40	你是否依然	患有哮喘(氣喘)病?		
	•	Yes1 是		
	•	No2 否		
	O	REFUSED/DON'T KNOW3		
'QA24_B4'	During the	past 12 months, have you had an episode of asthma or an asthma attack?		
AB41	在過去 12 (固月中,您是否曾經有過哮喘(氣喘)發作?		
	O	Yes1 是		
	•	No2 否		
	O	REFUSED/DON'T KNOW3		
'QA24 B5'	During the	past 12 months, how many days of work did you miss due to asthma?		

	在過去的 12 位	固月中,您因為哮喘(氣喘)而缺勤了多	少天?	
	If not working	, enter zero.		
AB42			DAYS	(0 - 365)
	•	REFUSED/DON'T KNOW	. 🗏	
'QA24_B6'	Are you now t	taking a <u>daily</u> medication to control yo oy a doctor.	ur asthma t	hat was prescribed or
AB18	您目前是否每	天服用醫生開給您的或是醫生提供給您	8的控制哮喘	耑(氣喘)的藥物?
7.2.0	This includes quick relief.	both oral medicine and inhalers. This	is different	from inhalers used for
	包括口服藥和	吸入劑,但不是用於快速緩解症狀的9	及入劑。	
	O	Yes 是	1	
	O	~ No 否	2	
	O	REFUSED/DON'T KNOW	3	
'QA24_B7'		ctors or other medical providers worker to take care of your asthma?	ed with you	to develop a plan so that
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 ?	三一項計劃,	以便您瞭解如何控制自己
AB43	O	Yes 是	1	
	O	^处 No 否	2	
	O	REFUSED/DON'T KNOW	3	
'QA24_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 a	n electronic or hard copy.		
	電子版本或印	刷本均可。		
	O	Yes	1	
	O	是 No	2	
	O	否 REFUSED/DON'T KNOW	3	
Diabetes				

IF 'QA24_A5' =	G NOTE 'QA24 2 (FEMALE AT ISPLAY WITH "I	 BIRTH) DISPLAY "Other than during pregnancy	, has";	
'QA24_B9'	{Other than duri	han during pregnancy, has/Has} a doctor <u>ever</u> told you that you have diabetes or abetes?		
AB22	{除了懷孕期間,	}是否有醫生曾經告訴您患有糖尿病?		
AUZZ	•	Yes1 是		
	•	No2 否	[GO TO 'QA24_B16']	
	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_B16']	
'QA24_B10'	Are you now tak	ring insulin?		
AB24	您目前在使用胰	島素嗎?		
AD24	•	Yes1		
	•	是 No2		
	O	否 REFUSED/DON'T KNOW		
'QA24_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 ag	gents.	
ADOS	有時稱作口服藥	劑或口服降血糖藥劑。		
AB25	•	Yes1		
	O	是 No2		
	O	否 REFUSED/DON'T KNOW		
'QA24_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(
ADZI		Number of times	[HR: 0-52]	
	0			

'QA24_B13'	12 months, has a doctor, nurse, or health professional told you your C level is less than 9%?		
	過去 12 個月內	, 是否有醫生、護士或健康專業人士告訴您, 您的血紅素 A1C 低於 9%?	
	and Uncontrolle	under 5.7%; Prediabetes is between 5.7 and 6.4%; Diabetes is over 6.5; ed Diabetes is over 9%. 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	
	的糖尿病超過 9		
AB150	O	Yes1 是	
	•	No2 否	
	O	Don't know3 不清楚	
	O	REFUSED3	
'QA24_B14'	When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time. 您最近一次接受瞳孔放大眼科檢查是什麼時候? 瞳孔放大會使您的眼睛在短時間內對亮光敏感。		
AB63	型1000人人口1000		
	O	Less than 1 month ago1 1 少於 1 個月以前	
	O	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	
	0	Never5 從來沒有	
	0	REFUSED/DON'T KNOW3	
'QA24_B15'	Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes? 您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃,以便讓您瞭解如何護理自己的糖尿病?		
AB112			
	O	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
Hypertension			
'QA24_B16'	Has a doctor ev	<u>ver</u> told you that you have high blood pressure?	

	是否有醫生曾經	告訴過您患有高血壓?
AB29		
	O	Yes1 是
	O	No2 [GO TO 'QA24_B20'] 否
	O	Borderline or pre-hypertension
	O	REFUSED/DON'T KNOW3 [GO TO 'QA24_B20']
'QA24_B17'	Are you now ta	king any medications for high blood pressure?
AB30	您目前是否在朋	出用任何治療高血壓的藥物?
	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA24_B18'		bu 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 1/90) ?
AB152	O	Yes1
		是
	•	No2 否
	O	Don't know3 不清楚
	O	REFUSED3
'QA24_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?
AB 193	O	Yes1
	O	是 No2
	O	否 REFUSED/DON'T KNOW
'QA24_B20'		12 months, has a doctor, nurse, or health professional ever told you that nolesterol (high cholesterol is defined as a total cholesterol greater than
ADASA	過去 12 個月內 定義為總膽固配	,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 至大於 240)?
AB154	O	Yes1

		是		
	O	No	2	[GO TO 'QA24_B22']
		否		
	0	Don't know 不清楚	3	[GO TO 'QA24_B22']
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA24_B22']
'QA24_B21'	The last time a than 200 ?	doctor, nurse, or health professional che	ecked yo	ur cholesterol, was it less
AB155	您上一次由醫生	E、護士或健康專業人士檢查您的膽固醇時	寺,膽固	醇是否低於 200 ?
7.5.00	O	Yes 是	1	
	O	~ No 否	2	
	•	REFUSED/DON'T KNOW	3	
Heart Disease				
'QA24_B22'	Has a doctor e	ver told you that you have any kind of hea	art disea	ise?
AB34	有沒有醫生告訴	话過您患有任何一種心臟病?		
AB34				
	O	Yes 是	1	
	• •	是 No		
		是	2	
'QA24_B23'	• •	是 No 否	2	nat you had a stroke ?
	O O Has a doctor, n	是 No 否 REFUSED/DON'T KNOW	2 3 old you tl	nat you had a stroke ?
'QA24_B23' AB156	O O Has a doctor, n	是 No 否 REFUSED/DON'T KNOW surse, or other health professional ever to 专士或健康專業人士曾告訴您,您曾中風?	2 3 old you th	nat you had a stroke ?
	O O Has a doctor, r 是否有醫生、該	是 No 否 REFUSED/DON'T KNOW surse, or other health professional ever to 隻士或健康專業人士曾告訴您,您曾中風?	2 3 old you tl	nat you had a stroke ?

Section C: Health Behaviors

'QA24_C1'	Moderate physical activities make you breathe somewhat harder than normal. Think about moderate physical activities you do in your <u>free time</u> , like walking, bicycling, dancing, swimming, and gardening. During the past 7 days, did you do any moderate physical activity for a total of 150 minutes (2.5 hours)?			
AC212		协會使您呼吸比平時更加困難。請想想您在空閒時 此舞、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				
'QA24_C2'	Altogether, hav	ve you smoked at least 100 or more cigarettes in	your entire lifetime?	
AE15	在您的一生中,	您抽煙的總量是否至少有 100 支或 100 支以上		
	O	Yes1 是		
	O	No2	[GO TO	
	O	否 REFUSED/DON'T KNOW3	'PN_QA24_C5'] [GO TO 'PN_QA24_C5']	
'QA24_C3'	Do you now smoke cigarettes every day, some days, or not at all?			
AE15A	您現在是每天、	某些天抽煙還是完全不抽煙?		
ALIJA	•	Every day1 每天	[GO TO 'PN_QA24_C5']	
	O	Some days2 有些天	[GO TO 'PN_QA24_C5']	
	O	Not at all3 從未		
	O	REFUSED/DON'T KNOW3		
'QA24_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	更已有多長時間了(即使只是吸一或兩口)?		
· ·		Amount of time 時間	[IF 'QA24_C4' > 30 DAYS OR > 5 WEEKS OR MONTH OR= -3, GO TO 'PN_QA24_C11']	
		Unit of time 時間單位	_ · _ ·	

	•	Days1 天	[HR: 0-365]
	O	Weeks2	[HR: 0-52]
	•	週 Months3	[HR: 0-12]
	O	個月 Years4	[HR: 0-AAGE]
	•	年 REFUSED/DON'T KNOW	
IF 'QA24_C2'	l' <= 1 MONTH,	4_C5 ': 2 4_C3 ' = 1, 2 OR 'QA24_C4 ' <= 30 DAYS OR 'C CONTINUE WITH 'QA24_C5 ';	QA24_C4' <= 5 WEEKS
'QA24_C5'	During the pas	st 30 days, on how many days did you smoke cig	arettes?
AC174	在過去的 30 尹	天中,您有多少天抽過煙 ?	
		Number of days 日數	[HR: 0-30]
	O	REFUSED/DON'T KNOW3	
IF 'QA24_C3'	4_C3' = 2 (SMC	4_C6': /ERY DAY), CONTINUE WITH 'QA24_C6' ; DKE SOME DAYS) OR 'QA24_C5' > 0 (PAST 3	0-DAY SMOKER), GO TO
'QA24_C6'	On average, h	ow many cigarettes do you now smoke a day?	
4000	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';	4_C7 ': DME DAYS) OR 'QA24_C5 ' > 0 (PAST 30-DAY S	SMOKER), CONTINUE
'QA24_C7'	In the past 30	days, when you smoked, how many cigarettes d	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.

	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	•	Number of cigarettes	[HR: 0-120]
	O	支香煙 REFUSED/DON'T KNOW3	
DDOCDAMM	NO NOTE (OA2)	1.00%	
IF 'QA24_C3' ELSE IF 'QA2		ERY DAY), THEN READ "How"; KE SOME DAYS) OR 'QA24_C5' > 0 (PAST 30-	DAY SMOKER), THEN
'QA24_C8'	{On days when you smoke, how/How} soon after you are awake do you usually smoke your first cigarette?		
AC54B	{在您抽煙的日	子裡,您} 在您醒來後,通常隔多久才會吸第一支	煙?
1100.12		Amount of time 時間	[0-24 HOURS]
	•	Minutes1 分鐘	
	O	Hours2 小時	
	O	REFUSED/DON'T KNOW3	
	NG NOTE 'QA24 = 1 (SMOKE EV	<mark>1_C9':</mark> ERY DAY) OR 2 (SMOKE SOME DAYS), CONT	INUE WITH 'QA24_C9'
'QA24_C9'	Were any of th	e cigarettes you smoked menthol flavored?	
	您有否吸食過減	算荷醇味的香煙?	
AC175B	O	Yes1 是	
	•	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_C10'	How old were y	ou when you smoked your first whole cigarette?	
AC176	您首次吸完整支	泛香煙時是幾歲?	
ACI76	O	Age in years	[HR: 1 THRU AAGE (OR 105 IF AAGE = - 3)]
	O	REFUSED/DON'T KNOW3	~/ <u>1</u>
IF 'QA24_C3'		1_C11 ': ERY DAY) OR 'QA24_C3 ' = 2 (SMOKE SOME I 'QA24_C4 ' <= 365 DAYS OR 'QA24_C4 ' <= 52	

'QA24_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-		
	0	No2 否		
	O	REFUSED/DON'T KNOW3		
		_ C12 ': ERY DAY) OR 'QA24_C3 ' = 2 (SMOKE SOME	E DAYS), CONTINUE WITH	
'QA24_C12'		12 months, have you stopped smoking for on to quit smoking?	e 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?	
AC49	O	Yes1 是		
	O	No2 否	[GO TO 'QA24_C14']	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_C14']	
'QA24_C13'		o ask you about the last attempt you made to ong did you go without smoking a cigarette?	uit 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]	
	•	Weeks2 週	[HR: 0-52]	
	•	Months3 個月	[HR: 0-12]	
	O	Years4	[HR: 0-10]	
	O	REFUSED/DON'T KNOW3		
'QA24_C14'	In the past 12 n smoking?	nonths, did a doctor or other health profession	al 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?	
AUII	O	Yes1 是		
	0	だ No 2		

	0	否 REFUSED/DON'T KNOW3			
'QA24_C15'	Are you thinking about quitting smoking in the next six months?				
AC50	您是否在考慮在	在今後六個月內戒煙?			
71000	O	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
E-cigarette Use	е				
'QA24_C16'	Have you ever your lifetime?	used an e-cigarette or other electronic vaping pr	oduct, even just once in		
A C 0 4 C	您是否曾經使用	用過電子煙和其他電子煙產品,即使一生只用過一	- 次?		
AC81C	Do <u>not</u> include	products used only for marijuana.			
	不包括僅用於例	及大麻的產品。			
	O	Yes1 是			
	O	No2	[GO TO 'QA24_C28']		
	O	否 REFUSED/DON'T KNOW3	[GO TO 'QA24_C28']		
'QA24_C17'	In the past 30 vaping product	days, on how many days did you use an e-cigare	ette or other electronic		
AC92C	在過去 30 天內	日,您曾有多少天使用電子煙和其他電子煙產品?			
AC82C	O	Number of days 天	[HR: 0-30]		
	O	REFUSED/DON'T KNOW3			
'QA24_C18'	Were any of th	e e-cigarettes you used in flavors such as mint, f	ruit, candy, or wine?		
AC424	您使用的電子看	香煙中,是否有薄荷、水果,糖果或酒的口味?			
AC134	0	Yes1 是			
	O	No2 否	[GO TO 'PN_QA24_C27']		
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_C27']		
'QA24_C19'	Which flavor d	id you use in e-cigarettes or other electronic vapi	ng products? Was it		
	您使用過哪種口	口味的電子煙或其他電子煙產品?這類產品是否	?		

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)?			
	0	Yes	.1		
		是			
	O	No 否	.2 [GO TO 'PN_QA24_C27']		
	O	REFUSED/DON'T KNOW			
'QA24_C20'	Which flavor d	lid you use in e-cigarettes or other electronic v	vaping products? Was it		
AC180	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?		
	Candy or swe	et flavored (e.g., chocolate, vanilla)?			
	擁有糖果或甜味	味(例如:朱古力/巧克力、雲呢拿/香草等)	?		
	O	Yes 是	.1		
	O	No	.2		
	O	否 REFUSED/DON'T KNOW	-3		
'QA24_C21'	Which flavor d	lid you use in e-cigarettes or other electronic v	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?				
AC181	Alcohol or liquor flavored (e.g., wine, Russian cream, honey bourbon, cognac)?				
	擁有酒精或烈	酉味(例如:葡萄酒、俄羅斯忌廉、蜂蜜波旁原	威士忌、干邑等)?		
	O	Yes	.1		
	O	是 No	.2		
	O	台 REFUSED/DON'T KNOW	-3		
'QA24_C22'	Which flavor d	lid 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?這類產品是沒	否?		
AC182A	Mint flavored (e.g., arctic ice, wintergreen)?				
		例如:北極冰、、冬青油等)?			
	O	Yes	.1		
	Q	是 No	2		
	•	否			
	O	REFUSED/DON'T KNOW	-3		

'QA24_C23'	Which flavor did you use in e-cigarettes or other electronic vaping products? Was it			
	您使用過哪種口	口味的電子煙或其他電子煙產品?這類產品	是否?	
AC182B	Menthol flavor	ed?		
	擁有薄荷味?			
	O	Yes	1	
	O	是 No	2	
		否 REFUSED/DON'T KNOW		
	O			
'QA24_C24'	Which flavor d	id you use in e-cigarettes or other electror	ic vaping products? Was it	
AC183	您使用過哪種!	口味的電子煙或其他電子煙產品?這類產品	是否?	
A0100	Tobacco flavo	red?		
	擁有煙草口味'	?		
	O	Yes	1	
	O	是 No	2	
	O	否 REFUSED/DON'T KNOW	- 3	
'QA24_C25'	Which flavor d	id you use in e-cigarettes or other electror		
		¬味的電子煙或其他電子煙產品?這類產品		
AC184	心灰用迥哪裡	1外时电 1 烃级共恒电 1 烃度吅: 短规度吅	正白:	
	Some other fla	vor?		
	擁有其他口味'	?		
	O	Yes (Specify:)	1	
	O	是 (請註明:) No	2	
	O	否 REFUSED/DON'T KNOW	3	
PROGRAMMI	NG NOTE 'QA2	4 C26':		
	'=1 TO 30 CON			
'QA24_C26'		days, have you stopped using e-cigarettes ne day or longer because you were trying		
	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	O	Yes	1	

		是	
	•	No2	
		否	
	O	Not applicable3	
	O	不適用 REFUSED/DON'T KNOW3	
PROGRAMMIN IF 'QA24_C17' ELSE SKIP TO	> 0, THEN COI		
	_		
'QA24_C27'	Do you plan to	quit using e-cigarette or other electronic vaping	products for good?
_			_
	您是否計劃永久	入戒除電子煙或其他電子煙產品?	
AC185			
	O	In the next 30 days1 未來30日內	
	O	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	
	O	Do not have a plan to quit5	
	O	我沒有任何戒煙的打算 REFUSED/DON'T KNOW	
'QA24_C28'	During the pas snus?	t 30 days, on how many days did you use chewir	ng tobacco, snuff, or
AC135	在過去30天內	l,有多少天您曾使用過嚼用煙草、濕鼻烟粉、或睛	 竞鼻烟粉?
7.0.00	•	0 days1 0 天	[GO TO 'QA24_C30']
	•	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	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_C30']
'QA24_C29'	Were any of th	e chewing tobacco you used in flavors such as n	nint, fruit, candy, or wine?
AC42C	您使用過的嚼戶	用煙草中,是否有例如薄荷、水果,糖果或酒之類	的口味?
AC136	O	Yes1	

		是	
	•	No2	
	\circ	否 REFUSED/DON'T KNOW	
	•	REFUSED/DON I KNOW3	
'QA24_C30'	During the past	30 days, on how many days did you smoke cig	arillos, or little cigars?
AC137	在過去30天內	有多少天您曾抽過小雪茄?	
AOTO	•	0 days1 0 天	[GO TO 'QA24_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	
	O	30 days7 30 天	
	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_C32']
'QA24_C31'	Were any of the	e cigarillos you smoked in flavors such as mint,	fruit, candy, or wine?
AC420	您所抽過的小雪	就是否有例如薄荷、水菓、糖果或是酒之類的 C	1味?
AC138	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_C32'	During the past	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?	
	O	0 days1 0 天	[GO TO 'QA24_C34']
	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 20-29 days6 20~29 天	
	•	20-29 入 30 days7 30 天	

	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_C34']
'QA24_C33'	Were any of the	e cigars you smoked in flavors such as mint, fr	uit, candy, or wine?
AC140	您使用過的雪茄	i是否有例如薄荷、水菓、糖果或是酒之類的口	味?
AC 140	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_C34'	During the past	30 days, on how many days did you use a ho	okah 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 'QA24_C36']
	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	
	•	20-29 days6 20~29 天	
	•	30 days7 30 天	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_C36']
'QA24_C35'	Were any of the	e hookahs you smoked in flavors such as mint	, fruit, 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?
	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
IF 'QA24_C3'		5': _C5' > 0 OR 'QA24_C17' > 0 OR 'QA24_C28 _C34' > 1, CONTINUE WITH 'QA24_C36';	'' > 1 OR ' QA24_C30 ' > 1

ELSE GO TO '**QA24_C37**'

'QA24_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	
	•	是 No 否	2	
	O	REFUSED/DON'T KNOW	3	
'QA24_C37'	During the pa	st year, when has someone else smoke	d tobacco	or vaped around you in
AC187	在過去的一年	間,當您身處加州的時候,何時有人在悠	聚您周 圍吸	食香煙或電子煙產品?
	O	In the past week 過去一星期	1	
	•	In the past two weeks 過去兩星期	2	
	O	In the past month 過去一個月	3	[GO TO 'QA24_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	4	[GO TO 'QA24_C42']
	O	No one has smoked tobacco or vaped around me within the past year		[GO TO 'QA24_C42']
		過去一年間,沒有人曾在我周圍吸煙		
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA24_C42']
'QA24_C38'	In the past tw vapor	o weeks, were you exposed to secondha	and 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	二手煙裡?	
	O	Yes 是	1	
	O	No 否	2	
	O	REFUSED/DON'T KNOW	3	
'QA24_C39'	In the past tw vapor	o weeks, were you exposed to second h	and tobac	cco smoke or e-cigarette
AC 103	Inside your ho	ome?		
	過去兩星期,	您是否在自己家中暴露於煙草或電子煙的	力二手煙裡	?
	O	Yes 是	1	
	O	No	2	
	O	否 REFUSED/DON'T KNOW	3	

In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette

'QA24_C40'

AC190	vapor						
710.00			kplace (do no past two week		e-based workp	lace)?	Please indicate if you did
	過去兩星期場所) ?			所暴露於煙草 可工作,請註明		手煙裡	(請不要包括家居工作
	•		Yes 是			1	
	O		· —			2	
	O O			in the past two			
'QA24_C41'	In the past vapor	two \	weeks, were y	you exposed to	second hand	l tobaco	co smoke or e-cigarette
ACISI	At a public	park	or beach?				
	過去兩週,	您是	否暴露於公共	公園或海灘的	二手煙或電子烷	亜的環 均	竟裡?
	O		Yes 是			1	
	O		. —			2	
	O			ON'T KNOW.		3	
Marijuana Use							
'QA24_C42'	hashish, a	nd otl	her products o		C. Methods for		annabis weed, or ming these products,
AC115				稱大麻或大麻。吸食、蒸氣抽			有四氫大麻酚的產品。使 欠。
AOTTO	Have you	ever,	even once, tr	ied marijuana	or hashish in a	any forr	n?
	您曾否使用	月(即	使只是一次)	大麻或哈希什	?		
	O		Yes 是			1	
	O					2	[GO TO 'QA24_C57']
	O			ON'T KNOW.		3	[GO TO 'QA24_C57']
'QA24_C43'	How long h	nas it	been since ye	ou last used m	arijuana or ha	shish ir	n any form?
AC44C	自您上次使	戸用大	麻或哈希什起	!有多久了?			
AC116	If less than	one	day since las	t used marijua	na or hashish,	enter	0

AC119

	自從上次使用大麻或哈希什(hashish)至今,如果不足一天的時間,請輸入 0			
				
	•	Days1 天	[HR: 0-365]	
	O	Months2	[HR: 0-12]	
	O	月 Years3	[0-99]	
	O	年 REFUSED/DON'T KNOW3		
PROGRAMMI	NG NOTE 'QA24	C44'·		
IF 'QA24_C43'		_ >1 MONTH, THEN GO TO 'QA24_C57' ;		
'QA24_C44'	During the past THC product?	: 30 days, on how many days did you use mariju	ana, hashish, or another	
AC117	過去 30 天內,	您有多少天使用過大麻、哈希什或其他含有四氢	【大麻酚的 產 品?	
7.0111	•	0 days1 0 天	[GO TO 'QA24_C57']	
	•	1-2 days2 1~2 天		
	•	3-5 days3 3~5 天		
	0	6-9 days4 6~9 天		
	0	10-19 days5 10~19 天		
	O	20-29 days6 20~29 天		
	O	30 days7 30 天		
	O	REFUSED/DON'T KNOW3		
'QA24_C45'	How often have	e you used tobacco and marijuana at the same ti	me?	
A0440	您同時抽煙及抽	3大麻的頻率為何?		
AC118	•	Usually1 通常		
	•	Sometimes2 有時		
	O	Never3 從未		
	O	REFUSED/DON'T KNOW3		
'QA24_C46'	During the past	: 30 days, how did you use marijuana? Did you		
	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?				
	O	Yes1 是			
	O	No2			
	O	否 REFUSED/DON'T KNOW3			
'QA24_C47'	During the pas	t 30 days, how did you use marijuana? Did you…			
AC120	過去 30 天內,	您如何使用大麻?您曾否			
AC 120	Smoke part or	all of a cigar with marijuana in it, which is sometimes called a blunt?			
	吸食內含部分或	战全部大麻的雪茄(有時稱為小雪茄煙) ?			
	O	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA24_C48'	During the pas	t 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			
AUIZI	Eat it?				
	進食大麻?				
	For example, i	n brownies, cakes, cookies or candy			
	例如布朗尼、金	蛋糕、曲奇/餅乾或糖果形式			
	O	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA24_C49'	During the pas	t 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				
7.0.12	Drink it?				
	進飲大麻?				
	For example, i	n tea, cola, alcohol or other drinks			
	例如茶、可樂、	酒或其他飲品形式			

	•	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA24_C50'	During the pas	t 30 days, how did you use marijuana? Did you			
AC422	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, ii	n an e-cigarette type vaporizer			
	例如電子煙式素	<u> </u>			
	•	Yes1			
	O	是 No2			
	O	否 REFUSED/DON'T KNOW			
'QA24_C51'	During the pas	t 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, u	using butane hash oil, wax or concentrates			
	例如塗抹丁烷之	大麻油、蠟或精華			
	O	Yes1			
	O	是 No2 工			
	O	否 REFUSED/DON'T KNOW			
'QA24_C52'	During the pas	t 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			
AC123	Use it some ot	her way?			
	以其他方式使用	月大麻?			
	O	Yes1			
	•	是 No2			

		否	
	O	REFUSED/DON'T KNOW	-3
'QA24_C53'	Was <u>any</u> of yo health care pr	our marijuana use in the past month recomme ovider?	ended by a doctor or other
AC126	上月您使用大	麻,是醫生或其他醫護人員建議的嗎?	
A0120	O	Yes 是	1
	O	No 否	2 [GO TO 'QA24_C57']
	O	REFUSED/DON'T KNOW	-3
'QA24_C54'	Was <u>all</u> of you health care pr	r marijuana use in the past month recommer ovider?	nded by a doctor or other
AC127	上月您使用大	麻,是醫生或其他醫護人員建議的嗎?	
7.0.2.	•	Yes 是	1
	O	~ No 否	2
	•	REFUSED/DON'T KNOW	-3
IF 'QA24_C43 METHOD USI	ED IN 'QA24_C OPTIONS WHEF	24_C55': R >1 MONTH, THEN GO TO 'QA24_C57' IF I 46' –'QA24_C52' CONTINUE WITH 'QA24_ RE =1 FOR 'QA24_C46' – 'QA24_C52';	
'QA24_C55'	During the pa	st 30 days, how did you use marijuana or car	nnabis most often?
AC193	在過去的 30 月	天中,您最常是如何使用大麻的?	
	O	Smoke it in a joint, bong, or pipe用捲煙、煙槍或煙斗的方式吸食	1
	0	Smoke part or all of a cigar with marijuana in it 吸食部分或全部含有大麻的雪茄	2
	O	Eat it	3
	O	Drink it 飲用	4
	•	Vaporize it 霧化吸取	5
	O	Dab it 煙筒吸取	6
	O	Other, specify: 其他,請註明	91
	\circ	REFUSED/DON'T KNOW	-3

'QA24_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
~	u i	34

	Licensed cannabis dispensary 持牌大麻藥房	1
	Vape or smoke shop 電子煙或煙草專門店	2
	Another type of shop 其他商店	3
	Cannabis delivery service 大麻送貨服務	4
	Website 網站	5
	Pop-up shop 短期零售(Pop-up) 商店	6
	Family or friend 親友	7
	Another person 其他人	8
	I grow or make it myself 自己種植或製成	9
	Other, specify 其他,請註明	91
O	REFUSED/DON'T KNOW	3

'QA24_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	1
	過去一星期	
O	In the past two weeks	2
	過去兩星期	
O	In the past month	3
	過去一個月	
O	Longer than a month ago but	
	within the past year	4
	1個月或更久之前,但在過去一年內	
O	No one has smoked marijuana around	
	me within the past year	5
	過去一年間,沒人在我周圍吸食大麻	
\circ	REFLISED/DON'T KNOW	_3

CBD Use

'QA24_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.

AC198

Take it orally?

	Have you ever, even once, tried CBD in any form?		
	您曾否以任何	形式吸食 CBD?	
	O	Yes1	
	•	是 No2	[GO TO 'QA24_C70']
	O	否 REFUSED/DON'T KNOW3	[GO TO 'QA24_C70']
'QA24_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 or	ne day since last used CBD, enter 0	
	O	Days [HR: 0-365]1	
	•	天 Months [HR: 0-12]2 月	
	O	Years [0-99]3	
	O	REFUSED/DON'T KNOW3	
POST NOTE 'C		(NACADECCE) + (MONTUECC) + (DAN)	
IF CBDLASTUS		(YEAR*365) + (MONTH*30) + (DAY) O 'QA24_C70 '	
	SE > 30, GO T		or CBD product?
'QA24_C60'	SE > 30, GO To	O 'QA24_C70'	•
IF CBDLASTUS	SE > 30, GO To	o 'QA24_C70' st 30 days, on how many days did you use CBD o 日,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days1	•
'QA24_C60'	SE > 30, GO To During the pa 在過去的 30 I	o 'QA24_C70' st 30 days, on how many days did you use CBD c 日,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	•
'QA24_C60'	E > 30, GO To During the pa 在過去的 30 I	o 'QA24_C70' st 30 days, on how many days did you use CBD o 日,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?
'QA24_C60'	SE > 30, GO To During the pa 在過去的 30 I	o 'QA24_C70' st 30 days, on how many days did you use CBD o 用,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?
'QA24_C60'	SE > 30, GO To During the pa 在過去的 30 I	o 'QA24_C70' st 30 days, on how many days did you use CBD o 用,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?
'QA24_C60'	E > 30, GO To During the pa 在過去的 30 O O O O O O O O O	o 'QA24_C70' st 30 days, on how many days did you use CBD o 用,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?
'QA24_C60'	E > 30, GO To During the pa 在過去的 30 O O O O O O O O O O O O O	o 'QA24_C70' st 30 days, on how many days did you use CBD o 用,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?
'QA24_C60'	E > 30, GO To During the pa 在過去的 30 O O O O O O O O O O O O O	o 'QA24_C70' st 30 days, on how many days did you use CBD o 用,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?
'QA24_C60'	E > 30, GO To During the pa 在過去的 30 I	o 'QA24_C70' st 30 days, on how many days did you use CBD o 用,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?
'QA24_C60'	E > 30, GO To During the pa 在過去的 30 O O O O O O O O O O O O O	o 'QA24_C70' st 30 days, on how many days did you use CBD o 用,您有多少天有使用大麻二酚 (CBD) 或大麻二酚 0 days	· (CBD) 產品?

	For example, s	sublingual tinctures, pills, capsules, or drops			
	例如:舌下酊劑	劑、藥丸、膠囊、滴劑等			
	O	Yes1 是			
	O	No2			
	O	否 REFUSED/DON'T KNOW			
'QA24_C62'	Did you				
AC199	您是否將其進貨	全?			
A0133	Eat it?				
	For example, e	edibles, like cookies or gummies			
	例如:加入茶菜	質或汽水中			
	O	Yes1			
	O	是 No2			
	O	否 REFUSED/DON'T KNOW3			
'QA24_C63'	Did you				
	您是否將其飲用?				
AC200	Drink it?				
	For example, i	n a tea or soda			
	例如:加入茶菜	質或汽水中			
	O	Yes1 是			
	O	No2 否			
	O	REFUSED/DON'T KNOW3			
'QA24_C64'	Did you				
AC201	您是否將其塗在皮膚上?				
710201	apply it on your skin?				
	For example, i	n a cream, lotion, or oil that is applied to the skir	1.		
	例如: 塗在皮膚	膏上的乳霜、乳液或油之中			
	\circ	Vec 1			

	o	是 No2 否 REFUSED/DON'T KNOW
'QA24_C65'	Did you	
	您是否將其吸	入?
AC202	Smoke it?	
	For example,	in a joint, bong, cigar (blunt), or pipe
	例如:用捲煙	<i>「一大麻煙捲、煙槍或煙斗的方式吸入</i>
	O	Yes1
	O	是 No2 否
	O	台 REFUSED/DON'T KNOW
'QA24_C66'	Did you	
40000	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	
	O	REFUSED/DON'T KNOW3
'QA24_C67'	Did you	
	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 是
	O	No2
	O	否 REFUSED/DON'T KNOW

'QA24_C68'	Did you	
AC205	您是否以其他为	5式使用?
AC205	use it some oth	ner way?
	O	Yes, specify:()1 是(請註明:)
	O	No2 否
	O	REFUSED/DON'T KNOW3
IF USED MOR	ONLY RESPON	I_C69': HOD USED IN 'QA24_C61' - 'QA24_C68' CONTINUE WITH 'QA24_C69' ISE OPTIONS WHERE 'QA24_C61' - 'QA24_C68' = 1;
'QA24_C69'	During the past	t 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
	O	Eat it2 食用
	O	Drink it3 飲用
	0	Apply it on your skin3 塗在自己的皮膚上
	0	Smoke it
	0	Vaporize it5 霧化吸取
	0	Dab it
	0	Use it another way
'QA24_C70'	O Have you used	REFUSED/DON'T KNOW3 heroin in the past 12 months?
Q. 1 <u> </u>	•	,您曾否使用海洛英?
AC128	O	Yes1
	•	是 No2
	•	否 REFUSED/DON'T KNOW
'QA24_C71'	Have you used	methamphetamines in the past 12 months?
	在過去 12 個月	內您是否使用過甲基安非他命?
AC166		

	O	Yes 是	1	
	•	No 否	2	
	•	REFUSED/DON'T KNOW	3	
Prescription pa	inkiller Use			
'QA24_C72'	Percocet® and	escription painkillers are Vicodin®, OxyCor Methadone. Have you used prescription pa e include prescription painkillers, whether o	ainkille	rs in the past 12
AC215	Hydrocodone)	「(Vicodin)、奧施康定(OxyContin)、而、波考賽特(Percocet)、以及美沙冬(M 表方止痛藥?請包括所有處方止痛藥,無論其	ethad	one)。您是否在過去 12
A0210	•	Yes 是	1	
	•	No 否	2	[GO TO 'QA24_C78']
	•	REFUSED/DON'T KNOW	3	[GO TO 'QA24_C78']
'QA24_C73'	Think about the this prescription	e prescription painkiller you took in the last on painkiller?	12 moı	nths. Why did you take
AC222	請想想您在過去	£ 12 個月內服用過的處方止痛藥,您為何服	用這種	虚方止痛藥?
AUZZZ	Check all that a	apply.		
		Dental work/dental pain 牙科治療/牙痛	1	
		Pain after surgery, not accident related 外科手術後出現的疼痛,無關意外事故	2	
		Pain after an accident or injury	3	
		Chronic pain, regardless of cause	4	
		慢性疼痛,無論原因為何 Recreational use	5	
		娛樂性用途 Depression, anxiety, or stress	6	
		憂鬱、焦慮或壓力 To treat substance use disorder 用於治療藥物使用障礙	7	
		Addiction to painkillers	8	
		對止痛藥上癮 Other (Specify)	91	
	O	其他(請註明) REFUSED/DON'T KNOW	3	

'QA24_C74'	Think about the from?	e prescription painkiller you took in the last 12 months. Where did you get it		
AC217	請想想您在過去	12個月內服用過的處方止痛藥,您是在哪裡獲取這種處方止痛藥的?		
713211	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)2 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 'QA24 ' = 1 CONTINUE ' 'QA24_C78'			
'QA24_C75'	•	nonths, have you used any prescription painkiller in a way that did not tor's directions?		
A 0.400	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 prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and 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		
	•	No2 [GO TO 'QA24_C78'] 否		
	•	REFUSED/DON'T KNOW3		
'QA24_C76'	Did you get the	prescription(s) from one doctor or from more than one doctor?		
AC131	您有否獲一位或	这多位醫生處方?		
	O	One doctor1 一位醫生		
	O	More than one doctor2 多於一位醫生		
	•	Didn't get it from a doctor3 沒有從醫生那裡取得		
	•	REFUSED/DON'T KNOW3		
'QA24_C77'	What condition	or conditions have you taken the medicine for?		

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: REFUSED/DON'T KNOW.....-3 0 Alcohol Use 'QA24_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。 O Yes.....1 是 No......2 0 [GO TO 'QA24_C83'] REFUSED/DON'T KNOW.....-3 O [GO TO 'QA24_C83'] 'QA24 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

•	Within the past 30 days1 在過去 30 天內	
•	More than 30 days ago, but within the past 12 months2 多於 30 天而少於 12 個月	[GO TO 'QA24_C83']
0	More than 12 months ago3 超過 12 個月前	[GO TO 'QA24_C83']
\mathbf{O}	REFUSED/DON'T KNOW3	[GO TO 'QA24_C83']

'QA24_C80' Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

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

AC209		ions a drink means a can or bot r sherry; a shot of liquor or a mi		
		的一份飲品是指一罐或一樽啤酒 合飲品或雞尾酒。	;冰鎮果酒或一杯餐	葡萄酒、香檳或雪利酒;
	O	Number of days 天數		[RANGE 1-30]
	O	REFUSED/DON'T KNOW	3	
'QA24_C81'	have each day	at you drank during the past 30 ? Count as a drink a can or bot r sherry; a shot of liquor or a mi	tle of beer; a wine	cooler or a glass of wine,
AC210		,如果您曾喝過酒,您每天通常 真果酒或一杯葡萄酒、香檳或雪		
ACZIO	O	Number of drinks 酒精飲品數量 REFUSED/DON'T KNOW	3	[SR: 1-20, HR: 0-99]
IF 'QA24_A5'		4_C82': LAY "4 or more"; I DISPLAY "5 or more"		
'QA24_C82'		et 30 days, on how many days d n? By 'occasion,' we mean at th		
AC211	在過去的 30 日	1,您有多少天在同一場合喝過。	1 份或以上 5 份或以	以上份或以上的酒精飲品
ACZII	0	Number of days 天數 REFUSED/DON'T KNOW	3	[RANGE: 0-30]
Gambling				
'QA24_C83'	take many forr	n activity where you bet (or plac ns for example, casino games, r leagues, bingo, loteria, and so	playing the lottery	or scratch-offs, betting on
		對不確定的結果下注的活動。賭 投注體育比賽、賓果遊戲、墨西		
AC218	Have you gam	bled in the past 12 months?		
	您是否在過去	12個月內賭博過?		
	0	Yes 是	1	

	O	No2	[GO TO 'QA24_GV1']
	O	否 REFUSED/DON'T KNOW3	[GO TO 'QA24_GV1']
'QA24_C84'	During the past stop/ cut down	12 months, have you become restless, irritable on gambling?	or anxious when trying to
AC219	過去 12 個月內	您是否在嘗試停止賭博/減少賭博次數時變得煩	躁、易怒或焦慮?
A0219		laying the lottery, buying scratch offs, playing bin cards on line, betting on sports.	go, playing casino games,
	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
	O	Yes1 是	
	O	No2	
	O	否 REFUSED/DON'T KNOW3	
'QA24_C85'	During the past much you gamb	12 months, have you tried to keep your family or ble?	friends from knowing how
A 0000	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	數?
AC220	O	Yes1 是	
	O	No2	
	O	否 REFUSED/DON'T KNOW3	
'QA24_C86'	• .	12 months, did you have such financial trouble a get help with living expenses from family, friends	
	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	•	Yes1	
	O	是 No2 否	
	O	REFUSED/DON'T KNOW3	

Section GV: Gun Violence

QA24_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. I outdoor storage area, or motor vehicle. Do not count BE cannot fire.	
	包括存放在車庫、室外儲存區域或車輛中的槍械。請不要的槍。	E包括 BB 槍、起步槍或無法射擊
	We are asking about firearms in a health survey because related injuries.	se of 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	鬥對槍支相關傷害感興趣。
	Number of firearms [0- 槍械數目	'QA24_GV5'] [IF 'QA24_GV1'= 1, GO TO 'QA24_GV3'] [IF 'QA24_GV1'> 1, GO TO
	O REFUSED/DON'T KNOW	'QA24_GV2'] 3
QA24_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- 手槍數目 O REFUSED/DON'T KNOW	'QA24_GV4']
QA24_GV3'	Is that firearm a handgun?	
AGV3	槍械是手槍嗎?	
<u></u>	O Yes 是 O No 否 O REFUSED/DON'T KNOW	2
QA24_GV4'	Are any of your firearms kept loaded and unlocked?	
AG\/0	您是否有任何槍械已裝填彈藥且未鎖定?	
AGV9	Unlocked means not using a trigger lock, cable lock, or	lock box or cabinet/container.

	未鎖定係指未依		槍櫃/保險櫃。
	•	Yes 是	1
	•	No 否	2
	•	REFUSED/DON'T KNOW	3
PROGRAMMIN IF AGE < 21 YE ELSE GO TO 'S	EARS THEN CO	_	
'QA24_GV5'	If you wanted a	a firearm, do you think you would be	e able to get one within 2 days?
AGV8	您是否認為想象	要的話,自己可以在兩天內就能拿到	槍械?
7.000	•	Yes 是	1
	O	No 否	2
	\circ	DEELIGED/DON'T KNOW	2

Section D: General Health, Disability, and Sexual Health

Height and Weight 'QA24_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 'QA24 D2': **DISPLAY INSTRUCTIONS:** IF 'AD65D' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'QA24 A4' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how"; ELSE DISPLAY "How" 'QA24_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 Kilograms 公斤 O REFUSED/DON'T KNOW-3 Disability 'QA24 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 O No......2 [GO TO 'QA24_D5'] REFUSED/DON'T KNOW.....-3

[GO TO 'QA24_D5']

0

'QA24_D4'	Are you legally	blind?	
	您是不是法律認	图可的盲人?	
AL8	•	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA24_D5'		hysical, mental, or emotional condition, do you have serious difficemembering, or making decisions?	culty
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?	
	•	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA24_D6'	Do you have di	fficulty dressing or bathing?	
AL11	您是否在穿衣或	文洗澡方面有困難?	
	•	Yes1 是	
	0	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA24_D7'		hysical, mental, or emotional condition, do you have difficulty doi such as visiting a doctor's office or shopping?	ing
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?	
7.2.2	O	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
Sexual Partners	s		
'QA24_D8'	We are asking kept private.	a few questions about people's sexual experiences. All answers	will be
AD 42D	我們會提出幾個	固有關性經歷的問題。所有的答案都會予以保密。	
AD43B	In the past 12 r	months, how many sexual partners have you had?	
	在過去十二個月	中,您有過幾位性伴侶?	

		Number of partners [HR: 0-99, SR: 0-20]	[IF 'QA24_D8'>=0 GO TO
	•	位伴侣 REFUSED/DON'T KNOW3	'PN_QA24_D10'] [IF 'QA24_D8'>=0 GO TO 'PN_QA24_D9']
'QA24_D9'	Can you give r past 12 months	ne your best guess of the number of sexual partr <u>s</u> ?	ners you have had <u>in the</u>
	您能不能儘量信	片計有幾個人?	
AD44B			
		Number of partners 位伴侶	[HR: 0 - 99, SR: 0 - 20]
	OR		
	•	0 partners1 0 位伴侣	
	O	1 partner2 1 位伴侶	
	•	2-3 partners3 2-3 位伴侣	
	•	4-5 partners4 4-5 位伴侶	
	O	6-10 partners5	
	O	6-10 位伴侣 More than 10 partners6 超過 10 位伴侶	
	O	思聞 10 位件位 REFUSED/DON'T KNOW3	
Sexual Orienta	tion		
IF ' QA24_D8 ' PROGRAMMI	NG NOTE 'QA24 = 0 (NO SEXUA NG NOTE 'QA24 IUE WITH 'QA24	L PARTNERS IN LAST 12 MONTHS) OR 'AD44 1_D11' ;	' = 0, GO TO
DISPLAY INST		= 1 (ONE PARTNER IN LAST 12 MONTHS), DIS	SPLAY "Is that partner
male or female	.,	months, have your sexual partners been male, f	·
'QA24_D10'		male or female/In the past 12 months, have you or both male and female}?	r sexual partners been
	{您的性伴侶是 又有女}?	男性還是女性/在過去十二個月中,您的性伴侶是	男性、女性還是既有男性
AD45B	•	Male1 男性	
	O	Female2 女性	
	O	Both male and female3 男性和女性皆有	
	•	REFUSED/DON'T KNOW3	

'QA24_D11'	Which of the fo	llowing best represents how you think of yourse	If?
AD46C	您認為自己是		
	O	Lesbian or Gay2 女同性戀或男同性戀	
	•	Straight, that is, not lesbian or gay1 異性戀,非女同性戀或男同性戀	
	•	Bisexual or pansexual6 雙性戀或泛性戀	
	0	I use a different term: ()7 我使用其他術語(請註明)	
	•	Don't know8 不清楚	
	•	Prefer not to answer9 不願作答	
	•	REFUSED3	
Registered Dor	nestic Partner		
IF ['QA24_A6' (IDENTIFIES A	S FÈMALE) ANI JE WITH 'QA24 _	S AS MALE) AND 'QA24_D10' = 1 (MALE)] OR D 'QA24_D10' = 2 (FEMALE)] OR ['QA24_D10'	
'QA24_D12'	Are you legally	married to someone of the same sex?	
ADCOR	您是否與同性別]的人合法登記結婚?	
AD60B	Do not include in California an	legal domestic partnership. Include legal same s d other states	sex marriages performed
	不包括合法的同性婚姻(same-	团居伴侣關係(domestic partnership)。包括在汉 sex marriage)	加州和其他州履行的合法同
	O	Yes1 是	[GO TO 'PN_QA24_D14']
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA24_D13'	Are you recogn someone of the	ized by the state of California as a legally regist e same sex?	ered domestic partner to
AD61B	您與同性別的人	、合法登記為同居伴侶是否獲得加利福尼亞州政府	f的認可?
, <u>.</u>	O	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	

IF ['QA24_A5' = 1 OR 'QA24_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'QA24_D10'

PROGRAMMING NOTE 'QA24_D14':

Pre-Exposure Prophylaxis

'QA24_DÌ4' ; ELSE IF ('QA2		S MALE OR BOTH FEMALE AND MALE), THEN 'QA24_A5' = 1) OR ('QA24_A6' = 1 AND 'QA24	
ELSE IF 'QA24	!_A6 ' = 3 (IDEN !_A6 ' = 1 AND '	, TIFIES AS TRANSGENDER), THEN CONTINUI QA24_D11'= 2 OR 6, THEN CONTINUE WITH '	
'QA24_D14'		o not have HIV can take one pill a day to lower th oposure prophylaxis, or PrEP. The pill is also call	
AD79		(人類免疫缺乏病毒)的人可每天服用一粒藥丸, b性用藥或 PrEP ,而藥丸亦稱為特魯瓦達(Truv	
ADIO	At any time in t	the past 30 days, have you taken PrEP or Truvac	da®?
	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 'QA24_D18']
	O	是 No2	
	O	否 REFUSED/DON'T KNOW	
'QA24_D15'	In the past 12	months, have you taken any PrEP or Truvada®?	
	過去 12 個月內	」,您曾否服用任何預防性用藥或特魯瓦達?	
AD80	•	Yes1	[GO TO 'QA24_D18']
	O	是 No2	
	O	否 REFUSED/DON'T KNOW3	
'QA24_D16'	Have you ever	taken any PrEP or Truvada®?	
	您有否試過服月	月任何預防性用藥或特魯瓦達?	
AD81	•	Yes1 是	[GO TO 'QA24_D18']
	O	No2	
	•	否 REFUSED/DON'T KNOW	
'QA24_D17'	Before today, h	nave you ever heard of PrEP or Truvada®?	
	今天前,您有否	S聽過預防性用藥或特魯瓦達?	
AD82	O	Yes1	

		是	
	O	No2	
	O	否 REFUSED/DON'T KNOW	
HIV Testing			
'QA24_D18'	Have you eve	r 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?	
	O	Yes1 是	
	O	No2 否	[GO TO 'QA24_D20']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_D20']
'QA24_D19'	For your most	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	京求接受測試?
	O	I was offered the test1 我曾接受測試	[GO TO 'PN_QA24_F1']
	0	I asked for the test2 我曾要求測試	[GO TO 'PN_QA24_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_QA24_F1']
	O	Other (Specify:)91 其他(請詳述:)	[GO TO 'PN_QA24_F1']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_F1']
'QA24_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	
	O	^死 No2 否	
	•	REFUSED/DON'T KNOW3	

Section F: Mental Health

K6 Mental Health Assessment

'QA24_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?

	在過去30天內,	您大約每隔多久會感到…緊張不安?
	•	All of the time1
	•	Most of the time2 大部分時候
	O	Some of the time3 有些時候
	O	A little of the time
	O	None of the time5 從未
	O	REFUSED/DON'T KNOW3
'QA24_F2'	hopeless?	
AJ30	感到毫無希望?	
7.000	O	All of the time1
	O	Most of the time2 大部分時候
	O	Some of the time3 有些時候
	•	A little of the time4 少量時候
	O	None of the time5 從未
	O	REFUSED/DON'T KNOW3
'QA24_F3'	restless or fic	lgety?
AJ31	不安或煩躁?	
A331	O	All of the time1
	O	Most of the time
	•	Some of the time3 有些時候
	O	A little of the time4

		少量時候
	•	None of the time5
	O	從未 REFUSED/DON'T KNOW3
	_	
'QA24_F4'	so depressed	I that nothing could cheer you up?
A 122	非常壓抑以致任	何事情都無法讓您高興起來?
AJ32	O	All of the time1 總是
	O	Most of the time2 大部分時候
	•	Some of the time3 有些時候
	•	A little of the time
	•	None of the time5 從未
	O	REFUSED/DON'T KNOW3
'QA24_F5'	that everythin	ng was an effort?
AJ33	做每件事都很費	力?
	•	All of the time
	O	Most of the time2 大部分時候
	O	Some of the time3 有些時候
	•	A little of the time
	O	None of the time5 從未
	O	REFUSED/DON'T KNOW3
'QA24_F6'	worthless?	
AJ34	自己毫無用處?	
	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 time
	O	None of the time
	O	REFUSED/DON'T KNOW3

不安或煩躁?

Repeated K6

'QA24_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	月中,是否曾經有任何一個月這種感覺出現的頻率	率比過去 30 天更頻繁?		
	•	Yes1			
	O	是 No2 否	[GO TO 'QA24_F14']		
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_F14']		
'QA24_F8'	The next quest your worst emo	tions are about the one month in the past 12 month	onths when you were at		
AF63	以下是有關在過	過去十二個月中你的精神狀態最差的一個月的問題	道 。		
AF63	During that same month, how often did you feelnervous?				
	在那個月中, 你	京感到精神緊張的頻率有多高?			
	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			
	O	REFUSED/DON'T KNOW3			
'QA24_F9'	hopeless?				
AF64	感到毫無希望?				
	•	All of the time1 總是			
	O	Most of the time2 大部分時候			
	0	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			
'QA24_F10'	restless or fidgety?				

AF65			
	•	All of the time	1
		總是	2
	•	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	4
	O	少量時候 None of the time	5
	O	從未 REFUSED/DON'T KNOW	3
'QA24_F11'	so depressed	that nothing could cheer you up?	
	非常壓抑以致任	何事情都無法讓您高興起來?	
AF66			
	•	All of the time 總是	1
	O	Most of the time	2
	Q	大部分時候 Some of the time	2
	•	有些時候	o
	•	A little of the time	4
		少量時候	_
	O	None of the time從未	5
	O	REFUSED/DON'T KNOW	3
'QA24_F12'	that everythi	ng was an effort?	
AFC7	做每件事都很費	力?	
AF67	•	All of the time	1
	Q	總是 Most of the time	2
	•	大部分時候	∠
	O	Some of the time	3
		有些時候	
	0	A little of the time 少量時候	4
	O	None of the time從未	5
	O	REFUSED/DON'T KNOW	3
'QA24_F13'	worthless?		
AF68	自己毫無用處?		
7 00	•	All of the time 總是	1
	O	Most of the time 大部分時候	2

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

Sheehan Scale

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PROGRAMMING NOTE 'QA24 F14':
IF 'QA24 F1'-'QA24 F6' > 0 THEN,
IF 'QA24_F1'-'QA24_F6' = 1 THEN 'QA24_F1' R-'QA24_F6' R = 4;
ELSE IF 'QA24 F1'-'QA24 F6' = 2 THEN 'QA24 F1' R-'QA24 F6' R = 3;
ELSE IF 'QA24 F1'-'QA24 F6' = 3 THEN 'QA24 F1' R-'QA24 F6' R = 2;
ELSE IF 'QA24_F1'-'QA24_F6' = 4 THEN 'QA24_F1' R-'QA24_F6' R = 1;
ELSE IF 'QA24 F1'-'QA24 F6' = 5 THEN 'QA24 F1' R-'QA24 F6' R = 0;
ELSE 'QA24_F1'_R-'QA24_F6'-R = 'QA24_F1'-'QA24_F6';
IF 'QA24_F8'-'QA24_F13' > 0 THEN,
IF 'QA24 F8'-'QA24 F13' = 1 THEN 'QA24 F8' R-'QA24 F13' R = 4;
ELSE IF 'QA24 F8'-'QA24 F13' = 2 THEN 'QA24 F8' R-'QA24 F13' R = 3;
ELSE IF 'QA24 F8'-'QA24 F13' = 3 THEN 'QA24 F8' R-'QA24 F13' R = 2;
ELSE IF 'QA24_F8'-'QA24_F13' = 4 THEN 'QA24_F8'_R-'QA24_F13'_R = 1;
ELSE IF 'QA24 F8'-'QA24 F13' = 5 THEN 'QA24 F8' R-'QA24 F13' R = 0;
ELSE 'QA24_F8' R-'QA24_F13' R = 'QA24_F8'-'QA24_F13';
IF ('QA24 F1' R - 'QA24 F6' R) >= 0 (NON-MISSING) THEN DO;
IF ('QA24_F1' R + 'QA24_F2' R + 'QA24_F3' R + 'QA24_F4' R + 'QA24_F5' R + 'QA24_F6' R) > 8
OR
('QA24_F8'_R + 'QA24_F9'_R + 'QA24_F10'_R + 'QA24_F11'_R + 'QA24_F12'_R + 'QA24_F13'_R) >
8, THEN CONTINUE WITH 'QA24 F15' INTRO;
IF ('QA24 F8' R - 'QA24 F13' R) 7 OR
('QA24 F8' R+ 'QA24 F9' R+ 'QA24 F10' R+ 'QA24 F11' R+ 'QA24 F12' R+ 'QA24 F13' R)>
7, THEN CONTINUE WITH 'QA24_F15' INTRO;
IF 'QA24 F7' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'QA24 F20';
```

'QA24_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

```
PROGRAMMING NOTE 'QA24_F15':
IF AGE > 70 GO TO 'QA24_F16';
ELSE CONTINUE WITH 'QA24_F15';
```

'QA24_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

	O	Some
	O	Not at all 3 毫不
	O	I do not work
	O	REFUSED/DON'T KNOW3
'QA24_F16'	Did your emot	ions interfere a lot, some, or not at all with your household chores?
AF70B	您的情緒對您你	故家務是影響很大、有一些影響還是根本沒有影響?
	O	A lot1 大量
	O	Some 2 有些
	O	Not at all 3 毫不
	O	REFUSED/DON'T KNOW3
'QA24_F17'	Did your emot	ions 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?
	•	A lot1 大量
	O	Some 2 有些
	O	Not at all 3 毫不
	•	REFUSED/DON'T KNOW3
'QA24_F18'	Did your emot and family?	ions interfere a lot, some, or not at all with your relationship with friends
AF72B	您的情緒對您與	與朋友及家人的關係是影響很大、有一些影響還是根本沒有影響?
	O	A lot1 大量
	O	Some 2 有些
	O	Not at all 3 毫不
	O	REFUSED/DON'T KNOW3
'QA24_F19'	were you total	ut the past 12 months. About how many days out of the past 365 days by 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

	O	REFUSED/DON'T KNOW	3	
Access & Utiliza	ation			
'QA24_F20'		a time during the past 12 months when your snal 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	O	Yes 是	1	
	O	No	2	[GO TO 'QA24_F22']
	O	否 REFUSED/DON'T KNOW	3	[GO TO 'QA24_F22']
'QA24_F21'	Does your insu psychologist or	rance cover treatment for mental health pr psychiatrist?	oblems	s, such as visits to a
AJ1	您的保險是否為	為精神健康疾病治療提供保賠?例如,心理學	學家或料	青神病學家門診。
AUT	O	Yes	1	
	O	是 No	2	
	O	否 Don't have insurance REFUSED/DON'T KNOW		
'QA24_F22'		nonths have you seen your primary care p ith your mental health, emotions, nerves, c		
	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、 正或全科醫生?	,神經、	酗酒或吸毒的問題約見
AF74	O	Yes	1	
	O	是 No	2	
	•	否 REFUSED/DON'T KNOW	3	
'QA24_F23'		nonths have you seen any other professio social worker for problems with your ment ohol or drugs?		
		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1		
AF75	O	Yes	1	
	O	是 No 否	2	

	O	REFUSED/DON'T KNOW3	
		24_F24': _F23'= 1, THEN CONTINUE;	
'QA24_F24'		our problems with mental health, emotions, nerve ast 12 months. Did you receive care from an in-p t?	
		去 12 個月內出現的精神健康、情緒、神經問題或面就診、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 'QA24_F25']
		Video visit2 視像就診	[GO TO 'QA24_F26']
		Telephone visit3 電話就診	[GO TO 'QA24_F27']
	0	No	[GO TO 'PN_QA24_F28']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_F28']
'QA24_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?	
	0	Very satisfied1 非常滿意	
	0	Somewhat satisfied	
	O	Somewhat dissatisfied3 較不滿意 Very dissatisfied4	
	•	非常不滿意 REFUSED/DON'T KNOW3	
'QA24_F26'	How satisfied	are you with the video visit?	
A5440	您對透過視像	就診獲得的護理滿意程度為何?	
AF116	•	Very satisfied1 非常滿意	
	•	Somewhat satisfied2 較滿意	
	O	Somewhat dissatisfied3 較不滿意	
	•	Very dissatisfied4 非常不滿意	
	O	REFUSED/DON'T KNOW3	

'QA24_F27'	How satisfied are you with the telephone visit?			
A5447	您對透過電話就	比診獲得的護理滿意程度為何?		
AF117	O	Very satisfied1		
	•	非常滿意 Somewhat satisfied2		
	•	較滿意 Somewhat dissatisfied3		
	•	較不滿意 Very dissatisfied4		
	•	非常不滿意 REFUSED/DON'T KNOW		
PROGRAMMIN	NG NOTE 'QA24	1 F28':		
	= 1 OR 'QA24_	F23' = 1 THEN CONTINUE WITH 'QA24_F28' ;		
'QA24_F28'	Did you seek h	elp for your mental or emotional health <u>or</u> for an a	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?		
74.70	•	Mental-emotional health1 心理—情緒健康		
	•	Alcohol-drug problem2 酗酒—吸毒問題		
	•	Both mental and alcohol-drug problems3 心理及酗酒—吸毒問題皆有		
	•	REFUSED/DON'T KNOW3		
	NG NOTE 'QA24 = 1, display: "me	I_F29': ental or emotional health";		
IF 'QA24_F28'	= 2, display: "us	e of alcohol or drugs"; ental or emotional health and your use of alcohol	or drugs";	
ELSE SKIP TO		<u> </u>		
'QA24_F29'	your {mental or	months, how many visits did you make to a profest emotional health/use of alcohol or drugs/mental ohol or drugs}? Do not count overnight hospital s	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	
AFTT		Number of visits	[HR:0-365, SR:0-52]	
	•			
'QA24_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	?	
Ail	O	Yes1	[GO TO 'QA24_F33']	

		是	
	•	No2	
	•	否 REFUSED/DON'T KNOW3	[GO TO 'QA24_F33']
'QA24_F31'	Did you comp	lete the recommended full course of treatment?	
AF79	您是否已經完	成了建議的全部療程?	
AF/9	•	Yes1 是	[GO TO 'QA24_F33']
	•	No2 否	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_F33']
'QA24_F32'	What is the <u>m</u>	ain reason you are no longer receiving treatment?)
AF80	您不再接受治	療的主要原因是什麼?	
Aioo	•	Got better/ no longer needed treatment1 狀況好轉/不再需要了	
	•	Not getting better2 狀況沒有好轉	
	•	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	
	•	Lack of time or transportation5 缺乏時間/交通工具	
	•	Too expensive6 太過昂貴	
	•	Insurance does not cover7 保險不保	
	•	Other (Specify:)91 其他(請詳述:)	
	•	REFUSED/DON'T KNOW3	
'QA24_F33'		st 12 months, did you take any prescription medic it or sedative, almost daily for two weeks or more, lem?	
		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	•	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
Stigma			

PROGRAMING NOTE 'QA24_F34':

_	CONTINUE WI	TH 'QA24_F34';
'QA24_F34'		e 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 professional.
AF82		感到需要尋求幫助時沒有尋求幫助的一些原因。請對以下每一項陳述回答「 說明您沒有約見專業人員的原因。
AF02	You were con-	cerned about the cost of treatment.
	您擔心治療的	費用。
	•	Yes1
	•	是 No2
	0	否 REFUSED/DON'T KNOW
'QA24_F35'	You did not fe	el comfortable talking with a professional about your personal problems.
	您與專業人員	談論自己的個人問題感到不自在。
AF83	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
'QA24_F36'	You were con-	cerned 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。
1	•	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
'QA24_F37'	You had a har	d time getting an appointment.
AF85	您在預約時遇:	到了困難。
Ai 00	•	Yes1 是
	O	No2 否
	•	REFUSED/DON'T KNOW3

Climate Chang	le			
		I_F38': CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS		
'QA24_F38'	Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires, to prevent a wildfire.			
AF110B	在加州,與天氣相關的潛在危險事件發生頻率正在上升。其中包括極端熱浪、洪水、野火、野火產生的煙霧。			
AFTIUB	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		
	O	No2 否		
	O	REFUSED/DON'T KNOW3		
'QA24_F39'	Wildfire?			
A54400	野火?			
AF110C	•	Yes1 是		
	O	No2 否		
	0	REFUSED/DON'T KNOW3		
'QA24_F40'	Smoke fro	m wildfire?		
A5440D	野火產生的	煙霧?		
AF110D	•	Yes1 是		
	O	No2 否		
	O	REFUSED/DON'T KNOW3		
'QA24_F41'	Flood/rising	g sea levels/mudslide?		
AF110E	洪水/海平面	ī上升/山泥傾瀉?		

O

 \mathbf{O}

否

Yes.....1

No.....2

	•	REFUSED/DON'T KNOW3
IF ADULTONT PHYSICAL HEA IF 'QA24_F38' 'QA24_F39' = OR 'QA24_F40' OR 'QA24_F40'	ALTH OF MEME = 1 THEN CON 1 THEN CONTIN 2 = 1 THEN CONTIN 3 = 1, THEN CONTIN 4 = 1, THEN CONTINE 4 THEN CONTINE 6 THEN CONTINE	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 NTINUE AND DISPLAY, "Yes, from flooding"
'QA24_F42'	Was your phys by any of these	ical health {or the physical health of members of your household} harmed events?
AF111B	您的身體健康{項	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?
ALTID		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
	O	REFUSED/DON'T KNOW3
IF ADULTCNT HEALTH OF M IF 'QA24_F38' 'QA24_F39' = 'QA24_F40' = 1 'QA24_F41' = '	EMBERS OF YOU = 1 THEN CONTINE 1 THEN CONTINE THEN CONTINE 1, THEN CONTINE LAY 'Not application	CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL DUR HOUSEHOLD" TINUE AND DISPLAY "Yes, from extreme heat waves', OR NUE AND DISPLAY "Yes, from wildfire" OR NUE AND DISPLAY, "Yes, from smoke from wildfires" OR NUE AND DISPLAY, "Yes, from flooding"
'QA24_F43'	Was your ment any of these ev	al health {or the mental health of members of your household} harmed by rents?
AF112B	您的心理健康{	或您家庭成員的心理健康}情況在這些事件中有受到傷害嗎?
		Yes, from extreme heat waves1 是,極端熱浪
		Yes, from flooding2 是,洪水
	П	Ves from wildfires 3

是,野火

		Yes, from smoke from wildfires4
		是,野火產生的煙霧
	O	Not Applicable5
		不適用
	O	REFUSED/DON'T KNOW3
	NG NOTE AF11	
	= 1 CONTINUE	
ELSE SKIP IC	PROGRAMMIN	NG NOTE 'QA24_G1' IN 'SECTION G'
'QA24_F44'	When you exp provided filtere	erienced wildfire smoke in your community, did you access a space that ed air?
AF118	當您在社區中過	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.)
	O	正、尚未建衆(尚物、电於忱寺)No5否
	O	Not applicable6 不適用
	O	REFUSED/DON'T KNOW3

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'QA24_G1':

DISPLAY INSTRUCTIONS:

IF CHILD INTERVIEW COMPLETED AND 'QA24_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 'QA24_A38' = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

'QA24_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 'QA24 G2':

IF CHILD INTERVIEW COMPLETED AND 'QA24_A38'=1, MARK 'QA24_G2'= 'CH11' AND GO TO 'QA24_G3';

IF CHILD INTERVIEW COMPLETED AND 'QA24_A38'=2, MARK 'QA24_G2'= 'CH14' AND GO TO 'QA24_G3':

ELSE CONTINUE WITH 'QA24_G2'

'QA24_G2' In what country were you born?

您是在哪一個國家出生的?

AH33

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

	J	Other (Specify:)
		其他(請詳述:)
	O	REFUSED/DON'T KNOW3
DOCD A MANU	IC NOTE (OA2	A C21.
	NG NOTE 'QA2 ≠ 1 (NOT BOR	4_G3 : N IN US) GO TO 'PN QA24 G5 ';
_	, ,	B (BORN IN US, SKIPPED) CONTINUE WITH 'QA24_G3';
		LETED ['QA24_A38' = 1, 2 AND 'QA24_G2' = 1 DISPLAY "You previously
		e United States."];
ELSE DISPLA	Y "In what count	ry was your mother born"
QA24_G3'		y mentioned you were born in the United States}. In what country was your
	mother born?	
	【 您先前提到過	您出生於美國。}您的母親是在哪個國家出生的?
AH34	المراجعة المادية المراجعة	
7	O	United States1
		美國
	O	American Samoa2
		美屬薩摩亞
	O	Canada3
		加拿大
	•	China4 中國
	O	⊤⊠ Guam9
	•	關島
	O	Japan 16
		日本
	O	Korea17
		韓國
	O	Mexico
		墨西哥 Philippings
	•	Philippines19 菲律賓
	O	非伴貝 Puerto Rico22
	•	波多黎各
	O	Vietnam
		越南
	O	Virgin Islands 26
	_	美屬維京群島
	•	Other (Specify:)91
	O	其他(請詳述:) REFUSED/DON'T KNOW
	9	REFUSED/DON I KNOW
QA24_G4'	In what countr	y was your father born?
	您的父親是在呐	那一個國家出生的?
AH35	~ =, = , ,	
	•	United States1
	O	American Samoa2
		美屬薩摩亞
	\circ	Canada 3

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

Citizenship and Immigration

PROGRAMMING NOTE 'QA24_G5':

IF 'QA24_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 'QA24_G5' = 1 AND GO TO 'PN_QA24_G11' ELSE CONTINUE WITH 'QA24_G5'

'QA24_G5' Are you a citizen of the United States?

您是美國公民嗎?

AH39

O	Yes	1
	是	
\mathbf{O}	No	2
	否	
O	Application pending	3
	申請待審	
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA24_G6':

IF 'QA24_G5' = 2, 3 CONTINUE ELSE GOTO 'QA24_G7'
IF 'QA24_G2' = 2 (AMERICAN SAMOA), GO TO 'PN_QA24_G9'

'QA24_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.

	人們通常把它和	稱作「綠卡」,但卡的顏色可能是粉紅色、藍色或白色。
	•	Yes1 是
	•	No2 否
	•	Application pending3 申請待審
	O	REFUSED/DON'T KNOW3
'QA24_G7'	About how ma	ny years have you lived in the United States?
AH41	您在美國已經歷	居住了大約多少年?
АП41	For less than a	a year, enter 1 year
	若不足一年,	輸入1 年
		Number of years 年
	O	REFUSED/DON'T KNOW3
	= 03-08, 10-21,	Y: 23-25 OR 91-99) AND 'QA24_G7' = MISSING, CONTINUE; 3 NOTE 'QA24_A24'
'QA24_G8'		
AH41Y		
		Year (First came to live in U.S.) 年首次來到並居住在美國
	O	REFUSED/DON'T KNOW3
PROGRAMMIN IF 'QA24_G5' = ELSE CONTIN	= 1 (NATURALI	ZED) OR ' QA24_G6 ' = 1 (HAS GREEN CARD), GO TO ' QA24_G11 ';
'QA24_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?
		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?
AG36B	•	Tourist visa1 旅遊簽證
	0	Student visa2 學生簽證
	•	Work visa or permit3 工作簽證或許可
	O	Deferred action for childhood arrivals or "DACA"4

		童年入境者暫緩遣返手續 (DACA)	
	O	Another document which permits stay	
		for limited time6	
		允許有限期居留的其他證件	
	O	Refugee/asylum status8	[GO TO 'QA24_G11']
		難民/庇護狀態	
	•	Other (specify:)91	
		甘州 (善註明:	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_G11']
'QA24_G10'	Is this visa or o	locument 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		
HH) AND 3 OR DIVORCED, SI CONTINUE WI	MORE ADULT		-3 (WIDOWED,
'QA24_G11'		ving with either of your parents?	
AH43A	您目前有沒有與	具您的父母之中一人住在一起?	
Allian	This includes y	our parents as well as your spouse/partner's pa	arents
	這包括您的父母	<i>母以及您的配偶/伴侶的父母</i>	
	O	Yes1 是	
	•	No2 否	
	O	REFUSED/DON'T KNOW3	
Teen Permission	on		
'QA24_G12'	We would like GENDER/AGE {him/her} abou	entioned you had at least one adolescent age 1: to survey {ADOLESCENT'S FIRST NAME OR I E DESIGNATION} for our study. It is a web survet t 15 minutes to complete. swers may help other teens in your community	NITIALS OR ey and should take

{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。

2. Click here to learn about how we intend to contact your teen

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	
O	No	2
	否	
\circ	Refused/Don't know	-3

PROGRAMMING NOTE 'QA24 G13':

IF 'QA24_G12' =2, -3 SKIP TO 'QA24_G14';

ELSE CONTINUE WITH 'QA24 G13';

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA24_G12', DO NOT DISPLAY "Questions in teen survey....in need.;

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA24_G12', DO NOT DISPLAY "Like your answers. {his/her} answers....8714."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA24 G12'=1, SKIP TO 'QA24 G15'

'QA24_G13' Thank you. Your teen's answers may help other teens in your community and across

California. {Before we proceed, there is some text we are required to show you.}

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

TP1 A

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

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

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

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

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

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

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

確認一下,我們是否有您的許可與{他/她}聯絡,並請{他/她}參加調查?

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

PROGRAMMING NOTE 'QA24 G14':

IF 'QA24_G12'_A =2, -3 CONTINUE WITH 'QA24_G14' AND DISPLAY "However,....interview"; ELSE IF 'QA24_G12'=2, CONTINUE WITH 'QA24_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 'QA24_G12', DO NOT DISPLAY "Questions in teen survey....any time."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA24_G12', DO NOT DISPLAY "Like your answers, {his/her} answers8714."

ELSE SKIP TO 'QA24_G15'

'QA24_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 'QA24_G15']
•	Yes if no questions on drugs2 是的,如果排除關於毒品的問題	[GO TO 'QA24_G15']
•	Yes if no questions on sexual behavior3 是的,如果排除關於性行為的問題	[GO TO 'QA24_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 'QA24_G15']
O	No5 否	[GO TO 'QA24_G18']
0	REFUSED/DON'T KNOW3	[GO TO 'QA24_G18']

'QA24_G15'	Thank you for permitting your teen to participate in this important study. In order to properly contact your teen, please provide {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} first and last name. Remember {his/her} name is never connected with {his/her} answers.
TP NAME	感謝您同意讓您的青少年參與這項重要的研究。為了以適當方式聯絡您的孩子,請提供 {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}的名字和姓氏。請記住,{他的/她的}名字不會和回答聯繫起來。
IF_NAME	First name 名字
	Last name 姓氏
	In the event your teen does not complete the web survey, we would like your permission to try and call your teen and have {him/her} complete the survey over the phone. Because it is important that we contact {ADOLESCENT'S FIRST NAME} to complete the survey, it would be helpful if you could provide the best phone number to try and contact {him/her}. This phone number will be erased from our records after the study is complete. This may be a home, landline, or cell phone number.
	如果您的孩子沒有完成線上調查,我們希望取得您的同意,儘量聯絡您的孩子讓{他/她}透過電話完成調查。因為我們必須聯繫{ADOLESCENT'S FIRST NAME}來完成本調查,如果您能提供{他/她}的最佳聯絡電話號碼以儘量聯絡到他{他/她},將會很有幫助。研究完成後,這個電話號碼將從我們的記錄中刪除。這可以是住家、有線(固網)或手機號碼。
	Would you please provide a home, landline, or other cell phone number that we may call to contact {ADOLESCENT'S FIRST NAME}?
	可以請您提供我們聯繫{ADOLESCENT'S FIRST NAME}的住家、有線(固網)或手機號碼嗎?
	O Landline1 有線(固網)
	O Cell phone
	O REFUSED/DON'T KNOW3
'QA24_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	

Yes......1

No.....2

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

 \mathbf{C}

O

0

'QA24_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

0	Yes1	[GO TO 'QA24_G19']
O	PO2	[GO TO 'QA24_G19']
•	台 REFUSED/DON'T KNOW3	[GO TO 'QA24_G19']

'QA24_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 'QA24 G19':

IF 'QA24_G12' = 1 OR 'QA24_G12'_RC =1,2,3, CONTINUE WITH 'QA24_G19'; ELSE SKIP TO 'QA24_G20'

'QA24_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 'QA24 G20':

ANY CHILDREN IN 'QA24_A37' ARE AGE 13 OR LESS, CONTINUE WITH 'QA24_G20'; ELSE GO TO 'QA24_A22';

IF ANY CHILD IN ROSTER 'QA24_A37' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children under age 14";

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";

ELSE IF 'QA24_A24' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner"; ELSE DISPLAY "you"

'QA24_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	
	是	
O	No2	[GO TO 'QA24_A22']
	否	

	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_A22']
'QA24_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 <u>k</u> 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過 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	工個方並領[ITK: 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	
	O	上個月無應付金額 REFUSED/DON'T KNOW	
Veteran Status			
'QA24_G22'	Did you ever s	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?	
AGZZ	O	Yes1	
	O	是 No2	[GO TO 'QA24_G27']
	O	否 REFUSED/DON'T KNOW3	[GO TO 'QA24_G27']
'QA24_G23'	When did you	serve?	
AG23	您是什麼時候	在軍隊服役的?	
A023	•	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	apply	
	(6 maximum r	responses)	

		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	7.)
		波斯灣戰爭/沙漠風暴行動(1990 年至 1991 ⁴ Afghanistan/ Operation Enduring Freedom	T)
	_	(2001 to 2021)5	
		阿富汗/持久自由作戰(2001 年至 2021 年) Iraq War / Operation Iraqi Freedom	
	u	(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	
'QA24_G24'	Altogether, ho	ow long did you serve?	
	您總共服役多	長時間?	
AG24	O	Years	
	•		
	O	Months	
		月	
	•	REFUSED/DON'T KNOW3	
'QA24_G25'	Do you have	a VA service-connected disability rating?	
	你只不去美国	退伍軍人服役殘疾(VA service-connected disabil	lity) 亚人 o
AG31	心足百年天國	这位单个旅伎授佚(VA Selvice-conflected disabil	iity) at 21 :
71001	O	Yes1	
		是	
	O	No2	[GO TO 'QA24_G27']
		否	[OO TO (OAOA OO7!]
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_G27']
'QA24_G26'	What is your	service-connected disability rating?	
	您與服役相關	而造成殘疾的等級是多少?	
AG32	70.77/1K (X 11 198)		
	O	0 Percent1	
		0%	
	O	10 or 20 Percent2	
		10% 或 20%	
	•	30 or 40 Percent3 30% 或 40%	
	Q	50 or 60 Percent4	
	•	50% 或 60%	
	O	70 Percent or higher5	
	_	70% 或以上	
	•	REFUSED/DON'T KNOW3	

Employment

'QA24_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。

O	Working at a job or business1 從事工作或業務	[GO TO 'PN_QA24_G31']
•	With a job or business but not at work2 有工作或業務,但不在工作	
•	Looking for work3 在找工作	
•	Not working at a job or business4 沒有從事工作或業務	
•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_G31']

'QA24_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	
O	On planned vacation2 在度計劃的假期	
O	Couldn't find a job3 找不到工作	
•	Going to school/student4 上學/學生	
•	Retired5 退休	[GO TO 'QA24_G30']
0	Disabled6 殘障	[GO TO 'QA24_G30']
•	Unable to work temporarily7 暫時無法工作	
•	On layoff or strike8 臨時解雇或罷工中	
•	On family or maternity leave9 休家庭假或產假	
O	Off season10 淡季	
O	Sick 11 病假	
O	Other 91	

		其他	
	•	REFUSED/DON'T KNOW3	
'QA24_G29'	Do you usually	work?	
AG10	您通常工作嗎?		
AGIU	•	Yes1 是	
	•	No2 否	
	•	Looking for work3 找工作	
	•	REFUSED/DON'T KNOW3	
	NG NOTE 'QA24		
		5] AND ['QA24_G29 '= 2 (DOES NOT USUALLY R 6 (DISABLED)] CONTINUE WITH 'QA24_G30	
		S NOTE 'QA24_G31'	,
'QA24_G30'	Are you receivi	ng Social Security Disability Insurance or SSDI?	
	您是否在領取社	:會安全殘障保險(Social Security Disability Insura	nce, 簡稱 SSDI)?
AL22			100 70
	•	Yes1 是	[GO TO 'PN_QA24_G35']
	O	No2	[GO TO
		否	'PN_QA24_G35']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_G35']
DDOCD A MANUA	NO NOTE (OA24	C242.	
IF 'QA24_G27' WITH 'QA24_0	G31';	ng, with job, skipped) OR 'QA24_G29' = 1 (usua	lly works), CONTINUE
ELSE GO TO	PN_QA24_G35'		
'QA24_G31'		ob, are you employed by a private company, the or are you working without pay in a family busine	
		上作的僱主是:私人公司、政府部門、還是您是自 ○業或農場內不付薪水的工作	行經營者(個體經營者)
AK4	Your main job i	s where you work the most hours	
	您工作時間最長	<i>的是您的主要工作</i>	
	O	Private company, non-profit organization or foundation	
	•	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 'QA24_G31' this?" and ["Incl budget, office, p	ude both the lev 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
'QA24_G32'	{What kind of a	gency or department is this? / What kind of business or industry is this?}
ALCE	{這是屬於什么核	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
'QA24_G33'	What is the mai	n kind of work you do?
AK6	您主要從事何種	類型的工作?
AND	Main job = whe	re works most hours.
	Enter description	on .
	O	REFUSED/DON'T KNOW3
IF 'QA24_G31' IF 'QA24_G31' yourself, about"	= 3 (SELF-EMP and "you";	TENT EMPLOYEE), CODE 'QA24_G34' = 8 AND GO TO 'QA24_G35'; PLOYED), CONTINUE WITH 'QA24_G34' AND DISPLAY "Including
ELSE CONTIN		_G34' AND DISPLAY "About" and "your employer";
'QA24_G34'	{Including yours at all locations?	self, about/About} how many people are employed by {your employer/you}
A I/O	{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	t e
	•	1 or 21 1 或 2
	O	3-92 3-9

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

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA24_G35':

IF 'QA24_A23' = 1 (MARRIED) OR 'QA24_D12' = 1 OR 'QA24_D13' = 1, CONTINUE WITH 'QA24_G35';

IF 'QA24_A23' = 1, THEN DISPLAY "spouse";

ELSE IF 'QA24_D12' = 1 OR 'QA24_D13' = 1, THEN DISPLAY "partner";

ELSE GO TO 'QA24_H1'

'QA24_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 'QA24_G37']
•	With a job or business but not at work2 有工作或業務,但不在工作	[GO TO 'QA24_G37']
•	Looking for work3 在找工作	
•	Not working at a job or business4 沒有從事工作或業務	
•	REFUSED/DON'T KNOW3	

'QA24_G36' Does your {spouse/partner} usually work?

您的{配偶/伴侶}通常工作嗎?

AG11

O	Yes1 是	
O	Po2 否	[GO TO 'QA24_H1']
•	台 Looking for work3 找工作	[GO TO 'QA24_H1']
O	REFUSED/DON'T KNOW3	[GO TO 'QA24 H1']

'QA24_G37' On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> 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	
\mathbf{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

l	Isual	Source	οf	Care

'QA24_H1'	The next topics are about health insurance and health care.					
	下一個主題涉及	醫療保險和醫療保健。				
	Is there a place health?	that you usually go to when you are sick o	or need	advice about your		
Alla	當您生病或需要	接受健康諮詢時,您是否有一個通常可以是	去的地力	5 ?		
AH1	•	Yes	1			
	•	是 No	2	[GO TO 'QA24_H3']		
	•	否 REFUSED/DON'T KNOW	3	[GO TO 'QA24_H3']		
		_H2': WITH 'QA24_H2' ;				
'QA24_H2'		ace do you go to most often—a medical dogency room, or some other place?	octor's o	office, a clinic or hospital		
[AU2]		的地方—/您的醫生是否在一個私人 } 醫生第	辦公室、	診所或醫院診所、急診		
AH3	O	Medical doctor's office 醫生辦公室	1			
	•	Clinic/ Hospital clinic	2			
	•	Emergency Room	3			
	•	Some other place (Specify:) 其他機構(請詳述:)	. 91			
	•	No one place沒有一處	. 92			
	及有一處 ○ REFUSED/DON'T KNOW3					
Emergency Roo	om Visits					
'QA24_H3'		12 months, did you visit a hospital emerge		om 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?			
	•	Yes 是	1			
	•	No 否	2	[GO TO 'QA24_H5']		
	•	REFUSED/DON'T KNOW	3	[GO TO 'QA24_H5']		
'QA24_H4'	How many time	es did you do that?				

ALIOE	您去就醫多少次	欠?			
AH95	Count times you visited a hospital emergency room for your own health.				
	計算您為了自己	己的健康而去醫院急診室的次數			
	•	Number of times 次		[HR: 0 - 200]	
	•	REFUSED/DON'T KNOW	3		
Medicare Cove	rage				
'QA24_H5'		nealth insurance program for people 65 y ties. At this time, are you covered by Me		l older or persons with	
Al1		醫療保障計劃)是為年滿 65 歲或患有某種 享受 MediCARE 保賠?	重 殘 障的 /	人士提供的健康保險計劃	
All	O	Yes 是	1	[GO TO 'QA24_H7']	
	O	No	2		
	•	否 REFUSED/DON'T KNOW	3	[GO TO 'QA24_H13']	
POST NOTE 'C	QA24_H5': IF 'Q	QA24_H5' = 1, SET ARMCARE = 1 AND	SET AR	INSURE = 1	
POST NOTE 'C	QA24_H5': IF 'Q	QA24_H5' = 1, SET ARMCARE = 1 AND	SET AR	INSURE = 1	
PROGRAMMIN IF ['AAGE' > 64 COVERED BY	NG NOTE 'QA24 4 OR 'QA24_A4 MEDICARE), C				
PROGRAMMIN IF ['AAGE' > 64 COVERED BY	NG NOTE 'QA24 4 OR 'QA24_A4 MEDICARE), C PROGRAMMINO	4_H6': i'= 6 (65 OR OLDER) OR ENUM.AGE > 6 CONTINUE WITH 'QA24_H6'; G NOTE 'QA24_H7' at you are not covered by Medicare even	64] AND	' QA24_H5 ' = 2 (NOT	
PROGRAMMIN IF ['AAGE' > 64 COVERED BY ELSE GO TO F	NG NOTE 'QA24 4 OR 'QA24_A4 MEDICARE), C PROGRAMMINO Is it correct tha you are 65 or c	4_H6': i'= 6 (65 OR OLDER) OR ENUM.AGE > 6 ONTINUE WITH 'QA24_H6'; ONTE 'QA24_H7' It you are not covered by Medicare even older? F過我您的年齡在 65 歲或 65 歲以上,但	64] AND though y	'QA24_H5' = 2 (NOT	
PROGRAMMIN IF ['AAGE' > 64 COVERED BY ELSE GO TO F	NG NOTE 'QA24 4 OR 'QA24_A4 MEDICARE), C PROGRAMMINO Is it correct tha you are 65 or c	4_H6': i'= 6 (65 OR OLDER) OR ENUM.AGE > 6 ONTINUE WITH 'QA24_H6'; ONTE 'QA24_H7' It you are not covered by Medicare even older? F過我您的年齡在 65 歲或 65 歲以上,但	64] AND though y 您沒有享	'QA24_H5' = 2 (NOT	
PROGRAMMIN IF ['AAGE' > 64 COVERED BY ELSE GO TO F	NG NOTE 'QA24 4 OR 'QA24_A4 MEDICARE), C PROGRAMMINO Is it correct tha you are 65 or o 雖然您剛才告詞 計劃),對不對	4_H6': 4_H6': 2= 6 (65 OR OLDER) OR ENUM.AGE > 6 CONTINUE WITH 'QA24_H6'; G NOTE 'QA24_H7' at you are not covered by Medicare even older? Fill 我您的年齡在 65 歲或 65 歲以上,但是 好? Correct, I am not covered by Medicare.正確,聯邦老人醫療保險(Medicare)不承保 Not correct, I am covered by Medicare.不正確,聯邦老人醫療保險(Medicare.不正確,聯邦老人醫療保險(Medicare.不正確,聯邦老人醫療保險(Medicare.	64] AND though y 您沒有享 1	'QA24_H5' = 2 (NOT ou told me earlier that 受 MediCARE(醫療保障	
PROGRAMMIN IF ['AAGE' > 64 COVERED BY ELSE GO TO F 'QA24_H6'	NG NOTE 'QA24 4 OR 'QA24_A4 MEDICARE), C PROGRAMMINO Is it correct tha you are 65 or c 雖然您剛才告訓 計劃),對不對	4_H6': 2'= 6 (65 OR OLDER) OR ENUM.AGE > 6 CONTINUE WITH 'QA24_H6'; G NOTE 'QA24_H7' It you are not covered by Medicare even folder? Fi 過我您的年齡在 65 歲或 65 歲以上,但是 好? Correct, I am not covered by Medicare.正確,聯邦老人醫療保險(Medicare)不承保 Not correct, I am covered by Medicare.不正確,聯邦老人醫療保險(Medicare.不正確,聯邦老人醫療保險(Medicare.不正確,聯邦老人醫療保險(Medicare.不正確,聯邦老人醫療保險(Medicare.不正確,聯邦老人醫療保險(Medicare.不正確,聯邦老人醫療保險(Medicare.	64] AND though y 您沒有享 1	'QA24_H5' = 2 (NOT ou told me earlier that 受 MediCARE(醫療保障 [GO TO 'PN_QA24_H13'] [GO TO	

POST NOTE 'QA24_H6': AIDATE SET AIDATE= CURRENT DATE (YYYYMMDD);

SET AAGE= 'QA24_H7'; IF AAGE< 18, CODE AS IA AND TERMINATE

'PN_QA24_H13']

					g ,
IF ARMCA	IMING NOTE 'QA2 RE = 1, CONTINUE TO PROGRAMMIN	WITH 'QA24 _			
'QA24_H7	' Is this a Medic	care Advantage	e Plan?		
A11400	這個醫療保險	是 MediCARE	Advantage 計劃则	馬?	
AH123		proved by Med			offered by private provide Medicare Part A
		司提供的。Med		· ·	ns,是由 MediCARE 認可 是供 Medicare Part A 和
	O	Yes		1	[GO TO 'QA24_H9']
	O	是 No		2	
		否		_	
	O	REFUSED/D	OON'T KNOW	3	
POST NO	TE 'QA24_H7': IF '(QA24_H7'= 1,	SET ARMADV=	1	
'QA24_H8					surance that is sometimes e of health insurance?
		受 MediCARE I 類健康保險嗎?	的人另外還有私力	、保險,有時稱為 凡	Medigap 或 Medicare 補充
Al4	These are pol	icies that cover	r health care cos	ts not covered by I	Medicare alone.
	這些是為 Med	liCARE 不提供	保賠的健康護理貨	費用提供保賠的保險	7 <u>.</u>
	0			1	
	O	是 No		2	[GO ТО
	Q	否 REFUSED/[OON'T KNOW	-3	PN_QA24_H13'] [GO TO

POST-NOTE FOR 'QA24_H8': IF 'QA24_H8'= 1, SET ARSUPP= 1

PROGRAMMING NOTE 'QA24 H9':

IF ARMADV \neq 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP \neq 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA24_H13'; DISPLAYS;

IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan"; IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'QA24_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	
O	Your current employer	2
	您的現任雇主	
\mathbf{O}	Your former employer	3
	您的前任雇主	
\mathbf{O}	Union	4
	工會	
\mathbf{O}	Family Business	5
	家族企業	
O	AARP	6
_	美國退休人員協會(AARP)	_
0	Spouse's / Partner's employer	7
_	配偶的雇主	_
0	Spouse's / Partner's union	8
_	配偶的工會	_
\mathbf{O}	Professional/Fraternal Organization	9
\sim	職業/兄弟組織	0.4
0	Other	91
\sim	其他 PETHOED/DON'T KNOW	2
O	REFUSED/DON'T KNOW	3

'QA24_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

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.

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。

	O	Yes1	
		是	
	•	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_H11'		else, such as an employer, a union, or profession fithe premium or cost for this health plan?	al organization pay all or
	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
AH54	O	Yes1 是	
	•	No2 否	[GO TO 'PN_QA24_H13']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H13']
'QA24_H12'		ourself pays any portion of that cost for that plan fessional organization?	, such as your employer,
	除了您本人, 遗	量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。
AH55	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 assistance	計劃白卡(Medi-Cal)
		Other	
	•	REFUSED/DON'T KNOW3	
POST NOTE F	OR 'QA24_H12	': IF 'QA24_H12' = 7, SET ARMCAL = 1;	
Medi-Cal Cove	rage		

PROGRAMMING NOTE 'QA24_H13':
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

'QA24_H13'	{Is it correct that	at you are/Are you} covered by Medi-CAL?
	您享受 Medi-C	AL 的保賠嗎?
Al6	Medi-Cal is a l	nealth insurance program for low-income individuals in California
	加州低收入醫療	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
	O	否 REFUSED/DON'T KNOW
		': IF ' QA24_H13 '= 1, SET ARMCAL= 1 AND SET ARINSURE= 1; 13' = 2, SET ARMCAL= 0
Employer-Base	ed Coverage	
PROGRAMMIN	NG NOTE 'QA2	4_H14':
	1, DISPLAY "Be ADV = 1, DISPL/	sides the Medicare supplement plan you told me about" AND "any other"; AY "Besides the Medicare Advantage plan you told me about" AND "any
'QA24_H14'	Advantage pla	ledicare supplement plan you told me about/Besides the Medicare n you told me about}, Are you covered by {any other/a} health insurance nrough a current or former employer or union?
Al8		的 Medicare 補充計劃/除了您告訴我的 Medicare Advantage 計劃},您是否前的雇主或工會提供的{其他任何}醫療保險計劃或 HMO?
Alo	You may be co	overed either through your own or someone else's employment
	您可以是通過的	自己的或其他人的工作投保
	O	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3
POST NOTE F	OR 'QA24_H14	': IF 'QA24_H14' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
Private Covera	ae	

Private Coverage

PROGRAMMING NOTE 'QA24_H15':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'QA24_H15';

ELSE GO TO PROGRAMMING NOTE 'QA24_H17'

'QA24_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。

\circ	Yes1	
	是	
\mathbf{O}	No2	[GO TO
	否	'PN_QA24_H17']
O	REFUSED/DON'T KNOW3	[GO TO
		PN QA24 H17']

POST NOTE FOR 'QA24_H15': IF 'QA24_H15' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA24_H16':

IF ARDIRECT = 1, THEN CONTINUE WITH 'QA24_H16'; ELSE GO TO 'PN QA24 H17'

'QA24_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	
O	Covered California	2
	加州全保(Covered California)	
O	Other (Specify:)	92
	其他(請詳述:)	
\mathbf{O}	REFUSED/DON'T KNOW	_;3

POST NOTE FOR 'QA24_H16': IF 'QA24_H16' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA24_H17':

IF 'QA24_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA24_H15' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA24_H17'; ELSE GO TO 'PN_QA24_H19'

'QA24 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?

AI9

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_QA24_H19']
O	In someone else's name2 以别人的名字	
O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H19']

POST NOTE FOR 'QA24 H17':

IF 'QA24_H14' = 1 AND 'QA24_H17' = 1 SET AREMPOWN = 1 AND SET ARINSURE= 1 AND SET AREMPOTH= 0;

IF 'QA24 H14' = 1 AND 'QA24 H17' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE= 1;

IF 'QA24 H15' = 1 AND 'QA24 H17' = 1 SET ARDIROWN= 1 AND ARINSURE = 1;

IF 'QA24_H15' = 1 AND 'QA24_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

IF 'QA24_H15' = 1 AND 'QA24_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE =

PROGRAMMING NOTE 'QA24_H18': IF 'QA24_A23' = 1 (MARRIED) OR 'QA24_D12' = 1 OR 'QA24_D13'= 1OR IF 'QA24_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA24_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA24_H18';

ELSE GO TO PROGRAMMING NOTE 'QA24 H19';

IF 'QA24_A23' = 1, THEN DISPLAY "spouse's name";

IF 'QA24 A23' ≠ 1 AND ('QA24 D12' = 1 OR 'QA24 D13' = 1), THEN DISPLAY "partner's name;

IF 'QA24_G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'QA24 H18':

IF 'QA24_A23' = 1 (MARRIED) OR 'QA24_D12' = 1 OR 'QA24_D13' = 1 OR IF 'QA24_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA24_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA24_H18':

ELSE GO TO PROGRAMMING NOTE 'QA24 H19':

IF 'QA24_A23' = 1, THEN DISPLAY "spouse's name";

IF 'QA24_A23' ≠ 1 AND ('QA24_D12' = 1 OR 'QA24_D13' = 1), THEN DISPLAY "partner's name;

IF 'QA24_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA24_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?

Al9A

O	In spouse's/partner's name1
	以配偶/伴侶的名字
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 'QA24_H18':

IF 'QA24_H14' = 1 AND 'QA24_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1:

IF 'QA24_H16' = 2 AND 'QA24_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;

IF 'QA24_H14' = 1 AND 'QA24_H18' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;

IF 'QA24_H15' = 1 AND 'QA24_H18' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF 'QA24 H15' = 1 AND 'QA24 H18' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

IF 'QA24_H14 CONTINUE W IF AREMPOW IF AREMPSP	'ITH 'QA24_H19 'N = 1 THEN DIS = 1 OR AREMPI	ER-BASED COVERAGE) AND 'QA24_G34' =< 5 (FIRM SIZE <= 100), ' AND DISPLAY;	
'QA24_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?		
AH105	{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?	
AH 105	SHOP is the S	mall Business Health Options Program administered by Covered California	
	SHOP 是 Cove	ered California 開展的小企業保健選擇計劃	
	•	Employer1 雇主	
	O	Union2 工會	
	•	SHOP / Covered California3 SHOP / 加州全保	
	•	Other (Specify:)	
	O	其他(請詳述:) REFUSED/DON'T KNOW	
POST NOTE F	OR 'QA24_H19)': IF ' QA24_H19 ' = 3, THEN SET ARHBEX = 1	
IF ARHBEX =	NG NOTE 'QA2 1, THEN CONTI 'PN_QA24_H22	NUE WITH 'QA24_H20 ';	
'QA24_H20'	Was this a bro	nze, silver, gold or platinum plan?	
AH106	這是銅、銀、金	全還是白金計劃?	
700	O	Bronze1 銅	
	•	Silver2 銀	
	•	Gold3 金	
	•	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	
	O	Other (Specify:)	

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

AH128

IF 'QA24_H19'	NG NOTE 'QA2 4' ' = 3, THEN GO UE WITH 'QA2 4		
'QA24_H21'	Was there a su	bsidy or discount on the premium for this plan?	
AH107	這項計劃的保費	是否有補貼或折扣?	
	0	Yes1	
	O	是 No2	
	•	否	
	O	REFUSED/DON'T KNOW3	
IF 'QA24_H14' COVERAGE),	CONTINUE WIT		RCHASED OWN
'QA24_H22'		or all of the premium or cost for this health plan? or deductibles you or your family may have had to	
AH57	您是否為該項係 的任何共付款或	民健計劃支付任何或全部保費或費用?請勿包括您或 注自付額。	或您的家庭可能需要支付
Allor	<u>Premium</u> is the	monthly charge for the cost of your health insura	nce plan.
	保費是您的健康	長保險計劃的每月收費	
		e partial payments you make for your health care ne health care system, while someone else pays t	
	-	ys)是您每次看醫生或使用醫療保健系統時支付您 (支付您的主要醫療保險。	的醫療保健服務的部分款
	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	民險計劃開始付款之前您支付的醫療護理費。	
	O	Yes1	
	•	No2 否	[GO TO 'PN_QA24_H25']
	O	REFUSED/DON'T KNOW3	
'QA24_H23'		ou {does your family} pay each month for your {y? Your best guess is fine.	our family} health

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。

AH56

Check all that apply

您的現任雇主

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

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

		(Amount) (金額)	[HR:0-9997, SR:0-2000] [HR:0-9997, SR:0-2000]
	O	REFUSED/DON'T KNOW	3
'QA24_H24'		lse, such as an employer, a union, or the premium or cost for this health pl	
AH58	是否有任何其他 費用?	1人(例如雇主、工會或專業機構)支付	甘該項保健計劃的 全部或部份保費或
Aliso	O	Yes 是	1
	O	No 否	2 [GO TO 'PN_QA24_H27']
	•	REFUSED/DON'T KNOW	
IF 'QA24_H22'	IG NOTE 'QA24 = 2, CONTINUE 'PN_QA24_H27		
'QA24_H25'		ourself pays any portion of the cost for ssional organization?	this plan, such as your employer, a
	{除了您本人,遗 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

Your current employer1

Your former employer2

		您的前任雇主	
		Union	3
		工會	
		Spouse's/Partner's current employer	1
	_	配偶/伴侶的現任雇主	9
			_
		Spouse's/Partner's former employer	5
		配偶/伴侶的前任雇主	
		Professional/Fraternal organization	6
		職業/兄弟組織	
		Medicaid/Medi-Cal assistance	7
	_	聯邦醫療補助計劃(Medicaid)/加州	
		Medicare	
	_		9
		聯邦老人醫療保險(Medicare)	
		Covered California	11
		加州全保(Covered California)	
		Other	91
		其他	
	O	REFUSED/DON'T KNOW	-3
	•	TEL GOLD/DOINT THOUSE	0
DOST NOTE	O A 24 LI 25':		
POST-NOTE		LIENLOST ADEMDOMAL 4.	
		HEN SET AREMPOWN= 1;	
		N SET AREMPSP= 1;	
	5'= 6, THEN SET		
IF 'QA24_H25	5'= 9, SET ARM(CARE= 1 AND SET ARDIRECT= 0;	
IF 'QA24 H25	3'= 7, SET ARMO	CAL= 1 AND SET ARDIRECT= 0;	
	i'= 11, SET ARH		
		T AROTHER= 1	
	,		
'ΩΔ24 H26'	How much do	they contribute to your plan each month?	2
'QA24_H26'	How much do	they contribute to your plan each month?	?
'QA24_H26'			?
		they contribute to your plan each month?	?
'QA24_H26'		的計劃供款多少?	
			? [HR:0-9997,SR:0-2000]
		的計劃供款多少?	
		的計劃供款多少? (Amount)	
	他們每月就您的	的計劃供款多少? (Amount) (金額)	[HR:0-9997,SR:0-2000]
		的計劃供款多少? (Amount)	[HR:0-9997,SR:0-2000]
AH129	他們每月就您的 〇	的計劃供款多少? (Amount) (金額)	[HR:0-9997,SR:0-2000]
AH129 POST NOTE	他們每月就您的 〇 QA24_H26 ':	的計劃供款多少? (Amount) (金額) REFUSED/DON'T KNOW	[HR:0-9997,SR:0-2000] 3
POST NOTE OF THE RESPONDING	他們每月就您的 〇 「QA24_H26': ENT GIVES AMO	的計劃供款多少? (Amount) (金額)	[HR:0-9997,SR:0-2000] 3
AH129 POST NOTE	他們每月就您的 〇 「QA24_H26': ENT GIVES AMO	的計劃供款多少? (Amount) (金額) REFUSED/DON'T KNOW	[HR:0-9997,SR:0-2000] 3
POST NOTE OF THE RESPONDING	他們每月就您的 〇 「QA24_H26': ENT GIVES AMO	的計劃供款多少? (Amount) (金額) REFUSED/DON'T KNOW	[HR:0-9997,SR:0-2000] 3
POST NOTE OF THE RESPONDING AMOUNT ENTERNATION	他們每月就您的 〇 「QA24_H26': ENT GIVES AMO	的計劃供款多少? (Amount) (金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J	[HR:0-9997,SR:0-2000] 3
POST NOTE OF THE PROGRAMMI	他們每月就您的 QA24_H26': ENT GIVES AMO TERED)"	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J	[HR:0-9997,SR:0-2000]3 lust to confirm, you said (DISPLAY
POST NOTE 'IF RESPOND AMOUNT ENTER PROGRAMMI IF ['QA24_G2	他們每月就您的 QA24_H26': ENT GIVES AMO TERED)" ING NOTE 'QA2 7'= 1 OR 2 (R W	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY = 1 (R USUALLY WORKS)] AND
PROGRAMMI IF ['QA24_G2 'QA24_G31'	他們每月就您的 Q QA24_H26': ENT GIVES AMO TERED)" ING NOTE 'QA2 7' = 1 OR 2 (R W 4 3 (NOT SELF-I	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J 24_H27': //ORKED LAST WEEK) OR 'QA24_G29': EMPLOYED) AND AREMPOWN ≠ 1 (NO	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY = 1 (R USUALLY WORKS)] AND
PROGRAMMI IF ['QA24_G2' 'QA24_G31' COVERAGE),	他們每月就您的 QA24_H26': ENT GIVES AMO TERED)" ING NOTE 'QA2 7' = 1 OR 2 (R W 3 (NOT SELF-I CONTINUE WI	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J 24_H27': /ORKED LAST WEEK) OR 'QA24_G29': EMPLOYED) AND AREMPOWN ≠ 1 (NOTH 'QA24_H27';	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY = 1 (R USUALLY WORKS)] AND
PROGRAMMI IF ['QA24_G2' 'QA24_G31' COVERAGE),	他們每月就您的 QA24_H26': ENT GIVES AMO TERED)" ING NOTE 'QA2 7' = 1 OR 2 (R W 3 (NOT SELF-I CONTINUE WI	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J 24_H27': //ORKED LAST WEEK) OR 'QA24_G29': EMPLOYED) AND AREMPOWN ≠ 1 (NO	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY = 1 (R USUALLY WORKS)] AND
PROGRAMMI IF ['QA24_G2' 'QA24_G31' COVERAGE),	他們每月就您的 QA24_H26': ENT GIVES AMO TERED)" ING NOTE 'QA2 7' = 1 OR 2 (R W € 3 (NOT SELF-I CONTINUE WIT PROGRAMMINO	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J 24_H27': /ORKED LAST WEEK) OR 'QA24_G29': EMPLOYED) AND AREMPOWN ≠ 1 (NO TH 'QA24_H27'; G NOTE 'QA24_H31'	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY 1 (R USUALLY WORKS)] AND DEMPLOYER-BASED
PROGRAMMI IF ['QA24_G2' 'QA24_G31' COVERAGE),	他們每月就您的 QA24_H26': ENT GIVES AMO TERED)" ING NOTE 'QA2 7' = 1 OR 2 (R W € 3 (NOT SELF-I CONTINUE WIT PROGRAMMINO	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J 24_H27': /ORKED LAST WEEK) OR 'QA24_G29': EMPLOYED) AND AREMPOWN ≠ 1 (NOTH 'QA24_H27';	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY 1 (R USUALLY WORKS)] AND DEMPLOYER-BASED
POST NOTE 'IF RESPOND AMOUNT EN' PROGRAMMI IF ['QA24_G2' 'QA24_G31' ≠ COVERAGE), ELSE GO TO	他們每月就您的 QA24_H26': ENT GIVES AMO TERED)" ING NOTE 'QA2 7' = 1 OR 2 (R W € 3 (NOT SELF-I CONTINUE WIT PROGRAMMINO	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J 24_H27': /ORKED LAST WEEK) OR 'QA24_G29': EMPLOYED) AND AREMPOWN ≠ 1 (NO TH 'QA24_H27'; G NOTE 'QA24_H31'	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY 1 (R USUALLY WORKS)] AND DEMPLOYER-BASED
POST NOTE 'IF RESPOND AMOUNT EN' PROGRAMMI IF ['QA24_G2' 'QA24_G31' ≠ COVERAGE), ELSE GO TO	他們每月就您的 Q QA24_H26': ENT GIVES AMOTERED)" ING NOTE 'QA27' = 1 OR 2 (R Weight 2) (R ONTINUE WIDER MINUE WIDER MINUE WIDER MINUE WIDER MINUE WIDER MINUER MI	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY 1 (R USUALLY WORKS)] AND DEMPLOYER-BASED
POST NOTE 'IF RESPONDI AMOUNT EN' PROGRAMMI IF ['QA24_G2' 'QA24_G31' ≠ COVERAGE), ELSE GO TO 'QA24_H27'	他們每月就您的 Q QA24_H26': ENT GIVES AMOTERED)" ING NOTE 'QA27' = 1 OR 2 (R Weight 2) (R ONTINUE WIDER MINUE WIDER MINUE WIDER MINUE WIDER MINUE WIDER MINUER MI	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW OUNT GREATER THAN SR DISPLAY "J 24_H27': /ORKED LAST WEEK) OR 'QA24_G29': EMPLOYED) AND AREMPOWN ≠ 1 (NO TH 'QA24_H27'; G NOTE 'QA24_H31'	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY 1 (R USUALLY WORKS)] AND DEMPLOYER-BASED
POST NOTE 'IF RESPOND AMOUNT EN' PROGRAMMI IF ['QA24_G2' 'QA24_G31' ≠ COVERAGE), ELSE GO TO	他們每月就您的 Q QA24_H26': ENT GIVES AMO ΓERED)" ING NOTE 'QA2 7' = 1 OR 2 (R W = 3 (NOT SELF-I CONTINUE WI PROGRAMMING Does your em 您的雇主有沒	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY = 1 (R USUALLY WORKS)] AND DEMPLOYER-BASED employees?
POST NOTE 'IF RESPONDI AMOUNT EN' PROGRAMMI IF ['QA24_G2' 'QA24_G31' ≠ COVERAGE), ELSE GO TO 'QA24_H27'	他們每月就您的 Q QA24_H26': ENT GIVES AMOTERED)" ING NOTE 'QA27' = 1 OR 2 (R Weight 2) (R ONTINUE WIDER MINUE WIDER MINUE WIDER MINUE WIDER MINUE WIDER MINUER MI	的計劃供款多少?(Amount)(金額) REFUSED/DON'T KNOW	[HR:0-9997,SR:0-2000]3 Just to confirm, you said (DISPLAY = 1 (R USUALLY WORKS)] AND DEMPLOYER-BASED employees?

	O	No2	[GO TO
	•	否 REFUSED/DON'T KNOW	'PN_QA24_H31'] [GO TO 'PN_QA24_H31']
'QA24_H28'	Are you eligib	le to be in this plan?	
	您是否有資格	參加該項計劃?	
Al14			
	O	Yes1 是	
	•	No2	[GO TO
		否	'PN_QA24_H30']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H31']
'QA24_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?	
Allo	O	Covered by another plan1 由另一計劃承保	[GO TO 'PN_QA24_H31']
	0	Plan too expensive2 以前的保險太貴	[GO TO 'PN_QA24_H31']
	O	Didn't like plan offered3 不喜歡所提供的計劃	[GO TO 'PN_QA24_H31']
	O	Don't need or believe in health insurance4 不需要或不相信健康保險	[GO TO 'PN_QA24_H31']
	O	Other (Specify:)91 其他(請詳述:)	[GO TO 'PN_QA24_H31']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H31']
'QA24_H30'	What is the or	ne main reason why you are not eligible for this pl	an?
Al15A	您沒有資格參	加該項計劃的一個主要原因是什麼?	
Allea	•	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	
	•	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/CHAMPVA, TRICARE, VA Coverage

IF ARINSURE PLAN), CONTI	NG NOTE 'QA2 ≠ 1 (NO COVE NUE WITH 'QA PN_QA24_H3 2	ERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE 124_H31';
'QA24_H31'	Are you cover care?	ed by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health
Al16	您是否享受 CI	HAMPUS/ CHAMP-VA、TRICARE、 VA 或其它軍隊醫療護理計劃?
7.1.0	O	Yes1 是
	0	No2 否
	0	REFUSED/DON'T KNOW3
POST NOTE '	QA24_H31': IF	'QA24_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	4_H32': ERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, WITH 'QA24_H32'; G NOTE 'QA24_H33'
'QA24_H32'		ed by some other government health program, such as AIM, 'Mister MIP,' CT program, Healthy Kids, or something else?
Al17	您是否享受其(、或其他計劃	他政府醫療保險計劃,例如 AIM、Mister MIP 、Family PACT、Healthy Kids?
All	Medical Insura	ccess for Infants and Mothers; Mister MIP or MRMIP means Major Risk ance Program; Family PACT is the state program that pays for reproductive health services for uninsured lower income women and men.
		嬰保險計劃」; Mister MIP 或 MRMIP 表示「重大風險醫療保險計劃」; 是一項州立計劃,為沒有保險的低收入男女的避孕/生育醫療服務支付費用。
	O	Yes1

POST-NOTE 'QA24_H32': IF 'QA24_H32'= 1, SET AROTHGOV= 1 AND SET ARINSURE= 1

Other Coverage

PROGRAMMING NOTE 'QA24 H33':

O

O

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA24_H33'; ELSE GO TO PROGRAMMING NOTE 'QA24_H37'

No.....2

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

'QA24_H33'	Do you have ar	ny health insurance coverage through a plan that I missed?
	您有沒有享受任	一何我可能漏掉的其它醫療保險計劃?
Al18	O	Yes1 是
	O	No2 [GO TO 否
	O	REFUSED/DON'T KNOW3 [GO TO
'QA24_H34'	What type of he	ealth insurance do you have?
Al19	您有哪種醫療保	以 險計劃?
	Check all that a	apply.
		Through current or former employer/union
		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
		Covered California
		Shop through Covered California11 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
IF 'QA24_H34' IF 'QA24_H34' IF 'QA24_H34' IF 'QA24_H34'	= 1, SET AREMI = 2, SET AREMI = 3, SET ARDIR = 4, SET ARMC, = 5, SET ARMC,	POTH= 1 AND SET ARINSURE= 1; 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 'QA24 H34'= 8, SET ARIHS= 1; IF 'QA24 H34'= 10, SET ARHBEX= 1 AND ARDIRECT= 1 AND ARINSURE= 1 AND ARDIROTH=1; IF 'QA24 H34'= 11, SET ARHBEX= 1 AND SET ARINSURE= 1 AND AREMPOTH= 1; IF 'QA24 H34'= 91, SET AROTHGOV= 1 AND SET ARINSURE= 1; IF 'QA24 H34'= 92, -7, OR -8, SET AROTHER= 1 AND SET ARINSURE= 1 **PROGRAMMING NOTE 'QA24 H35':** IF 'QA24 H34'= 1, 2, OR 3 CONTINUE WITH 'QA24 H35'; ELSE GO TO 'PN_QA24_H37' 'QA24 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 name.....1 [GO TO 以我本人名義 'PN QA24 H37'] In someone else's name2 \mathbf{O} 以別人的名字 REFUSED/DON'T KNOW.....-3 O **IGO TO** 'PN_QA24_H37'] POST NOTE 'QA24 H35': IF ('QA24_H34' = 1 OR 2 OR KAI19 =11) AND 'QA24_H35' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1; IF ('QA24 H34' = 3 OR 10) AND 'QA24 H35' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1; IF ('QA24_H34' = 1 OR 2) AND ('QA24_H35' = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1; IF 'QA24 H34' = 1 AND ('QA24 H35' = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1 PROGRAMMING NOTE 'QA24_H36': IF 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 OR IF 'QA24_G11'= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA24 H36'; ELSE GO TO PROGRAMMING NOTE 'QA24 H37'; IF 'QA24 A23'= 1 THEN DISPLAY "spouse's name"; IF 'QA24_A23' ≠ 1 AND ('QA24_D12'= 1 OR 'QA24_D13'= 1), THEN DISPLAY "partner's name"; IF 'QA24 G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name"; 'QA24 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 In spouse's / partner's name......1 \mathbf{O} 配偶名/伴侶名字 In parent's name2 O

In someone else's name3

父母名字

他人名義獲得

O

\mathbf{O}	REFUSED/DON'T KNOW	3
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POST-NOTE 'QA24 H36':

IF 'QA24_H36'= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;

IF 'QA24 H36'= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA24_H37':

IF ARIHS≠ 1 AND 'QA24_A10'= 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA24_H37':

ELSE GO TO 'PN QA24 H38'

'QA24_H37' Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃?

Al20

O	Yes	1
	是	
O	No	2
	否	
\circ	REFUSED/DON'T KNOW	_2

POST-NOTE 'QA24_H37': IF '**QA24_H37'**= 1, SET ARIHS= 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE AI37Intro:

IF ['QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1] AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH Al37Intro;

IF 'QA24_A23'= 1, THEN DISPLAY "spouse";

ELSE IF 'QA24_D12'= 1 OR 'QA24_D13'= 1, THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE 'QA24 H60'

'QA24_H38' These next questions are about the type of health insurance your {spouse/partner} may have.

接下來這些問題和您的{配偶/伴侶}可能有的健康保險種類有關。

Al37Intro

PROGRAMMING NOTE 'QA24 H39':

IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH 'QA24_H39' WITHOUT DISPLAYELSE IF ARMCARE = 1, CONTINUE WITH 'QA24_H39' AND DISPLAY "You said that you are covered by Medicare." AND "also";

ELSE GO TO 'PN QA24 H42'

'QA24_H39' {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?}}

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

AI37

August 23, 2024

O	Yes	1
	是	
0	No	2
\circ	台 REFUSED/DON'T KNOW	2
•	NEFUSED/DON I KNOW	v

POSTNOTE 'QA24_H39': IF 'QA24_H39' = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

CHIS 2024 Adult Questionnaire

PROGR	RAMMING	NOTE	'QA24	H40':
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IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA24 H41'; DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA24 H40' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA24_H40' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";

IF 'QA24 A23'= 1 (MARRIED) THEN DISPLAY "spouse's";

ELSE IF 'QA24_D12' = 1 OR 'QA24_D13' = 1THEN DISPLAY "partner's";

'QA24 H40'

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

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

AH127

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

POST-NOTE 'QA24_H40': IF 'QA24_H40'= 1, THEN SET SPMADV= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA24 H41':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA24_H42';

ELSE IF SPMCARE= 1 AND ARSUPP≠ 1, CONTINUE WITH 'QA24_H41' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP= 1, CONTINUE WITH 'QA24_H41' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";

IF 'QA24_A23'= 1 (MARRIED), THEN DISPLAY "spouse";

ELSE IF 'QA24 D12'= 1 OR 'QA24 D13'= 1THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE 'QA24 H42'

'QA24_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

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

POST-NOTE 'QA24_H41': IF 'QA24_H41' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

IF ARMCAL= 1 DISPLAY "also	" IF ARMCARE	VITH 'QA24_H42 ';	
'QA24_H42'	You said you	{also} have Medi-Cal. Is (SPOUSE/PARTNER) a	also covered by Medi-Cal?
	您說您{也}可以 Cal 保賠?	以享受 MediCal(加州醫療保健計劃)。您的{配偶/	伴侶} 是否也能享受 Medi-
AI38			
Aloo	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
POST-NOTE '	QA24 H42': IF	'QA24_H42'= 1, SET SPMCAL= 1 AND SET SP	INSURE= 1
	-		
DDOCDAMM	NG NOTE 'QA2	24 11421.	
IF AREMPOW IF ARMCARE	N = 1 AND ARI = 1 OR ARMCA	HBEX ≠ 1, CONTINUE WITH ' QA24_H43' ; AL = 1, THEN DISPLAY "also"; IG NOTE ' QA24 H44'	
'QA24_H43'		have insurance from <u>your</u> current or former emplo RTNER) {also} covered by the insurance from <u>yo</u>	
	•	已偶的僱主或工會那兒獲得的保險。/您說您從您伴的{配偶/伴侶} 是否{也} 能夠通過{他/她} 自己的僱員	
Al40	•	, , , , , , , , , , , , , , , , , , , ,	
7	O	Yes1	[GO TO
	•	是	'PN_QA24_H46']
	Q	No2	114_QA24_1140]
	•	不	
	O	口 Other3	
	•	其他	
	O	REFUSED/DON'T KNOW3	
POST-NOTE '		'QA24_H43'= 1, SET SPEMPSP = 1 AND SET S	SPINSURE = 1 AND
AINOAIVILOP -	1,		

PROGRAMMING NOTE 'QA24_H44':

IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA24_H44';

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

ELSE GO TO PROGRAMMING NOTE 'QA24_H45'

'QA24_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 in	by Covered
California			

SHOP 是Covered California	盟展的小企業促健選擇計劃
SITUE XECUVEIEU CalliUllia	

\mathbf{O}	Yes	1	[GO TO
	是		['] PN_QA24_H46']
\mathbf{O}	No	2	
	否		
\mathbf{O}	Other	3	
	其他		
\mathbf{O}	REFUSED/DON'T KNOW	-3	

POST NOTE 'QA24_H44': IF **'QA24_H44'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

PROGRAMMING NOTE AI40A:

IF 'QA24_G35'= 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA24_G36' = 1 (USUALLY WORKS), CONTINUE WITH 'QA24_H45';

IF AREMPSP = 1 AND 'QA24_A23' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";

ELSE IF AREMPSP = 1 AND ('QA24_D12' = 1 OR 'QA24_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 'QA24_H46'

'QA24 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
O	PO	2
\mathbf{O}	台 REFUSED/DON'T KNOW -:	3

POST NOTE 'QA24_H45': IF 'QA24_H45' = 1, SET SPEMPOWN= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA24 H46':

IF ARDIRECT = 1 AND ARHBEX \neq 1, CONTINUE WITH 'QA24_H46';

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

ELSE GO TO PROGRAMMING NOTE 'QA24 H47'

'QA24_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?

	144
А	141

O Yes......1

	O	是 No2
	•	否
	0	REFUSED/DON'T KNOW3
POST-NOTE 'ARSAMESP=		QA24_H46' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND
IF ARDIRECT: IF ARMCARE:		X= 1, CONTINUE WITH 'QA24_H47' ; _= 1 OR AREMPOWN= 1, DISPLAY "also";
'QA24_H47'		nave a plan you purchased directly from Covered California. Is RTNER) {also} covered by this plan?
A11400	您說您有一項i 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
	O	是 No2
	_	否
	•	REFUSED/DON'T KNOW3
POST-NOTE ' IF 'QA24_H47 1;		RECT = 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX=
IF ARMILIT = I		/ITH 'QA24_H48' ; L = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
'QA24_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?
AITE	•	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
POST-NOTE '		QA24_H48'= 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND

IF 'QA24_H35'	' = 1, CONTINU = 91, THEN DIS	4_H49': IE WITH 'QA24_H49' ; BPLAY "some government health plan": L = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 C	NR ΔRMII IT = 1
DISPLAY "also"		E - FOR ANDINECT - FOR ANEWFOWN - FO	OK AKWILLI – 1,
ELSE GO TO 'I	PN_QA24_H50	,	
'QA24_H49'		also} have health insurance through some govern	nment health plan. Is
	• •	⅓ AIM/MRMIP/Family PACT/PCIP/一些政府醫療係 ⅓是否也在這項計劃的承保範圍內?	呆險計劃}享受醫療保險。
Al42A		Yes1	
	O	tes 是	
	O	No2	
	O	否 REFUSED/DON'T KNOW3	
POST-NOTE 'C		HGOV = 1 AND SET SPINSURE = 1 AND ARSA	MESP =1
PROGRAMMIN IF SPINSURE F ELSE DISPLAY	≠ 1, DISPLAY "a	any";	
'QA24_H50'	Does (SPOUS source)?	E/PARTNER) have {any} health insurance covera	age {through any other
Al46	您的{配偶/伴侶	引 是否有{任何} {從其他地方獲得的}健康保險?	
	O	Yes1	
	•	是 No2 否	[GO TO 'PN_QA24_H52']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H56']
'QA24_H51'	What type of h	ealth insurance does {he/she} have?	
Al47	{他/她}有哪一種	重健康保險?	
AH	Check all that	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 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 care7	
		CHAMPUS/ CHAMP-VA、TRICARE、VA 或其	匕車隊醫療護埋計劃
		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	
		Covered California 10	
		加州全保(Covered California)	
		SHOP through Covered California 11	
		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 'QA24_H51'	"= 1, SET SPEM "= 2, SET SPEM "= 3, SET SPDIR "= 4, SET SPMC "= 5, SET SPMC "= 7, SET SPMIL "= 8, SET SPHE "= 10, SET SPHE "= 91, SET SPHE "= 92, -3, SET SF NG NOTE 'QA24 ≠ 1, CONTINUE SURE= 1 AND (\$ H54";	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	MPOTH= 1;
'QA24_H52'	correct?	SPOUSE/PARTNER) has no health insurance fro	om any source. Is this
Al48	您說您的{配偶/	伴侶}沒有來自任何來源的健康保險,對不對?	
A140	O	Yes1	[GO TO
	•	是	'PN_QA24_H56']
	•	No2	4, 424_1100]
	•	否	
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H56']
'QA24 H53'	What type of he	ealth insurance does {he/she} have?	

{他/她}有哪一種健康保險?

AI49

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 'QA24_H53':

IF 'QA24_H53'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;

IF 'QA24_H53'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;

IF 'QA24_H53'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;

IF 'QA24_H53'= 4, SET SPMCARE= 1 AND SET SPINSURE= 1;

IF 'QA24_H53'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;

IF 'QA24_H53'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;

IF 'QA24_H53'= 8, SET SPIHS= 1;

IF 'QA24_H53'= 10, SET SPHBEX= 1 AND SET SPDIRECT= 1 AND SET SPINSURE= 1 AND SPDIROTH= 1;

IF 'QA24_H53'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SPEMOTH= 1;

IF 'QA24_H53'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;

IF 'QA24_H53'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1;
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PROGRAMMING NOTE 'QA24 H54':
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IF 'QA24_H51'= (1, 2, 3, 10, 11) OR 'QA24_H53'= (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA24_H54';

IF 'QA24_A23'= 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF 'QA24_D12'= 1 OR 'QA24_D13'= 1 THEN DISPLAY "partner's"; ELSE SKIP TO PROGRAMMING NOTE 'QA24_H56'

'QA24_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_QA24_H56']
•	In someone else's name2 以別人的名字	
O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H56']

POST-NOTE 'QA24 H54':

IF 'QA24_H54'= 1 AND ['QA24_H51'= (1 OR 2) OR 'QA24_H53'= (1 OR 2)], SET SPEMPOW =1 AND SPEMPOT = 0:

IF 'QA24_H54'= 1 AND ['QA24_H51' = 3 OR 'QA24_H53' = 3], SET KSPDIROW = 1;

IF 'QA24_H54'= 1 AND ['QA24_H51' = 10 OR 'QA24_H53' = 10], SET SPHBEX = 1 AND SPDIROW = 1:

IF 'QA24_H54' = 1 AND ['QA24_H51' = 11 OR 'QA24_H53' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA24_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

•	In my name1 你的名字
O	In my parent's name2 父母名字
•	In someone else's name3 以別人的名字
O	REFUSED/DON'T KNOW3

POST NOTE 'QA24 H55':

IF 'QA24_H55'= 1 AND ['QA24_H51'= (1 OR 2) OR 'QA24_H53'= (1 OR 2)], SET SPEMPAR= 1 AND SPEMPOT= 0 AND ARSAMES= 1:

IF 'QA24_H55'= 1 AND ['QA24_H51' = 3 OR 'QA24_H53' = 3], SET SPDIRAR= 1 AND ARSAMES= 1; IF 'QA24_H55'= 1 AND ['QA24_H51'= 10 OR 'QA24_H53'= 10], SET SPHBEX= 1 AND SPDIRAR= 1 AND ARSAMES= 1;

IF 'QA24_H55'= 1 AND ['QA24_H51' = 11 OR 'QA24_H53'= 11], SET SPHBEX= 1 AND SPEMPAR = 1 AND ARSAMES= 1:

IF 'QA24_H55'= 2, SET SPARPAR= 1 AND SET SPEMPOT= 0;

PROGRAMMING NOTE 'QA24 H56':

IF SPEMPOWN= 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA24_H60'; ELSE IF [('QA24_G35'=1 OR 2) OR('QA24_G36'=1)] AND 'QA24_G37'≠3 CONTINUE WITH

'QA24_H56';

ELSE IF 'QA24	4_D12 '= 1 OR '	i), THEN DISPLAY "spouse's"; ' QA24_D13 '= 1 (LEGAL SAME-SEX COUPLE) T IG NOTE ' QA24_H60 '	HEN DISPLAY "partner's"
'QA24_H56'	Does your {sp	oouse's/partner's} employer offer health insurance	to any of its employees?
Al43	您的{配偶/伴信	呂}的僱主是否向其僱員提供健康保險?	
711.0	•	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_H60']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H60']
'QA24_H57'	ls {he/she} eli	gible to be in this plan?	
Al44	{他/她} 是否有	資格參加該項計劃?	
	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_H59']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H60']
'QA24_H58'	What is the O	NE main reason why {he/she} isn't in this plan?	
Al45	{他/她} 未參加	該項計劃的一個主要原因是什麼?	
1.0.14	•	Covered by another plan1 由另一計劃承保	[GO TO 'PN_QA24_H60']
	O	Plan too expensive2 以前的保險太貴	[GO TO 'PN_QA24_H60']
	O	Didn't like the plan offered3 不喜歡所提供的計劃	[GO TO 'PN_QA24_H60']
	0	Didn't need or believe in health insurance4 不需要或不相信健康保險	[GO TO 'PN_QA24_H60']
	O	Other (Specify:)91	[GO TO 'PN_QA24_H60']
'QA24_H59'	What is the or	ne main reason why {he/she} is not eligible for this	s plan?
Al45A	{他/她}沒有資	格參加該項計劃的一個主要原因是什麼?	
	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	
	O	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 'QA24_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 'QA24_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 'QA24_H82';

ELSE CONTINUE WITH 'QA24 H60' DISPLAY:

IF ['QA24_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 ['QA24_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 ['QA24_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 ['QA24_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?"

'QA24_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 your own main health plan.}

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

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

您的{Medi-Cal/其他}醫療保險計劃是 HMO 嗎?

Al22C

HMO stands for Health Maintenance Organizat	tion. 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	受服務,計劃通常	·不支付服務費。	

\mathbf{O}	Yes1	[GO TO
	是	PN_QA24_H62']
\mathbf{O}	No2	
	否	
O	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA24_H61':

IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA24_H62';

ELSE CONTINUE WITH 'QA24 H61';

'QA24_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	1
O	PPO	2
O	Other (Specify:) 91
O	其他(請詳述:	
O	REFUSED/DON'T KNOW	-3

PROGRAMMING NOTE 'QA24 H62':

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH 'QA24_H62' AND DISPLAY "your main".

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH 'QA24_H62' AND DISPLAY "this"

'QA24_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 Net	38
	健康網	
\mathbf{C}	Kaiser Permanente	47
	凱薩醫療機構	
\mathbf{C}	Kaiser Permanente Senior Advantage	48
	凱薩醫療機構老齡優勢	
O	Scan Health Plan	67
	SCAN 醫療保健計劃	
\mathbf{O}	United Healthcare	73
	聯合健康保險	
O	United Healthcare Secure Horizon	74
	聯合健康保險安全展望	
\mathbf{O}	Medicare	53
	聯邦老人醫療保險	
\mathbf{O}	Other (Specify:)	85
	其他(請詳述:)	
\mathbf{O}	REFUSED/DON'T KNOW	3

POST NOTE 'QA24_H62': IF '**QA24_H62'**= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA24_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 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA24_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?

Al25

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

High Deductible Health Plans

PROGRAMMING NOTE 'QA24 H64':

IF AREMPOWN= 1 OR AREMPSP= 1 OR AREMPPAR= 1 OR ARDIRECT= 1 OR AREMPOTH= 1 THEN CONTINUE WITH 'QA24_H64';

ELSE GO TO 'QA24 H69'

'QA24_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.

	自付額是允	您的保	民健計劃	劃開始。	為您的	醫療該	<i>護理付。</i>	款之前	您必须	須支付	的數額	į,		
	•									1				
	O		是 No 否							2				
	0		Yes,	but on ,只當					twork	3				
	0			USED/						3				
'QA24_H65'	Does your \$2,000?	healt	th plar	า have	a ded	uctible	for al	l cove	red p	ersons	s that is	more t	than	
AH72	您的保健記	十劃是	否要求	∤為所 る	有受保	人支付	超過	2,000	美元的	的自付	額?			
AIIIZ	A deductible is the amount you have to pay before your plan begins to pay for your medical care.													
	自付額(d	leduct	tibles))是您	在健康	計劃原	開始支	付醫療	費用。	之前必	須支付	的金額	; 0	
	0									1				
	O		是 No							2				
	•		否 Yes.	but on	lv whe	n we	no out	of ne	twork	3				
			是的,	,只當	我們在	網絡外	卜的時	候						
	•		KEF	USED/	DON I	KNO	VV			3				
PROGRAMMIN IF ARINSURE ARDIROWN = SPHBEX =1 OI ELSE CONTIN	= 1 AND (A 1 OR ARDIF R ARDIRP <i>A</i>	REMÉ ROTH AR =1	POTH d=1 O l THEI	I=1 OR OR ARE N CON	EMPSF	2 =1 C	R AR	DIRSI	P =1 (R
'QA24_H66'	Do you ha	ve a s	specia	al acco	unt or	fund y	ou ca	n use	to pa	y for m	nedical	expens	ses?	
AH73B	您是否有-	一個可	「用於う	支付醫療	寮費用	的特別	帳戶	或基金	?					
	The accou Reimburse accounts, Flexible S	ement Perso	nt Acco	ounts (l nedical	HRAs). ' funds,	. Othe , or Cl	r simil	ar acc	counts	inclu	de- Pei	rsonal d	care	
	帳戶有時去 理帳戶、個	固人醫	醫療基金	金或選	擇基金	(Cho								
	帳戶 (Fle	xible S	Spend	ling Ac	counts	s)。								
	0		Yes. 是							1				
	•									2	[GO	TO 'QA	A24_H6	9']
	O			USED/	DON'T	ΓKNO	W			3	[GO	TO 'QA	A24_H69	9']

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'QA24_H67'	Do you have m	noney in this account?		
	您在這個帳戶有	育錢嗎?		
AH130	•	Yes 是	1	
	•	No 否	2	[GO TO 'QA24_H69']
	O	REFUSED/DON'T KNOW	-3	[GO TO 'QA24_H69']
'QA24_H68'	How much mo	ney do you have in this account? Your best	gues	s is fine.
AH131	您在這個帳戶有	有多少錢?盡量估計就可以了。		
	•	(Amount) (金額)		
	O	REFUSED/DON'T KNOW	-3	
Coverage over	Past 12 Months			
'QA24_H69'	Thinking about of the past 12	your current health insurance, did you have months?	this 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,是不是往	每個月	使用的都是同一個保險
Al31	O	Yes 是	1	
	O	No 否	2	[GO TO 'QA24_H71']
	O	DON'T KNOW 不知道	-7	[GO TO 'QA24_H72']
	O	REFUSE	-3	[GO TO 'QA24_H77']
'QA24_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?		
7.1.102	O	Number of Years 年		[IF>=0, GO TO 'QA24_H75']
	O	Number of Months 個月		[IF>=0, GO TO 'QA24_H75']
	O	REFUSED/DON'T KNOW	-3	[GO TO 'QA24_H75']
'QA24_H71'	Out of the last plan?	12 months, how many months did you have	your (current health insurance
AU422	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 KNOW3
'QA24_H72'		12 months, when you were not covered by your current health insurance, ny other 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?
Aluz	O	Yes1 是
	O	No
	O	REFUSED/DON'T KNOW3 [GO TO 'QA24_H75']
'QA24_H73'	plan you purcha	health insurance Medi-CAL, a plan you obtained through an employer, a ased directly from an insurance company, a plan you purchased through rnia, or some other plan?
Al33		·險是不是加州醫療補助計劃白卡(Medi-Cal)、您透過雇主獲得的計劃、 接購得的計劃、您透過加州全保(Covered California)購得的計劃,還是
Al33	Check all that a	pply
		Medi-Cal1 加州醫療補助計劃白卡(Medi-Cal)
		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
		Other health plan
		REFUSED/DON'T KNOW3
PROGRAMMIN IF MORE THAN ELSE GO TO '		_H74': ISE FROM 'QA24_H73' , THEN CONTINUE WITH 'QA24_H74' ;
'QA24_H74'	Before your cur	rent plan, which health insurance did you have?
	在您目前的保險	計劃之前, 您持有的健康保險為何?
AH134	•	Medi-Cal1 加州醫療補助計劃白卡(Medi-Cal)
	•	Obtained through current or former employer/union3 通過現任或前任雇主/工會
	•	通過場合以前合権主/ 工管 Purchased directly5 直接購得
	O	Purchased through Covered California6 透過加州全保(Covered California)購得

	O	Other health plan
	O	其他健康計畫 REFUSED/DON'T KNOW3
	_	I_H75': H69'= 1, THEN CONTINUE WITH 'QA24_H75';
	-	
'QA24_H75'	an employer, a	rrent plan, did you have other health insurance through Medi-CAL, through plan you purchased directly from an insurance company, a plan you ugh Covered California, or some other plan?
AH135		z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?
AIIIO	O	Medi-Cal1 加州醫療補助計劃白卡(Medi-Cal)
	O	Obtained through current
		or former employer/union3 通過現任或前任雇主/工會
	•	Purchased directly5 直接購得
	0	Purchased through Covered California6 透過加州全保(Covered California)購得
	O	Other health plan91
		其他健康計劃 No other health plan95
	0	No other fleath plan
	O	REFUSED/DON'T KNOW3
No other health	plan	
PROGRAMMIN	NG NOTE 'QA24	1 H76':
IF 'QA24_H75'	= 95, THEN SK	IP TO 'QA24_H77', ELSE CONTINUE.
		OM 'QA24_H73' THEN DISPLAY THAT RESPONSE _AY RESPONSE FROM 'QA24_H74'
ELSE IF 'QA24	_H75 ' >0 DISPL	_AY RESPONSE FROM 'QA24_H75 '
		'QA24_H75'=1 DISPLAY "the MediCAL plan"
union"	OR AH 143 OR	'QA24_H75'=3 DISPLAY "plan through current or former employer or
IF 'QA24_H73'		'QA24_H75'=5 DISPLAY "plan you purchased directly"
IF 'QA24_H73'	OR AH143 OR	'QA24_H75'=6 DISPLAY "the Covered California plan" 'QA24_H75'=91 DISPLAY "the other health plan"
II QAZ-11110	ORTAITI-O OR	GALT_ING OF BIOLEKT THE OTHER HEALTH PIGHT
'QA24_H76'		ou have the {MediCAL/ Covered California plan/other health} plan it or former employer or union/ you purchased directly}?
AH136	-	療補助計畫白卡(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?
	•	Number of years
	•	年 Number of months
	•	เพนเทมติ ปา เทบเนเจ

	•	個月 REFUSED/DON'T KNOW3	
'QA24_H77'	During the pas	t 12 months, did you change your health insural	nce plan?
	過去 12 月內,	您曾否改變您的主要健康保險計劃?	
AH137	Please include companies.	changes in health plan from the same or differe	ent 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	
	0	Yes1 是	
	O	~ No2 否	
	O	REFUSED/DON'T KNOW3	
		_H78': 4_H72' = 1, -3 THEN CONTINUE;	
'QA24_H78'	During the pas	t 12 months, was there any time when you had	no 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?	
7	O	Yes1 是	
	O	No2	
	•	否 REFUSED/DON'T KNOW3	
IF 'QA24_H78	NG NOTE 'QA24_i '=1 OR 'QA24_i) PN 'QA24_H90	172'=2, THEN CONTINUE WITH 'QA24_H79';	
'QA24_H79'	For how many	months of the past 12 months did you have no	health 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 'QA24_H79'=0, GO TC 'PN_QA24_H90']
	O	REFUSED/DON'T KNOW3	
Reasons for La	ack of Coverage		
'QA24_H80'	What is the <u>one</u> months?	e main reason why you did not have any health	insurance 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?	
	0	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	[GO TO 'QA24_H81']
	•	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	
	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	
	O	Other (Specify:)	
	•	REFUSED/DON'T KNOW3	
'QA24_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	L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:)	
	0	REFUSED/DON'T KNOW3	
'QA24_H82'	During the time own?	e that you were uninsured, did you try to find hea	lth insurance on your
AH74	在您沒有保險的	勺期間,您是否曾經嘗試自己尋找醫療保險?	
AIII	O	Yes1 是	[GO TO 'PN_QA24_H90']
	•	No2	[GO TO
	•	否 REFUSED/DON'T KNOW3	'PN_QA24_H90'] [GO TO 'PN_QA24_H90']
'QA24_H83'	What is the <u>on</u>	<u>e main</u> reason why you do not have any health ir	nsurance?
	您沒有任何健愿	表保險的一個主要原因是什麼?	
Al24			

'QA24_H86'	Were you cov	ered by health insurance at any time during the past 12 months?
	•	REFUSED/DON'T KNOW3
	O	No2 否
	0	Yes1 是
AH75		
	在您沒有保險	的那段時間內,您是否曾經嘗試自己尋找醫療保險?
'QA24_H85'	During the tim your own?	e that you have been uninsured, have you tried to find health insurance on
	O	REFUSED/DON'T KNOW3
	_	其他原因(請詳述:)
		轉換僱主 Something else (Specify:) 91
		Change in employe3
		Reduction in hours2 減少工時
	_	Lost job1 失去工作
AH141	這是因 為 失去.	工作、減少工時、轉換僱主,還是其他原因?
'QA24_H84'	Was this due	to a lost job, reduction in hours, change in employer, or something else?
	O	其他(請詳述:) REFUSED/DON'T KNOW
	•	Other (Specify:)91
		pay for own care8 可以獲得免費的健康保險/自費負擔
	O	Can get health care for free/
		insurance companies7 更換保險公司的期間導致延遲
	O	Did not have insurance while switching
	•	不相信保險
	Q	家庭狀況發生變化 Don't believe in insurance6
	O	Family situation changed5
		immigration status4 因公民/移民身份而不符合資格
	O	Not eligible due to citizenship/
		因健康或其他問題而不符合資格
	O	Not eligible due to health or other problems3
		因工作狀態/更換雇主/失業而不符合資格
		Changed employer/Lost job [GO TO 'QA24_H84']
	O	負擔不起/太貴了 Not eligible due to working status
	9	Carrt allord/100 experisive

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 'QA24_H88']
	O	No2	
	Q	否 REFUSED/DON'T KNOW3	
(OA24 1107)	_		
'QA24_H87'		it been since you last had health insurance?	
Al28	您上一次有醫療	紧保險到現在已經有多長時間?	
7.120	•	More than 12 months ago, but not more than 3 years	[GO TO
	0	超過 12 個月前,但不超過 3 年前 More than 3 years2 超過3 年前	'PN_QA24_H90'] [GO TO 'PN_QA24_H90']
	O	Never had health insurance3 從來沒有健康保險	[GO TO 'PN_QA24_H90']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H90']
'QA24_H88'	For how many	months out of the last 12 months did you have h	ealth insurance?
Al29	在過去 12 個月	內, 您有多少個月有醫療保險?	
	O	Months [HR: 0-12] 個月	[GO TO 'PN_QA24_H90']
	•	REFUSED/DON'T KNOW3	4
'QA24_H89'	you obtained fi	e when you had health insurance, was your insurom an employer, a plan you purchased directly fan you purchased through Covered California, or	rom an insurance
Al30	您透過雇主獲得	歲的那段時間,您的健康保險是不是加州醫療補助 身的計劃、您從保險公司直接購得的計劃、您透過 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 'QA24_H90':

6) OR ARHBEX ELSE GO TO F	(= 1 OR SPHBE	173'= 2 OR ARDIRECT= 1 OR 'QA24_H89'= (5, X= 1; THEN CONTINUE WITH 'QA24_H90'; NOTE 'QA24_H107' 108'	6) OR 'QA24_H73'= (5,
'QA24_H90'		nonths, did you try to purchase a health insurance pany or HMO, or through Covered California?	e plan directly from an
AH103H	在過去 12 個月 · 醫療保險計劃?	中您是否曾經嘗試直接從保險公司或 HMO 或透過	Covered California 購買
AIIIOII	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_H107']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H107']
'QA24_H91'		y from an insurance company or HMO, or throug surance company and through Covered California	
AH110H		公司或 HMO 購買、還是透過 Covered California I California 購買的計劃?	購買、還是既從保險公司
AIIIIIII	•	Directly from an insurance company or HMO1 直接來自保險公司或 HMO(健康維護機構)	
	O	Through Covered California2 透過加州全保(Covered California)	
	O	Both from an insurance company and through Covered California3 來自保險公司以及透過加州全保兩者	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_H94']
IF 'QA24_H91': IF 'QA24_H91': experience tryir	= 3; THEN CON ng to purchase in	_H92': TINUE WITH 'QA24_H92'; TINUE WITH 'QA24_H92' AND DISPLAY "First, surance directly from an insurance company or F NOTE 'QA24_H96';	_
'QA24_H92'	{First, think abo	ut your experience trying to purchase insurance opany or HMO.}	directly from an
AH98H	{首先,請考慮您	密在嘗試直接從保險公司或 HMO 購買保險時的經歷	歷。}
Alloon	How difficult wa	s 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 difficult1 非常困難	
	•	Somewhat difficult2 較為困難	

	O	Not too difficult	
	O	不太困難 Not at all difficult4	
		毫無困難	
	O	REFUSED/DON'T KNOW3	
'QA24_H93'	How difficult wa	as it to find a plan you could afford?	
АН99Н	找到一項您能負	負擔得起的計劃有多困難?	
	O	Very difficult1 非常困難	
	0	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	
'QA24_H94'	Did anyone hel	p you find a health plan?	
AH100H	是否有人幫助您	以尋找醫療保險計劃?	
74110011	•	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_H96']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H96']
'QA24_H95'	Who helped yo	u?	
AH101H	是誰幫助您的?		
	O	Broker1 經紀人	
	•	Family member/Friend2 家庭成員/朋友	
	•	Internet3 網際網路	
	O	Other (Specify:)	
	•	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA24_H96':

IF 'QA24_H91'= 2, THEN CONTINUE WITH 'QA24_H96';

IF 'QA24_H91'= 3; THEN CONTINUE WITH 'QA24_H96' AND DISPLAY "Now, think about your experience with Covered California.";

ELSE GO TO PROGRAMMING NOTE 'QA24_H90';

'QA24_H96' {Now, think about your experience with Covered California.}

{現在,請想一想您與 Covered California 交往的經	歷。	}
------------------------------------	----	---

AH111H

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

	透過 Covered	I 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	
	•	Somewhat difficult2 較為困難	
	O	Not too difficult3 不太困難	
	O	Not at all difficult4 毫無困難	
	0	REFUSED/DON'T KNOW3	
QA24_H97'	How difficult v	was it to find a plan you could afford? Was it	
AH112H	找到一項你能	負擔得起的計劃有多困難?您認為是	
	O	Very difficult1 非常困難	
	O	Somewhat difficult2 較為困難	
	•	Not too difficult3 不太困難	
	O	Not at all difficult4 毫無困難	
	O	REFUSED/DON'T KNOW3	
QA24_H98'	Did anyone h	elp you find a health plan?	
AH113H	是否有人幫助	您尋找醫療保險計劃?	
AIIIIII	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_H100']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_H100']
QA24_H99'	Who helped y	vou?	
A1144411	是誰幫助您的	?	
AH114H	O	Broker1 經紀人	
	O	Family member/Friend2 家庭成員/朋友	
	O	Internet3 網際網路	
	O	Certified enrollment counsellor4	

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		健保認證專員
	•	Other (Specify:)91
	O	其他(請詳述:) REFUSED/DON'T KNOW3
	9	REFUSED/DON I KNOW3
'QA24_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	10,000,000	
	O	Yes1
	Q	是 No2
		否
	0	REFUSED/DON'T KNOW3
	NG NOTE 'QA2	
'QA24_A21' 'QA24_H101'; ELSE GO TO '		S ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
	-	
'QA24_H101'	Were you able	e to get information about your health plan options in your language?
	您是否能夠用	您自己的語言獲得有關您的保健計劃選擇的資訊?
AH116H	_ , _ , , , , , , , , , , , , , , , , ,	
	O	Yes1
	O	是 No2
	•	否
	O	REFUSED/DON'T KNOW3
'QA24_H102'		of the plan you selected very important, somewhat important, or not hoosing your plan?
	你强摆的計劃	費用在您選擇計劃時是非常重要、較為重要還是不重要?
AH117H	心公1447年至1	文/市压心之汗用到内 龙/T市主文、 大 /内主文之之「主文。
	O	Very important1
		很重要
	O	Somewhat important2 有些重要
	O	Not important3 不重要
	O	REFUSED/DON'T KNOW3
'QA24_H103'		are from a specific doctor very important, somewhat important, or not hoosing your plan?
AU440U	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	•	Very important1 很重要
	•	Somewhat important2 有些重要

	O	Not important3 不重要
	•	不重安 REFUSED/DON'T KNOW
'QA24_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?
	•	Very important1 很重要
	O	Somewhat important2 有些重要
	O	Not important3 不重要
	O	REFUSED/DON'T KNOW3
'QA24_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
	•	Somewhat important2 有些重要
	•	Not important3 不重要
	•	REFUSED/DON'T KNOW3
IF 'QA24_H20': ELSE IF 'QA24 ELSE IF 'QA24 ELSE IF 'QA24	_ H20 '= 3 THEN _ H20 '= 4 THEN _ H20 '= 6 THEN	
'QA24_H106'		as the <u>most</u> important reason you chose your Gold/Platinum/Minimum coverage} plan?
7		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	引銀/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 hospital

	•	Choice of doctors in network4	
		網絡內的服務提供者選擇	
	•	Other (Specify:)91	
		Other (Specify:)91 其他(請詳述:)	
	O	REFUSED/DON'T KNOW3	
PROGRAMMIN			
		UE WITH 'QA24_H107' ;	
ELSE SKIP TO	QA24_H100	D ,	
'QA24_H107'	Overall, how	v satisfied are you with your current health insurance plan?	
	整體本設 4	您有多滿意目前的健康保險計劃?	
AH139	11000000000000000000000000000000000000		
741100	0	Very satisfied1	
	•	非常滿意	
	O	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	
	•	TEL GGEB/BOTT TATOVI	
Hospitalizations	5		
'QA24_H108'	During the p	past 12 months, were you a patient in a hospital overnight or longer?	
	在過去十二個	個月內,您是否曾經因病住院一天或以上?	
AH14			
	O	Yes1	
		是	
	•	No2	
		否	
	O	REFUSED/DON'T KNOW3	
Madical Dabt			
Medical Debt			
PROGRAMMIN	IC NOTE 'O		
		RE ≠ 1, SKIP TO 'QA24_H111' ;	
		COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questi	one
		h plan", AND CONTINUE WITH 'QA24_H109'	0115
are about your	our one ricula	TPIGHT, THE CONTINUE WITH GAZY_ITTO	
'QA24_H109'	The followin	g questions are about your current health plan. While you've had your cu	urrent
		have you ever reached the limit of what your insurance company would	
	for?		. ,
	{以下問題是	關於您目前的健康計劃}您持有目前的健康計劃期間,是否曾經達到保險公	公司
	承擔的付款_	上限?	
AH79B			
<u>-</u>	O	Yes1	
		是	
	O	No2 [GO TO 'QA24_H 1	111']

	O	否 REFUSED/DON'T KNOW3	[GO TO 'QA24_H111']
	_		[0010 QA24_11111]
'QA24_H110'	Did this happer	in the past 12 months?	
AH80B	這是在過去 12	個月內發生的嗎?	
	O	Yes1 是	
	O	No2	
	•	否 REFUSED/DON'T KNOW3	
'QA24_H111'		12 months, did you have medical bills that you pay, either for yourself or any family member in	
ALIOAD	過去 12 個月內 然。	,您曾否難以支付或未能支付醫療帳單?不論為然	您自己或任何家庭成員亦
AH81B	Dental bills sho	uld be included.	
	包括牙科帳單。		
	O	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_I1']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_I1']
'QA24_H112'	What is the tota	al amount of medical bills?	
AH83B	醫藥費總額是多	少?	
АПОЗВ	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。	
	O	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	
	•	\$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	None6 皆非	
	O	REFUSED/DON'T KNOW3	
'ΩΔ24 H113'	Were you or yo	ur family member uninsured at the time care wa	s provided?

QA24_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		
АП04Б	Q	Yes1
	•	- TeS 是
	0	No2
	•	否
	O	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
	O	REFUSED/DON'T KNOW3
PROGRAMMII	NG NOTE 'QA2	4_H114':
l		
IF R LIVES IN ELSE GO TO '		COUNTY CONTINUE;
_	1' = 1 THEN CC	ONTINUE;
ELSE GO TO '	QA24_H116';	
'QA24_H114'	Where did you	receive the care that led to these unpaid medical bills?
	你在哪裡接受	了導致這些未付醫療費用的護理服務?
AH142	心压冰压汉人	1 中外是二个门 60小只用的成化的,
AIII42	Select all that	apply
		Medical doctor's office or Clinic1
		醫生辦公室或診所
		画工がム主気砂川 Hospital or Emergency Room2
	_	醫院或急症室
		Ambulance or other medical
	_	transportation3
		救護車或其他醫療運輸
		Urgent care4
		緊急護理
		Dentist5
		牙醫
		Other (Specify:)91
		其他
	•	REFUSED/DON'T KNOW3
DD00D41414	10 NOTE (0 10	4 1144=1
	NG NOTE 'QA2	
	FROM 'QA24 I	ROM 'QA24_H114' THEN CONTINUE, AND ONLY DISPLAY
ELSE GO TO	_	1114,
LLOL GO TO	<u>QAZ4_IIII0</u> ,	
'QA24_H115'	Which of these	e resulted in the greatest amount of unpaid medical bills?
	其中哪—項遵	致最多未付醫療費用?
AH143	ハ I Wi ハサ	ハート フ イト・ロ 日 /N/パ 10・
A11140	•	Medical doctor's office or Clinic1
	•	醫生辦公室或診所
	•	雷王州公主攻応内 Hospital or Emergency Room2
	•	醫院或急症室

	0	Ambulance or other medical
		transportation3
		救護車或其他醫療運輸
	•	Urgent care4 ^歐
	\circ	緊急護理 Dentist5
	•	Dentist5 牙醫
	O	Other (specify:)91
	-	其他
	O	REFUSED/DON'T KNOW3
	NG NOTE 'QA2	_
		A24_H113 ' = 2 OR 3) THEN CONTINUE WITH 'QA24_H116 ';
ELSE GO TO '	QA24_H122';	
'QA24_H116'	Did any of the	following lead to your problems paying for these medical bills?
	以下是否有任何	何情況導致您在支付這些醫療費用方面遇到問題?
AH144		
	Select	t all that apply
		High-deductible amount(s)1
	П	高自付額
		High co-pay amounts2 高共付額
		高共刊研 Your insurance denied coverage or
	_	payment for the service3
		您的保險拒絕承保或支付服務費用
		You used an out-of-network provider4
		您使用了網絡外服務提供者
	•	REFUSED/DON'T KNOW3
	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	
	NG NOTE 'QA2 _' 6' = 4 THEN CO	_
ELSE GO TO		JNTINUE;
LLOL GO TO	QAZT_IIIIO,	
'QA24_H117'	Were you awa	are this provider was out-of-network when you received the service?
_	當您接受服務吗	時,您是否知道該服務提供者不在網絡中?
AH145		
	O	Yes1
		是
	O	No2
		否 PEFFICED/DON'T KNOW
	•	REFUSED/DON'T KNOW3
BBOGBAMMII	NG NOTE 'QA2	A U440'.
	7' = 1 THEN CO	
FLSE GO TO '		MITINOL,

'QA24_H118' Why did you select this out-of-network provider?

	您為什麼選擇這	這個網絡外服務提供者?
AH146		
	•	Preferred this provider1 偏好該服務提供者
	•	Unable to use an in-network provider2
		無法使用網絡內服務提供者
	0	Some other reason3 其他原因
	•	REFUSED/DON'T KNOW3
'QA24_H119'		er give you information or an application for financial assistance to reduce or extend the payment plan?
AH147	服務提供者是否	后向 您 提供了資訊或經濟援助申請,以減少醫療費用或延長付款計劃?
	O	Yes1 是
	•	No2 否
	•	REFUSED/DON'T KNOW3
'QA24_H120'	Did you comple	ete an application for financial assistance?
	您 是否已完成經	至濟援助申請?
AH148		
	O	Yes1 是
	0	No2 否
	•	REFUSED/DON'T KNOW3
		I_H121': _H120' = 1, THEN CONTINUE;
'QA24_H121'	Did you receive	e financial assistance?
A11440	您接受過經濟援	是助嗎?
AH149	•	Yes1
	•	是 No2
	•	否 REFUSED/DON'T KNOW
'QA24_H122'	Because of the heat, or rent?	se medical bills, were you unable to pay for basic necessities like food,
AH85B	您有否因這些醫	肾療帳單而無力購買基本必需品,例如食物、暖氣費或租金?

No......2

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

August 23, 2024

CHIS 2024 Adult Questionnaire

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PROGRAMMING NOTE 'QA24_I1':

Section I: Child and Adolescent Health Insurance

Child's Health Insurance

ADOLESCENT	· ,	TO PROGRAMMING NOTE 'QA24_I36' TO ASK	ABOUT SELECTED
	∉1, GO TO PRO UE WITH 'QA24	GRAMMING NOTE 'QA24_I2' ; _ I1'	
'QA24_I1'	Does (CHILD) h	nave the same <u>health</u> insurance as you?	
	(CHILD) 的保險	是否與您的保險相同?	
CF10A	O	Yes1	[GO TO 'QA24_I18']
	O	是 No2	
	•	否 REFUSED/DON'T KNOW3	
IF 'QA24_I1'= 1 ARSAMECH=1 IF 'QA24_I1'= 1 ARSAMECH= 1 IF 'QA24_I1'= 1 ARSAMECH= 1 IF 'QA24_I1'= 1 IF 'QA24_I1'= 1 IF 'QA24_I1'= 1	1 AND ARMCAR 1 AND ARMCAL 1 AND AREMPO 1 AND AREMPO 1 AND AREMPO 1 AND ARDIREC ; 1 AND ARMILIT= 1 AND AROTHE 1; 1 AND AROTHE	EE= 1, SET CHMCARE= 1 AND SET CHINSURE = 1, SET CHMCAL= 1 AND SET CHINSURE= 1 WN= 1, SET CHEMP= 1 AND SET CHINSURE= P= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AR= 1, SET CHEMP= 1 AND SET CHINSURE= OTH= 1, SET CHEMP= 1 AND SET CHINSURE= OT= 1, SET CHDIRECT= 1 AND SET CHINSURE= OV= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= I, SET CHOTHER= 1 AND SET CHINSURE= I, SET CHIHS= 1 = 1, SET CHIHS= 1 = 1, SET CHIHS= 1	AND ARSAMECH= 1; 1 AND ARSAMECH= 1; AND ARSAMECH= 1; 1 AND ARSAMECH= 1; 1 AND ARSAMECH= 1; = 1 AND AND ARSAMECH= 1; RE= 1 AND = 1 AND ARSAMECH=
IF SPINSURE≠ ELSE IF 'QA24	IG NOTE 'QA24 1, THEN SKIP T _I1' = 2 AND AF UE WITH 'QA24		
'QA24_I2'	Does (CHILD) h	nave the same insurance as {your spouse/your pa	artner/SPOUSE NAME/
MA1	(CHILD) 的保險	是否與{您配偶/您伴侶/SPOUSE NAME/ PARTNE	ER NAME} 的保險相同?
WAI	O	Yes1 是	[GO TO 'QA24_I18']
	O	No2 否	
	O	REFUSED/DON'T KNOW3	

IF 'QA24_I2'= IF 'QA24_I2'= IF 'QA24_I2'= SPSAMECH= IF 'QA24_I2'= IF 'QA24_I2'= SPSAMECH= SPSAMECH= SPSAMECH= IF 'QA24_I2'= IF 'QA24_I2'= IF 'QA24_I2'= IF 'QA24_I2'= 1; IF 'QA24_I2'=	1 AND SPMCA 1 AND SPMCA 1 AND SPEMP 1 AND SPOTH 1; 1 AND SPIHS= 1 AND SPHBE: 1 AND SPARP 1 IF 'QA24_I2'= 1; 1 AND SPEMP 1 AND SPEMP 1 AND SPDIRE 1 AND SPDIRE	RE= 1, SET CHMCARE= 1 AND SET CHINSURI L= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 OWN= 1, SET CHEMP= 1 AND SET CHINSURE GOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE 1, SET CHIHS= 1 = 1, SET CHHBEX= 1 AND SET CHINSURE= 1 A AR= 1, THEN SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPEMPSP= 1, SET CHEMP= 1 AND SET AR= 1, SET CHEMP= 1 AND SET CHINSURE= OTH= 1, SET CHEMP= 1 AND SET CHINSURE= ECT= 1, SET CHOTHER= 1 AND SET CHINSURE= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 ER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1	AND SPSAMECH= 1; = 1 AND SPSAMECH=1; URE= 1 AND AND SPSAMECH= 1; NSURE= 1 AND TO CHINSURE= 1 AND 1 AND SPSAMECH= 1; = 1 AND SPSAMECH= 1; E= 1 AND SPSAMECH= 1;
Medi-Cal Cove	erage (Child)		
'QA24_I3'	Is {he/she} cu	rrently covered by Medi-CAL?	
CF1		否享受 Medi-CAL(加州醫療保健計劃)的保险? health insurance program for low-income individu	als in California.
	MediCAL是為	某些低收入家庭的兒童及其家人、孕婦、殘障人士	一或年長者提供的一項計劃
	O	Yes1 是	
	•	No2	
	•	否 REFUSED/DON'T KNOW	
POST NOTE '	QA24_I3': IF 'Q	A24_I3'= 1, SET CHMCAL= 1 AND SET CHINS	JRE= 1
Employer-Base	ed Coverage (C	hild)	
'QA24_I4'		vered by a health insurance plan or HMO through ment or union?	your own or someone
CF3	(CHILD)是否说 ?	通過您或其他人的工作或工會享受醫療保險或管理:	式保健組織(HMO)計劃
	O	Yes1	
	•	是 No2 不	[GO TO 'PN_QA24_I6']
	•	否 REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_I6']
POST NOTE	QA24_I4': IF 'Q	A24_I4' = 1, SET CHEMP = 1 AND CHINSURE :	= 1

'QA24_I5'	Is this plan through an employer, through a union, or through Covered California's SHOP program?		
A100	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	
	•	Union2 工會	
	O	SHOP / Covered California3 SHOP / 加州全保	
	O	Other (Specify:)	
	•	REFUSED/DON'T KNOW3	
POST NOTE F	OR 'QA24_I5':	IF ' QA24_I5 ' = 3, THEN SET CHHBEX = 1	
Private Covera	ge (Child)		
IF CHINSURE	NG NOTE 'QA24 = 1 THEN GO T UE WITH 'QA24	O 'QA24_I8' ;	
'QA24_I6'		vered by a health insurance plan that you purchas pany or HMO, or through Covered California?	sed directly from an
	(CHILD)是否享 的承保?	E受您直接從保險公司或HMO或透過Covered Calif	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」的計劃	支付某些疾病(例如癌症或中風)費用的計劃或當 割	您住院時僅向您支付「額
	O	Yes1 是	
	•		[GO TO 'PN_QA24_I12']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_I12']
POST NOTE 'C	QA24 I6': IF 'Q/	A24_I6' = 1, SET CHDIRECT = 1 AND CHINSUF	RE = 1
IF CHDIRECT		4_I7': ITINUE WITH 'QA24_I7' ; G NOTE 'QA24_I8'	

'QA24_I7'		ourchase this health insurance – directly from an insurance company or igh Covered California?	
Al91	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	•	Insurance company or HMO1 保險公司或 HMO	
	•	Covered California2 加州全保(Covered California)	
	•	Other (Specify:)	
	•	REFUSED/DON'T KNOW3	
POST NOTE F	OR 'QA24_I7':	IF 'QA24_I7'= 2, THEN SET CHHBEX= 1	
IF CHHBEX =		!4_I8': :CT = 1, THEN CONTINUE WITH 'QA24_I8' ; G NOTE 'QA24_I9' ;	
'QA24_I8'	Was there a s	ubsidy or discount on the premium for this plan?	
Al93	這項計劃的保	費是否有補貼或折扣?	
1.000	•	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
IF CHEMP = 1	CONTINUE WI	BASED COVERAGE) OR CHDIRECT= 1 (PURCHASED OWN	
'QA24_I9'	Do you pay ar	ny or all of the premium or cost for (CHILD)'s health plan? Do not include	

'QA24_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

<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.

	免賠額是您的係	保險計劃開始付款之前您支付的醫療護理	費。	
	O	Yes 是	1	
	O	~ No 否	2	
	O	REFUSED/DON'T KNOW	3	
'QA24_I10'		else, such as an employer, a union, or pi f the premium or cost for (CHILD)'s hea		al organization pay all or
	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)自	的保健計劃的全部或部份
AI50	•	Yes 是	1	
	O	~ No 否	2	[GO TO 'PN_QA24_I12']
	•	REFUSED/DON'T KNOW	3	[GO TO 'PN_QA24_I12']
'QA24_I11'	Who else pays	all or some portion of the cost for (CHIL	.D)'s heal	th plan?
	還有誰支付(CH	IILD)保健計劃的全部或部份費用?		
AI51	Check all that a	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 employer 配偶/伴侶的現任雇主		
	_	Spouse's/Partner's former employer 配偶/伴侶的前任雇主		
		Professional/Fraternal organization 職業/兄弟組織		
		Medicaid/Medi-Cal assistance 聯邦醫療補助計劃(Medicaid)/加州		計劃白卡(Medi-Cal)
		Medicare 聯邦老人醫療保險(Medicare)		
		Covered California	11	
		Other 其他	91	
	O	REFUSED/DON'T KNOW	3	

POST NOTE 'QA24_I11':

```
IF 'QA24 I11' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF 'QA24 I11' = 7, SET CHMCAL = 1
IF 'QA24_I11' = 10, SET CHHBEX = 1;
CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)
PROGRAMMING NOTE 'QA24 I12':
IF CHINSURE = 1, GO TO PN 'QA24 I18';
ELSE CONTINUE WITH 'QA24_I12'
'QA24 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
                  0
                        Yes......1
                                                              IGO TO
                        是
                                                              'PN_QA24_I18']
                  0
                        否
                  0
                        REFUSED/DON'T KNOW.....-3
POST NOTE 'QA24_I12': IF 'QA24_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',
'QA24_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

\mathbf{O}	AIM1	[GO TO
	加州孕婦嬰兒保險 (AIM)	'PN_QA24_I18']
•	MRMIP2	[GO TO
	高風險醫療保險計劃	PN_QA24_I18']
	(MISTER MIP/MRMIP)	
\mathbf{O}	Healthy Kids3	[GO TO
	兒童保健計劃(HEALTHY KIDS)	'PN_QA24_I18']
\mathbf{O}	No other plan4	
	沒有其他健康計劃	
\mathbf{O}	Something else (Specify:)91	[GO TO
	其他(請詳述:)	'PN_QA24_I18']
\mathbf{O}	REFUSED/DON'T KNOW3	

POST NOTE 'QA24_I13': IF 'QA24_I13'= 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage	(Child)	

'QA24_I14'	Does {he/she}	have any health insurance coverage through a plan that I missed?
	{他/她}有沒有追	通過我漏掉的計劃享受任何醫療保險?
CF8	O	Yes1
	O	是 No2 [GO TO 否 'PN_QA24_I17']
	O	REFUSED/DON'T KNOW3 [GO TO 'PN_QA24_I17']
'QA24_I15'		realth insurance does {he/she} have? Does it come through Medi-CAL, an nion, or from some other source?
CF9	•	重健康保險?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?
013	Check all that	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 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
		Covered California10 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
	O	REFUSED/DON'T KNOW3

POST NOTE 'QA24_I15':

```
IF 'QA24 I15'= 8, SET CHIHS= 1
IF 'QA24 I15'= 10, SET CHHBEX= 1 AND CHINSURE= 1 AND CHDIRECT=1;
IF 'QA24 I15'= 11, SET CHHBEX= 1 AND CHINSURE= 1 AND CHEMP= 1;
IF 'QA24 I15'= 91, SET CHOTHGOV= 1 AND CHINSURE= 1
IF 'QA24_I15'= 92, SET CHOTHER= 1 AND CHINSURE= 1
IF 'QA24_I15'= -3, SET CHINSURE= 1
IF 'QA24_I15'= 1, SET CHEMP= 1 AND CHINSURE= 1
IF 'QA24_I15'= 2, SET CHEMP= 1 AND CHINSURE= 1
IF 'QA24_I15'= 3, SET CHDIRECT= 1 AND CHINSURE= 1
IF 'QA24_I15'= 4, SET CHMCARE= 1 AND CHINSURE= 1
IF 'QA24 I15'= 5, SET CHMCAL= 1 AND CHINSURE= 1
IF 'QA24 I15'= 7, SET CHMILIT= 1 AND CHINSURE= 1
PROGRAMMING NOTE 'QA24 I16':
IF 'QA24 I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA24 I16';
ELSE SKIP TO PROGRAMMING NOTE 'QA24 117'
'QA24_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
                         Yes.....1
                  0
                  O
                         No......2
                         否
                         REFUSED/DON'T KNOW.....-3
                  O
PROGRAMMING NOTE 'QA24 117':
IF CHINSURE \neq 1 CONTINUE WITH 'QA24 I17':
ELSE GO TO 'QA24_I18';
'QA24 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

O	Paperwork too difficult1 申請填表太困難
•	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
•	Not eligible due to
	citizenship/immigration status4
	因公民/移民身份而不符合資格
\mathbf{C}	Do not believe in health insurance6
	不相信健康保險
O	Do not need insurance because
	she/he is healthy7
	他/她身體健康,因此不需要任何保險
\mathbf{O}	Already have insurance8
	已經有保險了
O	Did not know about it9
	不知道有保險

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

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'QA24 I18':

IF 'QA24_I1' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'QA24_I18';

IF CHINSURE = 1, THEN CONTINUE WITH 'QA24 I18';

ELSE GO TO 'PN QA24 I22'

'QA24 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。

0	Yes1	[GO TO 'QA24_I20']
0	走 No.	
•	No2 杰	
\mathbf{O}	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA24 I19':

IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA24 I20'; ELSE CONTINUE WITH 'QA24 I19';

'QA24 I19' Is (CHILD)'s health plan a PPO or EPO?

AI115

(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)?

EPO 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。

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 'QA24_I22';

ELSE SKIP TO PROGRAMMING NOTE 'QA24_I25'

	O	PPO1	
	0	EPO2 Other (Specify:)91	
		其他(請詳述:)	
	•	REFUSED/DON'T KNOW3	
'QA24_I20'	What is the na	me of (CHILD)'s main health plan?	
MA2	(CHILD) 參加的	的主要健康計劃的名稱是什麼?	
WAZ .	0	Aetna2 安泰	
	O	Anthem Blue Cross of California7 加州安盛藍十字	
	•	Blue Shield	
	O	Cigna Healthcare26 信諾健康照護	
	O	Health Net	
	O	Kaiser Permanente	
	O	United Healthcare73 聯合健康保險	
	O	MediCal	
	•	Medicare 52 加州醫療補助計劃白卡	
	O	Other (Specify:)	
	•	REFUSED/DON'T KNOW3	
POST NOTE '	QA24_I20': IF 'C	QA24_I20' = 93, 87, OR 89 THEN SET CHMILIT=1	
'QA24_I21'	Is (CHILD) cov	ered for prescription drugs?	
CF14	計劃是否支付(0	CHILD) 的處方藥品?	
CF14	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
High Deductibl	le Health Plans (Child)	
PROGRAMMING NOTE FOR 'QA24_I22': IF (ARINSURE \neq 1 OR 'QA24_I1' \neq 1) AND (CHEMP= 1 OR CHDIRECT= 1 OR CHOTHER= 1), THEN			

'QA24_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 medical care.	the amount you have to pay before your plan begins to pay for your
	免賠額是在您的	的健康保險計劃開始為您的醫療護理付款之前,您必須支付的數額。
	•	Yes1 是
	O	No2 否
	•	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 KNOW3
'QA24_I23'	Does (CHILD)' \$2,000?	s health plan have a deductible for all covered persons that is more than
Al80	(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?
	A deductible is medical care.	the amount you have to pay before your plan begins to pay for your
	免賠額是在您的	的健康保險計劃開始為您的醫療護理付款之前,您必須支付的數額。
	•	Yes1 是
	•	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
	•	REFUSED/DON'T KNOW3
IF ('QA24_I22'		4_I24': QA24_I23'= 1 OR 3), CONTINUE WITH 'QA24_I24 '; NG NOTE 'QA24_I25'
'QA24_I24'	Do you have a expenses?	special account or fund you can use to pay for (CHILD)'s medical
Al81	您是否有用於多	支付(CHILD)的醫療費用的特殊帳戶或資金?
7401	Reimbursement accounts, Pers	are sometimes referred to as Health Savings Accounts (HSAs) or Health of Accounts (HRAs). Other similar accounts include- Personal care sonal medical funds, or Choice funds. Do not include employer-provided ling Accounts (FSAs).
	護理帳戶、個力	康儲蓄帳戶 <i>(HSAs)、</i> 健康償付帳戶 <i>(HRAs)、</i> 或其他類似帳戶包括個人 〈醫療基金或選擇基金 <i>(Choice Funds),</i> 但不包括雇主所提供的醫療保險 <i>(Flexible Spending Accounts,FSA)。</i>
	O	Yes1
	Q	是 No 2

	O	台 REFUSED/DON'T KNOW3	
Reasons for La	ack of Coverage	e (Child)	
IF CHINSURE	NG NOTE 'QA = 1, GO TO 'Q NUE WITH 'QA	A24_I30';	
'QA24_I25'	What is the <u>or</u>	ne main reason (CHILD) does not have any health	n insurance?
0540	(CHILD) 沒有	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	
	O	Not eligible due to citizenship/	
	O	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	
	• •	Other (Specify:)	
Coverage over	r Past 12 Month		
'QA24_I26'		covered by health insurance at any time during the	ne past 12 months?
- -	, ,	生過去 12 個月中的任何時間享受醫療保險?	•
CF20	O	Yes1	[GO TO 'QA24_I28']
	0	是 No2	[66.6 4,1220]
	0	否 REFUSED/DON'T KNOW3	
·OA24 127			
'QA24_I27'		it been since (CHILD) last had health insurance?	
CF21	(CHILD) 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	[GO TO
		超過 12 個月前,但不超過 3 年前	'PN_QA24_I36']
	O	More than 3 years2	[GO TO
		超過3年前	'PN_QA24_I36']
	•	Never had health insurance3	IGO TO
	•	從來沒有健康保險	'PN_QA24_I36']
	•	REFUSED/DON'T KNOW3	[GO TO
	9	NEI OSED/DON I KNOW3	'PN_QA24_I36']
			FN_QA24_130]
'QA24_I28'	For how man	y of the last 12 months did {he/she} have health i	nsurance?
QALT_ILO	1 of flow fliati	y of the last 12 months and (norshe) have health	insurance:
	在過去 12 個	月內,{他/她}有多少個月有醫療保險?	
CF22			
CFZZ		Marries FLID 0 401	100 TO
	O	Months [HR: 0-12]_	[GO TO
		個月	'PN_QA24_I36']
	•	REFUSED/DON'T KNOW3	
'QA24_I29'		me when (CHILD) had health insurance, was {his	
		tained through an employer, a plan you purchase	
	insurance co	mpany, a plan you purchased through Covered C	alifornia, or some other
	plan?		
	•		
	在(CHII D)有!	醫療保險期間,{他的/她的}保險是 MediCal、您透	温屋主獲得的計劃 你直接
	• •	質的計劃、您透過 Covered California 購買的計畫	
0500	1年	貝切可画、心地画 Covered Camornia 購負切可量	则逐足共世时 劃!
CF23			
	Check all tha	t apply	
		Medi-Cal1	[GO TO
		加州醫療補助計劃白卡(Medi-Cal)	'PN_QA24_I36']
		Through current or former employer/union3	[GO TO
		通過現任或前任雇主/工會	'PN_QA24_I36']
		Purchased directly5	[GO TO
		直接購得	'PN_QA24_I36']
		Covered California6	[GO TO
	_	透過加州全保(Covered California)購得	'PN_QA24_I36']
		Other health plan91	[GO TO
		其他健康計畫	-
			'PN_QA24_I36']
	O	REFUSED/DON'T KNOW3	
(OA24 120)	Thinking abou	ut (bis/bor) surrent bealth insurance did (CLIII D)	have this same incurance
'QA24_I30'		ut {his/her} current health insurance, did (CHILD)	have this same insurance
	ior <u>an</u> or the p	past 12 months?	
	=±+n +n (//b)		日子日 地日 古 立 回 (任 归
	-	'她}目前的醫療保險,(CHILD) 在過去 12 個月中,	是个是都是享受问一種保
	險?		
CF24			
	•	Yes1	[GO TO
		是	'PN_QA24_I36']
	O	No2	
	•	否	
	O	REFUSED/DON'T KNOW3	
	•	1/F1 00FD/DOIN 1 KINONY3	

'QA24_I31'		y wasn't covered by {his/her} current health ins y other health insurance?	urance, did {he/she/he or
CF25	當{他/她}沒有	享受{他/她}目前的醫療保險時,{他/她/他或她} ?	有沒有其它任何醫療保險?
01 20	•	Yes 是	[GO TO 'QA24_I33']
	O	No2	2
	O	否 REFUSED/DON'T KNOW	[GO TO 'QA24_I33']
'QA24_I32'	you purchased	r health insurance Medi-CAL, a plan you obtair d directly from an insurance company, a plan y ornia, or some other plan?	
		保險是不是加州醫療補助計劃白卡(Medi-Cal) 直接購得的計劃、您透過加州全保(Covered C	
CF26	Check all that	apply	
		Medi-Cal	1
		Through current or former employer or union	1
		Purchased directly	5
		Covered California	3
		Other health plan9	1
	O	其他健康計畫 REFUSED/DON'T KNOW	3
'QA24_I33'	During the pasall?	st 12 months, was there any time when {he/she	e} had 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保險	?
GF21	O	Yes	1
	O	是 No2	•
	O	否 REFUSED/DON'T KNOW	'PN_QA24_I36'] B [GO TO 'PN_QA24_I36']
'QA24_I34'	For how many	of the past 12 months did {he/she} have no he	ealth insurance?
CF28	在過去 12 個月	月中,{他/她}有幾個月沒有健康保險?	
GFZ0	O	MONTHS 個月	[RANGE: 1-12]
	O	^{I回月} REFUSED/DON'T KNOW	3

'QA24_I35'	What is the <u>or</u> {he/she} wasn	ne main reason (CHILD) did not have any health insurance during the time it covered?
CF29	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?
01 23	•	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
	O	Not eligible due to health or3 other problems
	0	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
	•	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 :) REFUSED/DON'T KNOW3
Teen's Health	Insurance	REFUSED/DON'T KNOW3
IF NO TEEN S IF ARINSURE IF ARINSURE		TO 'PN_QA24_J1'; = WITH 'QA24_I36'; N 'QA24_I37';
'QA24_I36'	Does (TEEN)	have the same health insurance as you?
IA10A		關(TEEN)可能享有的健康保險。 F與{您/ADULT RESPONDENT NAME}擁有相同的保險?
IAIVA	•	Yes1 [GO TO 'QA24_I54'] 是
	•	No2 否
	•	REFUSED/DON'T KNOW3
POST NOTE		ADE- 1 SET TEMOADE- 1 AND SET TEINSLIDE- 1.
		ARE= 1, SET TEMCARE= 1 AND SET TEINSURE= 1; AL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1;
		POWN= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
		PSP= 1, SET TEEMP= 1 AND SET TEINSURE= 1;

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IF 'QA24_I36'= 1 AND AREMPPAR= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
IF 'QA24_I36'= 1 AND AREMPOTH= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
IF 'QA24_I36'= 1 AND ARDIRECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1;
IF 'QA24_I36'= 1 AND ARMILIT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1;
IF 'QA24_I36'= 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE= 1;
IF 'QA24_I36'= 1 AND AROTHER= 1, SET TEOTHER= 1 AND SET TEINSURE= 1;
IF 'QA24_I36'= 1 AND ARIHS= 1, SET TEIHS= 1
IF 'QA24_I36'= 1 AND ARHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;
```

PROGRAMMING NOTE 'QA24_I37':

IF SPINSURE \neq 1 THEN SKIP TO 'QA24_I38';

ELSE IF 'QA24_I36' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA24_I38'; ELSE CONTINUE WITH 'QA24_I37'

'QA24 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

O	Yes1 是	[GO TO 'QA24_I54']
O	No2	
O	台 REFUSED/DON'T KNOW3	

```
POST NOTE 'QA24_I37': IF 'QA24_I37' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPEMPOTH = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPIHS = 1, SET TEINSURE = 1
IF 'QA24_I37' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF 'QA24_I37' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1
```

PROGRAMMING NOTE 'QA24 138':

IF TEINSURE \neq 1 OR CHINSURE \neq 1, THEN SKIP TO 'QA24_I39';

ELSE IF ('QA24_I36' = 2 AND ARSAMECH = 1) OR ('QA24_I37' = 2 AND SPSAMECH = 1), THEN SKIP TO 'QA24_I39';

ELSE CONTINUE WITH 'QA24_I38';

'QA24_I38' Does (TEEN) have the same insurance as (CHILD)?

(TEEN) 的保險是否與(CHILD) 的保險相同?

MA6

O	Yes1	[GO TO 'QA24_I66']
\circ	是 No2	
•	不	

	O	REFUSED/DON'T KNOW	3	
		QA24_I38'= 1 AND CHMCARE= 1, SET TEM	MCAR	E= 1 AND SET
TEINSURE= 1; IF 'QA24_I38'= 1 AND CHMCAL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1; IF 'QA24_I38'= 1 AND CHEMP= 1, SET TEEMP= 1 AND SET TEINSURE= 1; IF 'QA24_I38'= 1 AND CHDIRECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1; IF 'QA24_I38'= 1 AND CHMILIT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1; IF 'QA24_I38'= 1 AND CHOTHGOV= 1, SET TEOTHGOV= 1 AND SET TEINSURE= 1; IF 'QA24_I38'= 1 AND CHIHS= 1, SET TEIHS= 1; IF 'QA24_I38'= 1 AND CHOTHER= 1, SET TEOTHER= 1; IF 'QA24_I38'= 1 AND CHHBEX= 1, SET TEHBEX= 1				
Medi-Cal Cove	erage (Teen)			
'QA24_I39'	Is {he/she} cur	rrently covered by Medi-CAL?		
IA1	{他/她}是否享受	受 MediCAL(加州醫療保健計劃)的保賠?		
IAT	Medi-Cal is a l	health insurance program for low-income ind	dividua	als in California
	加州低收入醫療	療保險 (Medi-Cal) 是一項面向加州低收入群亂	豐的醫	療保險計劃。
	•	Yes 是	1	
	O	 No 否	2	
	•	REFUSED/DON'T KNOW	3	
POST NOTE	QA24_I39': IF '(QA24_I39' = 1, SET TEMCAL = 1 AND SET	TEIN	SURE = 1
Employer-Bas	ed Coverage (Te	een)		
'QA24_I40'		ered by a health insurance plan or HMO throment or union?	ough y	our own or someone
	(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	寮保險	計劃或管理式保健組織計
IA3	O	Yes	1	
	•	是	'	
	O	No 否	2	[GO TO 'QA24_I42']
	•	REFUSED/DON'T KNOW	3	[GO TO 'QA24_I42']
POST NOTE	QA24_I40': IF '0	QA24_I40' = 1, SET TEEMP = 1 AND SET T	ΓΕΙΝS	URE = 1
'QA24_I41'	Is this plan throprogram?	ough an employer, through a union, or throu	ıgh Co	overed California's SHOP
Al94	這項計劃是透过	過雇主、工會、還是 Covered California 的 Sl	HOP	計劃購買的?
7.10-7	SHOP is the S California.	Small Business Health Options Program adm	niniste	red by Covered

	SHOP是Cover	ed California開展的小企業保健選擇計劃	
	•	Employer1 雇主	
	•	Union	
	•	SHOP / Covered California3 SHOP / 加州全保	
	O	Other (Specify:)	
	O	REFUSED/DON'T KNOW3	
POST NOTE F	OR 'QA24_I41':	IF 'QA24_I41'= 3, THEN SET TEHBEX = 1	
Private Coverage	ge (Teen)		
IF TEINSURE=	NG NOTE 'QA2 4 : 1 THEN GO TO UE WITH 'QA2 4	O 'QA24_I43';	
'QA24_I42'	Is (TEEN) coverinsurance com	ered by a health insurance plan that you purchas pany or HMO?	ed directly from an
	(TEEN)是否享受	受您直接從保險公司或 HMO 購買的醫療保險計畫	列的承保?
IA4		a plan that pays only for certain illnesses such a a cash" if you are in a hospital	as cancer or stroke, or only
	請不要包括僅支外現金」的計畫	支付某些疾病 (例如癌症或中風) 費用的計劃或當 削	您住院時僅向您支付「額
	O	Yes1 是	
	•	No2 否	[GO TO 'QA24_I48']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_I48']
POST NOTE 'C	QA24_I42': IF 'C	QA24_I42 ' = 1, SET TEDIRECT = 1 AND SET T	EINSURE = 1
		4_I43': TINUE WITH 'QA24_I43' ;	
'QA24_I43'		urchase this health insurance – directly from an i gh Covered California?	insurance company or
Al95	您是如何購買這 California 購買	這項保健計劃的 — 是直接從保險公司或 HMO 購買?	買還是透過 Covered
Also	•	Insurance company or HMO1 保險公司或 HMO	

Covered California2

 \mathbf{O}

		加州全保(Covered California)
	•	Other (Specify:)
	O	其他(請詳述:) REFUSED/DON'T KNOW
		TEL GOLD/DOTT TATOW
POST NOTE F	OR 'AI95: IF 'Q	A24_I43' = 2, THEN SET TEHBEX = 1
	NG NOTE 'QA2	
	= 3, THEN GO [•] UE WITH 'QA2	TO PN 'QA24_I45' ; 4. I44'·
ELGE CONTIN	OL WIIII QAZ	
'QA24_I44'	Was there a si	ubsidy or discount on the premium for this plan?
Al97	這項計劃的保殖	費是否有補貼或折扣?
7.101	O	Yes1 是
	O	No 2 否
	O	REFUSED/DON'T KNOW3
IF TEEMP = 1 COVERAGE),	CONTINUE WIT	ASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN
'QA24_I45'		ny or all of the premium or cost for (TEEN)'s health plan? Do not include or co-pays or deductibles you or your family may have had to pay.
ALEE	您是否支付(TE 支付的任何共作	EEN)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 付款或自付額。
AI55	<u>Premium</u> is the	e monthly charge for the cost of your health insurance plan.
	保費是您的健康	康保險計劃的每月收費
		ne partial payments you make for your health care each time you see a the health care system, while someone else pays for your main health care
	_	ays)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.	s the amount you pay for medical care before your health plan starts
	免賠額是您的位	保險計劃開始付款之前您支付的醫療護理費。
	O	Yes1 是
	O	No2 否

	•	REFUSED/DON'T KNOW3	
'QA24_I46'		se, such as an employer, a union, or profession the premium or cost for (TEEN)'s health plan?	al organization pay all or
	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
Al52	•	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_I48']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_I48']
'QA24_I47'	Who else pays	all or some portion of the cost for (TEEN)'s heal	th plan?
AI53	還有誰支付(TEI	EN) 的醫療保險計劃的全部或部份費用?	
Aloo	Check all that a	pply	
		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/伴侣的現任雇主	
		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)
		Medicare	
		Covered California	
		Other	
	•	REFUSED/DON'T KNOW3	
IF 'QA24_I47' =	QA24_I47': IF 'Q = 7, SET TEMCA : 10, SET TEHBE		CT = 0;
CHAMPUS/CH	AMP VA, TRICA	RE, VA Coverage (Teen)	

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PROGRAMMING NOTE 'QA24_I48':

IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA24_I53';

ELSE CONTINUE WITH 'QA24_I48'
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'QA24_I48'	Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?			
IA6	{他/她}是否享	受 CHAMPUS/CHAMP V	A, TRICARE, VA,或其	它軍隊醫療護理計劃?
	•	Yes	1	[GO TO
	O	是 No	2	'PN_QA24_I54']
	•	否 REFUSED/DON'T KNC)W3	
POST NOTE '	QA24_I48': IF '(QA24_I48' = 1, SET TEM	ILIT = 1 AND SET TEIN	SURE = 1
AIM, MRMIP, I	Family PACT, He	ealthy Kids, Other (Teen)		
'QA24_I49'		vered by some other gove Healthy Kids or somethin		n as AIM, 'Mister MIP',
IA7	{他/她}是否享得 Kids 或其他計		例如 AIM, Mister MIP、	Family PACT、Healthy
IAI	Medical Insura	ccess for Infants and Moth ance Program; <u>Family PA</u> reproductive health servic	CT is the state program	that pays for
		嬰保險計劃」; <i>Mister MIF</i> 是一項州立計劃,為沒有ſ		
	O	AIM		[GO TO
	Q	加州孕婦嬰兒保險(AIM MRMIP		'PN_QA24_I54'] [GO TO
	•	高風險醫療保險計劃 (MISTER MIP/MRMIP		'PN_QA24_I54']
	•	Family PACT		[GO TO
	O	兒童保健計劃(HEALT Healthy Kids		'PN_QA24_I54'] [GO TO
	•	沒有其他健康計劃		'PN_QA24_I54']
	O	No other plan 其他(請詳述:		
	O	Something else (Specif	y:)91	[GO TO 'PN_QA24_I54']
POST NOTE '(QA24_I49 ' = 1 OR 2 OR 3	3 OR 4 OR 91, SET TEC	OTHGOV = 1 AND SET
Other Coverag	e (Teen)			
'QA24_I50'	Does {he/she}	have any health insurance	ce coverage through a p	lan that I missed?
IA8	{他/她} 有沒有	享受任何我漏掉的其它醫療	療保險計劃?	
	O	Yes 是	1	

	•	No2	[GO TO
	O	否 REFUSED/DON'T KNOW3	'PN_QA24_I54'] [GO TO 'PN_QA24_I54']
'QA24_I51'		ealth insurance does {he/she} have? Does it cor ion, or from some other source?	me through Medi-CAL, an
		i健康保險?此保險是透過 Medi-CAL(加州醫療任某些其它來獲得的?	呆健計劃)、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	、)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	它軍隊醫療護理計劃
		Indian health service, Tribal health program or urban Indian clinic	玄健康計劃、或城市印地安
		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	
	•	REFUSED/DON'T KNOW3	
IF 'QA24_I51' : IF 'QA24_I51' : IF 'QA24_I51' : IF 'QA24_I51' : IF 'QA24_I51' : IF 'QA24_I51' :	= 1, SET TEEMF = 2, SET TEEMF = 3, SET TEDIR = 4, SET TEMCA = 5, SET TEMCA = 7, SET TEMILI = 8, SET TEIHS	P = 1 AND TEINSURE = 1; P = 1 AND TEINSURE = 1; ECT = 1 AND TEINSURE = 1; ARE = 1 AND TEINSURE = 1; AL = 1 AND TEINSURE = 1; T = 1 AND TEINSURE = 1; I = 1; EX = 1 AND TEINSURE = 1 AND TEDIRECT =	1.

IF 'QA24_I51' = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;

IF 'QA24_I51' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;

IF 'QA24_I51'	' = -3, SET TEINSURE = 1
PROGRAMM	ING NOTE 'QA24_I52':
_	' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA24_I52';
ELSE SKIP T	O PROGRAMMING NOTE ' QA24_I53 '
'QA24 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

PROGRAMMING NOTE 'QA24_I53':

IF TEINSURE \neq 1 CONTINUE WITH 'QA24_I53';

IF 'QA24 I51' = 92, SET TEOTHER = 1 AND TEINSURE = 1;

ELSE GO TO 'QA24 154';

'QA24_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

\mathbf{O}	Paperwork too difficult1
	申請填表太困難
\mathbf{O}	Do not know if eligible2
	不知道是否符合資格
\mathbf{O}	Income too high, not eligible3
	因為收入太高,不符合資格
\mathbf{O}	Not eligible due to
	citizenship/immigration status4
	因公民/移民身份而不符合資格
\mathbf{O}	Do not believe in health insurance6
	不相信健康保險
\mathbf{O}	Do not need insurance because
	she/he is healthy7
	他/她身體健康,因此不需要任何保險
\mathbf{O}	Already have insurance8
	已經有保險了
\mathbf{O}	Did not know about it9
	不知道有保險
\mathbf{O}	Do not like or want welfare10
	不喜歡/不想要福利
\mathbf{O}	Other (Specify:)91
	其他(請詳述:)
O	REFUSED/DON'T KNOW3

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA24_I54':

IF 'QA24_I36' = 1 AND ARMCARE = 1, THEN 'QA24_I54' = 'QA24_H61' AND 'QA24_I56' = 'QA24_H63' AND 'QA24_I57' = 'QA24_H64' AND GO TO PN 'QA24_I58';
ELSE IF 'QA24_I38' = 1, THEN 'QA24_I54' = 'QA24_I18' AND 'QA24_I56' = 'QA24_I20' AND 'QA24_I57' = 'QA24_I21' AND GO TO PN 'QA24_I58';
ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA24_I54';
ELSE GO TO PROGRAMMING NOTE 'QA24_I58'

'QA24 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。

O	Yes1	[GO TO 'QA24_I56']
	是	
O	No2	
	否	
\mathbf{O}	REFUSED/DON'T KNOW -3	

PROGRAMMING NOTE 'QA24 155':

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA24_I56'; ELSE CONTINUE WITH 'QA24_I55';

'QA24_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	
0	EPO	2
\mathbf{O}	Other (Specify:	
	其他(請詳述:)
\mathbf{O}	REFUSED/DON'T KNOW	-3

'QA24_I56'	What is the name of (TEEN)'s main health plan?			
MA7	(TEEN) 參加的	主要保健計劃名稱是什麼?		
200.00	0	Aetna2 安泰		
	O	Anthem Blue Cross of California7 加州安盛藍十字		
	O	Blue Shield		
	•	Cigna Healthcare		
	O	Health Net		
	O	Kaiser Permanente		
	O	United Healthcare73 聯合健康保險		
	•	MediCal		
	•	Medicare 52 加州醫療補助計劃白卡		
	•	Other (Specify:)		
	O	REFUSED/DON'T KNOW3		
POST NOTE	QA24_I56': IF 'C	QA24_I56' = 93, 87, OR 89 THEN SET TEMILIT = 1		
'QA24_I57'	Is (TEEN) cove	ered for prescription drugs?		
IA14	(TEEN) 的計劃	是否支付處方藥品?		
	O	Yes1 是		
	O	No2 否		
	O	REFUSED/DON'T KNOW3		
High Deductible Health Plans (Teen)				
PROGRAMMING NOTE 'QA24_I58': IF [(ARINSURE \neq 1 OR 'QA24_I36' \neq 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH 'QA24_I58'; ELSE SKIP TO PN 'QA24_I61'				

'QA24_I58' Does (TEEN)'s health plan have a deductible that is more than \$1,000?

(TEEN)的健康保險計劃是否有超過 1,000 美元的免賠額?

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。

	•	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
	•	EDI,只备我们在构格外的呼唤 REFUSED/DON'T KNOW3
'QA24_I59'	Does (TEEN)'s \$2,000?	health plan have a deductible for all covered persons that is more than
Aloo	(TEEN)的健康的	呆險計劃對於所有受保人是否有超過2,000美元的免賠額?
Al83	A deductible is medical care.	the amount you have to pay before your plan begins to pay for your
	自付額是您的係	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。
	•	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 REFUSED/DON'T KNOW
IF ('QA24_I58'		1_I60': 'QA24_I59' = 1 OR 3), CONTINUE WITH 'QA24_I60'; IG NOTE 'QA24_I61';
'QA24_I60'	Do you have a expenses?	special account or fund you can use to pay for (TEEN)'s medical
A 10.4	您是否有可以用	引於支付(TEEN)的醫療費用的特殊帳戶或資金?
Al84	The accounts a Reimbursement accounts, Pers	用於支付(TEEN)的醫療費用的特殊帳戶或資金? are sometimes referred to as Health Savings Accounts (HSAs) or Health at Accounts (HRAs). Other similar accounts include- Personal care sonal medical funds, or Choice funds. Do not include employer-provided ling Accounts (FSAs).
A184	The accounts a Reimbursement accounts, Pers Flexible Spend 帳戶有時稱為懷	are sometimes referred to as Health Savings Accounts (HSAs) or Health at Accounts (HRAs). Other similar accounts include- Personal care conal medical funds, or Choice funds. Do not include employer-provided
A184	The accounts a Reimbursement accounts, Pers Flexible Spend 帳戶有時稱為優 戶名稱包括個人	are sometimes referred to as Health Savings Accounts (HSAs) or Health at Accounts (HRAs). Other similar accounts include- Personal care sonal medical funds, or Choice funds. Do not include employer-provided ling Accounts (FSAs). 建康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳入護理帳戶、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 Yes
Al84	The accounts a Reimbursement accounts, Pers Flexible Spend 帳戶有時稱為帳 戶名稱包括個人 戶不同。	are sometimes referred to as Health Savings Accounts (HSAs) or Health at Accounts (HRAs). Other similar accounts include- Personal care sonal medical funds, or Choice funds. Do not include employer-provided ling Accounts (FSAs). 建康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳入護理帳戶、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 Yes
A184	The accounts a Reimbursement accounts, Pers Flexible Spende 帳戶有時稱為懷戶名稱包括個人戶不同。	are sometimes referred to as Health Savings Accounts (HSAs) or Health at Accounts (HRAs). Other similar accounts include- Personal care conal medical funds, or Choice funds. Do not include employer-provided ling Accounts (FSAs). 建康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳人護理帳戶、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 Yes

PROGRAMMING NOTE 'QA24_I61':

IF TEINSURE = 1, GO TO 'QA24_I66'; ELSE CONTINUE WITH 'QA24_I61'

'QA24_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?	
IATO	•	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	
	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	
	•	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	
	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	
	•	Other (Specify:)	
	•	REFUSED/DON'T KNOW3	
Coverage over	Past 12 months	(Teen)	
'QA24_I62'	Was (TEEN) co	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 'QA24_I64']
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_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?	
	O	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_QA24_J1']
	•	2 More than 3 years ago2 超過 3 年前	[GO TO 'PN_QA24_J1']
	O	3 Never had health insurance coverage3	IGO TO

	•	從來沒有健康保險 REFUSED/DON'T KNOW3	'PN_QA24_J1'] [GO TO 'PN_QA24_J1']
'QA24_I64'	For how man	y of the last 12 months did {he/she} have health in	surance?
IA22	在過去十二個	月內,{他/她}有幾個月有醫療保險?	
	O	Months [HR: 0-12] 個月 REFUSED/DON'T KNOW3	[IF 'QA24_I64'=0 GO TO 'PN_QA24_J1'] [GO TO 'PN_QA24_J1']
'QA24_I65'	a plan you ob	me when (TEEN) had health insurance, was {his/hotained through an employer, a plan you purchase mpany, a plan you purchased through Covered Ca	d directly from an
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	t apply	
	(5 maximum	responses)	
		Medi-Cal	[GO TO
	0	加州醫療補助計劃白卡(Medi-Cal) Through current or former employer/union3 通過現任或前任雇主/工會	'PN_QA24_J1'] [GO TO 'PN_QA24_J1']
		Purchased directly5 直接購得	[GO TO 'PN_QA24_J1']
		Covered California6 透過加州全保(Covered California)購得	[GO TO 'PN_QA24_J1']
		Other health plan91	[GO TO
	O	其他健康計畫 REFUSED/DON'T KNOW	'PN_QA24_J1']
'QA24_I66'		ut {his/her} current health insurance, did (TEEN) h past 12 months?	ave this same insurance
	請想一想 { 他的相同的健康保	的/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_QA24_J1']
	O	No2	
	O	否 REFUSED/DON'T KNOW	
'QA24_I67'		e} wasn't covered by {his/her} current health insura alth insurance?	ance, did {he/she} have

	當 {他/她} 沒有	享受{他的/她的}目前的醫療保險計劃時,	{他/她} 7	有沒有其它任何醫療保險	
IA25	£				
	O	Yes 是	1		
	•	No 否	2	[GO TO 'QA24_I69']	
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA24_I69']	
'QA24_I68'	Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?				
IA26	該其他醫療保險是 Medi-CAL、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、 您透過 Covered California 購買的計劃還是其他計劃?				
	Check all that a	apply			
		Medi-Cal加州醫療補助計劃白卡(Medi-Cal)	1		
		Obtained through current or former employer/union	4		
		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		
'QA24_I69'	During the past 12 months, was there any time when {he/she} had no health insurance at all?				
IA27	在過去 12 個月	中,{他/她} 有沒有任何時間完全沒有醫療	療保險?		
IAZI	•	Yes 是	1		
	O	No 否	2	[GO TO 'PN_QA24_J1']	
	O	REFUSED/DON'T KNOW	3	[GO TO 'PN_QA24_J1']	
'QA24_I70'	For how many	of the past 12 months did {he/she} have	no health	n insurance?	
1400	在過去 12 個月	中,{他/她}有幾個月沒有健康保險?			
IA28		MONTHS [RANGE: 1-12] 個月			
	•	REFUSED/DON'T KNOW	3		
'QA24_I71'	What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?				

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?

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IA29

\mathbf{O}	Can't afford/Too expensive	.1
	負擔不起/太貴了	
\mathbf{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	
\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	
\mathbf{O}	Not eligible due to citizenship/	.4
	immigration status	
	因公民/移民身份而不符合資格	
O	Family situation changed	.5
	家庭狀況發生變化	
O	Don't believe in insurance	.6
	不相信保險	
\mathbf{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/	8.
	Pay for own care	
	可以獲得免費的健康保險/自費負擔	
\mathbf{O}	Other (Specify:))1
	其他(請詳述:)	
O	REFUSED/DON'T KNOW	-3

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA24_I72':

IF NO TEEN SELECTED, GO TO SECTION J;

IF 'QA24_A5'= 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'QA24_A5'= 2 (FEMALE AT BIRTH), DISPLAY "father";

IF 'QA24_A5'= 3 (REFUSED/DON'T KNOW) AND 'QA24_A25' Sex =1 DISPLAY "father" OR If

'QA20 A23' =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA24_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

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

	0	Korea17
		韓國
	O	Mexico
		墨西哥
	•	Philippines19 菲律賓
	O	Puerto Rico
	O	Vietnam25 越南
	O	Virgin Islands26
	O	美屬維京群島 Other (Specify:)
		其他(請詳述:)
	O	REFUSED/DON'T KNNOW3
	IG NOTE 'QA2	
		26 (BORN IN THE USA OR US TERRITORY), SKIP TO 'AI77';
	UE WITH 'QA2 4	IRTH), DISPLAY "mother";
		BIRTH), DISPLAY "flather"
		DON'T KNOW) AND 'QA24_A25' Sex =1 DISPLAY "father" OR If
'QA24 A25'=2	DISPLAY "moth	ner"
	AY "other paren	
	<u> </u>	
'QA24_I73'	Does (TEEN)'s	{mother/father} now live in the U.S.?
	/TEENI\份(母朝	/父親} 目前住在美國嗎?
A157	(1001) [1] [1] [1]	/ 入杭 日 时 任 仁 天 图 "
AI57		V 4
	O	Yes1
		是
	O	No2
	\circ	否 (Mathew/Fathew/Other payant) descend
	O	{Mother/Father/Other parent} deceased3 {Mother/Father/Other parent} 去世
	O	{Mother/Father/Other parent} 去匪 {Mother/Father/Other parent} never lived
	9	in U.S4
		{Mother/Father/Other parent}從未住在美國
	O	REFUSED/DON'T KNOW
	•	THE OOLD/DOINT MINOWY
PROGRAMMIN	NG NOTE 'QA24	1 174'.
		RTH), DISPLAY "mother";
		BIRTH), DISPLAY "father";
		ON'T KNOW) AND 'QA24_A25' Sex =1 DISPLAY "father" OR If
	DISPLAY "moth	
_	AY "other parer	
		ATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY		- ,
		J)'s (mother/father) a citizen of the United States?
'QA24_I74'		N)'s {mother/father} a citizen of the United States?
AI58	(TEEN)的{母親	引父親}{是/曾是}美國公民嗎?
750	•	Yes1

		是
	0	No2
	O	否 Application pending3 申請待審
	•	REFUSED/DON'T KNOW3
IF 'QA24_I74' : IF 'AD65E = 1 (IF 'QA24_A5' = 'QA24_A25' =2	(FEMALE AT BIF = -3 (REFUSED/ 21 DISPLAY "mo DISPLAY "Was";	I_I75': _'QA24_I76' IF 'QA24_A5' = 2 (MALE AT BIRTH), DISPLAY "mother"; RTH), DISPLAY "father"; DON'T KNOW) AND 'QA24_A25' Sex =2 DISPLAY "father" OR If other" ELSE IF DISPLAY "other parent" IF 'AI57 = 3 (MOTHER/FATHER
'QA24_I75'		l)'s {mother/father} a permanent resident with a green card? People a "Green Card" but the color can also be pink, blue, or white.
A159	(TEEN)的{母親 可能是粉紅色、	/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 藍色或白色。
	0	Yes1 是
	•	No2 否
	0	Application pending3 申請待審
	O	REFUSED/DON'T KNOW3
'QA24_I76'	About how man	ny years has (TEEN)'s {mother/father} lived in the United States?
Al60	(TEEN)的{母親	/父親}在美國已居住大約多少年?
	つ <u></u>	Number of years
	o	Year first come and live in U.S. (第一次來美國居住)
	O	Number of years1 年数
	•	Year first came to live in US2 年(第一次來美國居住)
	O	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
	O	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 to	o ask about the health
'QA24_J1'		ask about the health care <u>you</u> receive. During the you seen a medical doctor?	ne 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	您看過幾次醫生?
7.110	O	Times	[IF 'QA24_J1' > 0 GOTO 'PN_QA24_J3']
	•	REFUSED/DON'T KNOW3	·
IF 'QA24_J1' = WITH 'QA24_J	J 2 ';	_ J2 ': SEEN A DOCTOR IN LAST 12 MONTHS OR F NOTE 'QA24_J3 '	REF/DK), CONTINUE
'QA24_J2'	About how long	has it been since you last saw a doctor about yo	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	間?
	0	One year ago or less	
	0	More than 1 up to 2 years ago1 超過 1 年至 2 年前	
	0	More than 2 up to 5 years ago2 超過 2 年至 5 年前	
	0	More than 5 years ago3 超過 5 年前	
	0	Never	[GO TO 'QA24_J4']
/ - -	0	REFUSED/DON'T KNOW3	
'QA24_J3'	check-up?	has it been since you last saw a doctor or medic	· —
AJ114		醫生或其他醫療提供者的常規體檢以來大約有多	
		r-up is a visit not for an illness or problem. This v t health 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
	O	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	Never4
		從未
	•	REFUSED/DON'T KNOW3
'QA24_J4'	In the last 6 m needed?	onths, how often was it easy to get the care, tests, or treatment you
AJ218	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?
A3210	•	Never1 從未
	•	Sometimes2
		有時
	•	Usually3
	•	經常
	O	Always4
	•	· · · · · · · · · · · · · · · · · · ·
	•	Not applicable5
	•	不適用
	•	REFUSED/DON'T KNOW3
PROGRAMMIN IF HOUSEHOL		
ELSE SKIP TO		N, CONTINUE;
	'QA24_J6'	nonths, how often was it easy to get the care, tests, or treatment [teen's
'QA24_J5'	In the last 6 n	nonths, how often was it easy to get the care, tests, or treatment [teen's
ELSE SKIP TO	In the last 6 m name needed 過去 6 個月,	nonths, 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?
'QA24_J5'	In the last 6 m	nonths, 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?
'QA24_J5'	In the last 6 m name needed 過去 6 個月,	nonths, 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
'QA24_J5'	In the last 6 m name needed 過去 6 個月,	nonths, 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
'QA24_J5'	In the last 6 m name needed 過去 6 個月,	nonths, 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
'QA24_J5'	In the last 6 m name needed 過去 6 個月,	nonths, how often was it easy to get the care, tests, or treatment [teen's it?] [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
'QA24_J5'	In the last 6 m name needed 過去 6 個月,	nonths, how often was it easy to get the care, tests, or treatment [teen's it?] [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 1 1 從未 Sometimes 2 有時 Usually 3 經常 Always 4
'QA24_J5'	In the last 6 m name needed 過去 6 個月, ③ O O O During the pas	nonths, how often was it easy to get the care, tests, or treatment [teen's dr?] [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
'QA24_J5' AJ219	In the last 6 m name needed 過去 6 個月, 過去 6 個月, O O During the past because of illing	months, how often was it easy to get the care, tests, or treatment [teen's it? [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

不包括家庭或產假/	′陪產(叚
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	个包括家庭蚁座	假/陪庢假		
			Days (0 - 365)	
	•	Did not have job in pas		
	•	過去 12 個月內失業 Other (specify) 其他(請詳述:		
	O	REFUSED/DON'T KNO	OW3	
Personal Docto	r			
IF 'QA24_H1' =), THEN CONTINUE WIT	'H 'QA24_J7 ';
'QA24_J7'	Do you have a	personal doctor or medi	cal provider who is your r	main provider?
A 177	您是否有一位作	為您的主要服務提供者的	的個人醫生或醫療服務提倡	共者?
AJ77	This can be a g health provider.	eneral doctor, a special	ist doctor, a physician as:	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	
	•	No 否	2	
	•	REFUSED/DON'T KNO	OW3	
IF ARINSURE : 'QA24_J8'	PN_QA24_J10'		DURCE OF CARE), THE	N CONTINUE WITH
	1 (HAS A PERS	SONAL DOCTOR), THE	N DISPLAY "your";	
'QA24_J8'		nonths, did you try to ge wo days because you v		your/a} doctor or medical
A 1400	在過去 12 個月 ¹ 者 ?	中,您是否曾經因為生病	或受傷嘗試預約在兩天內	1看醫生或醫療服務提供
AJ102	O	Yes 是	1	
	•	No 否	2	[GO TO 'PN_QA24_J10']
	•	REFUSED/DON'T KNO	OW3	[GO TO

'PN_QA24_J10']

'QA24_J9'	How often were	you able to get an appointment wi	thin two days? Would you say
AJ103	能夠在兩天內為	您安排就診的頻率有多高?您認為	른
7.0.100	O	Never從未	1
	O	Sometimes 有時	
	O	Usually 經常	3
	O	Always 總是	
	•	Not applicable 不適用	
	O	REFUSED/DON'T KNOW	3
Care Coordinat	ion		
DOCTOR/MED	ICAL PROVIDEI ETES) OR 'QA2 QA24_J11' Is there anyone doctors or servi	e at your doctor's office or clinic who ces such as tests or treatments? 全室或診所內是否有人幫助協調其他 Yes	4_B4' = 1 (HAS ASTHMA)) OR AB22'E)], THEN CONTINUE WITH the helps coordinate your care with other many between the second secon
	o 0	No 否 REFUSED/DON'T KNOW	
Tele-Medical C	are		
'QA24_J11'	During the past appointments?	12 months, did your <u>usual medical</u>	provider offer 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	系 <u>提供</u> 電話或視像看診?
A3220	O	Yes 是	1
	O	No 否	2 [GO TO 'QA24_J14']
	O	Don't know 不清楚	3 [GO TO 'QA24_J14']

	•	REFUSED3	[GO TO 'QA24_J14']
'QA24_J12'	What options o	lid your medical provider offer?	
AJ221	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 'QA24_J14']
'QA24_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	
	•	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 'QA24_J14']
'QA24_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	
		是	100 70 (0.404 100)
	0	No2 否	[GO TO 'QA24_J28']
	O	Don't know3	[GO TO 'QA24_J28']
'QA24_J15'	What was this o	care for?	
AJ203	該次護理目的是	·基麽?	
		Primary Care1 基礎護理	[GO TO 'QA24_J18']
		Dental Care2	[GO TO 'QA24_J18']

		分科護埋	
		Mental Health3 精神健康	[GO TO 'QA24_J18']
		Family Planning4 家庭計劃	
		Other speciality care5 其他專科護理	[GO TO 'QA24_J18']
	0	Other:91 其他:	[GO TO 'QA24_J18']
	0	REFUSED/DON'T KNOW3	[GO TO 'QA24_J18']
QA24_J16'	Where did you	u receive your family planning service?	
AJ223	您是在哪裡接	受家庭計劃服務的?	
	O	Private Doctor's Office1 私人醫生診所	
	•	HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)2 健康維護組織設施(Kaiser、Anthem Blue Cros Healthcare 等)	ss、Health Net、United
	•	Hospital or Hospital Clinic3 醫院或醫院診所	
	O	Planned Parenthood4 計劃生育聯合會 (Planned Parenthood)	
	0	County Health Department5 縣衛生部門	
	0	Family Planning Clinic6 家庭計劃診所	
	0	Community Clinic7 社區診所	
	O	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:)	
	O	REFUSED/DON'T KNOW3	
QA24_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	
	O	Yes, a video visit2 是,視像看診	
	O	Both3 兩者	

	O	No	4
	O	否 REFUSED/DON'T KNOW	3
'QA24_J18'		ur telephone or video healthcare experie u that your health provider addressed yo	
		· 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		y satisfied 常滿意	1
	**	isfied	2
	O Slig	yhtly satisfied 些滿意	3
	O No	= m t satisfied at all 全不滿意	4
		FUSED DON'T KNOW	3
'QA24_J19'		ur most recent telephone or video health an in-person visit?	care experience. Would you
AJ226	請想想您最近的	電話或視像健康護理體驗。您是否會更認	喜歡當面就診?
AJ220	O	Yes	1
	O	是 No	2
	O	否 REFUSED/DON'T KNOW	3
	IG NOTE 'QA24 = 2, CONTINUE PN QA24 J21'		
LLOL GOTO I	11_QAZ1_021		
'QA24_J20'		ur most recent video visit with your denta ence compared to an in-person visit? Wo as	
	請想想您最近接經歷? 您認為視	·受牙科服務提供者視像看診的情況。與 ·像就診	當面就診相比,您會如何評價這次
AJ227			
	•	Much worse 糟糕得多	1
	•	Somewhat worse 比當面就診糟糕一點	2
	•	About the Same差不多	3
	O	Somewhat better 比當面就診好一點	4
	•	Much better 好得多	5
	O	I did not have a video visit	6

並未進行視像就診
O REFUSED/DON'T KNOW......-3

PROGRAMMING NOTE 'QA24_J21':

IF 'QA24_J15' = 3, CONTINUE;

ELSE GOTO 'PN_QA24_J22'

'QA24_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

O	Much worse 糟糕得多	1
•	Somewhat worse 比當面就診糟糕一點	2
•	About the Same 差不多	3
•	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 並未進行視像就診	6
O	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA24_J22':

IF 'QA24_J15' = 1, CONTINUE;

ELSE GOTO 'PN_QA24_J23'

'QA24_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
•	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
•	Much better5 好得多
O	I did not have a video visit6 並未進行視像就診
O	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'AJ230:

IF 'QA24_J15' = 2, CONTINUE;

ELSE GOTO 'PN_QA24_J24'

'QA24_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

C	Much worse 糟糕得多	1
C	Somewhat worse 比當面就診糟糕一點	2
•	About the Same 差不多	3
•	Somewhat better 比當面就診好一點	4
C	Much better 好得多	5
C	I did not have a telephone visit 並未進行電話就診	6
\mathbf{c}	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA24_J24':

IF 'QA24_J15' = 3, CONTINUE;

ELSE GOTO 'PN_QA24_J25'

'QA24_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

O	Much worse1
	糟糕得多
\mathbf{O}	Somewhat worse2
	比當面就診糟糕一點
\mathbf{O}	About the Same3
	差不多
\mathbf{O}	Somewhat better4
	比當面就診好一點
O	Much better5
	好得多
O	I did not have a telephone visit6
	· 並未進行電話就診
\mathbf{O}	REFUSED/DON'T KNOW3
_	· · · · · · · · · · · · · · · · · · ·

PROGRAMMING NOTE 'QA24_J25':

_	' = 1, CONTINU 'PN_QA24_J26			
'QA24_J25'	Think about your most recent telephone visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was			
A 1222	請想想您最近 歷? 您認為視	接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像就診		
AJ232	•	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		
	0	Somewhat better4 比當面就診好一點		
	0	Much better5 好得多		
	0	I did not have a telephone visit6 並未進行電話就診		
	•	REFUSED/DON'T KNOW3		
'QA24_J26'	Did you have	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?		
	O	Yes1 是		
	O	No2 否		
	•	REFUSED/DON'T KNOW3		
IF 'QA24_J26	ING NOTE 'QA: '' = 1 THEN CO 'PN_QA24_J28	NTINUE;		
'QA24_J27'	What probler	ms did you experience?		
AJ234	您遇到什麼問	題?		
		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 遙距醫療就診期間沒有私隱		
		The doctor/nurse did not speak my language/understand my language5		

		醫生/護士不會說我的語言/聽不懂我的語言		
		Other:6		
		其他:		
	•	REFUSED/DON'T KNOW3		
Communicatio	n Problems with	a Doctor		
PROGRAMMI	NG NOTE 'AJ8	B:		
'AJ8';	' >=2 (SPEAKS 'PN_QA24_J33	ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT AL	.L'), CONTINUE WITH	
'QA24_J28'	The last time y	you saw a doctor, did you have a hard time under	estanding the doctor?	
AJ8B	您上次看醫生	時,是否很難聽懂醫生 說 的話?		
ACCE	O	Yes1	[GO TO 'QA24_J30']	
		是		
	O	No2		
		否		
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_J33']	
AT HOME)], C ELSE GO TO SET 'QA24_J' ASKED;	ONTINUE WITH 'PN_QA24_J33 29' ENGL = ENG	GLSPAN TO STORE INTERVIEW LANGUAGE A		
'QA24_J29'	In what language did the doctor speak to you?			
	您的醫生用哪-	一種語言與您交談?		
AJ50				
	O	English1	[GO TO 'QA24_J31']	
		英語		
	O	Spanish2	[GO TO	
		西班牙語	'PN_QA24_J33']	
	O	Cantonese3	[GO TO	
		廣東話	'PN_QA24_J33']	
	O	Vietnamese4	[GO TO	
		越南語	PN_QA24_J33']	
	O	Tagalog5	[GO TO	
		他加祿語(TAGALOG)	PN_QA24_J33']	
	•	Mandarin6	[GO TO	
		國語	PN_QA24_J33']	
	•	Korean7	[GO TO	
		韓國語	'PN_QA24_J33']	
	O	Asian Indian languages		
		(including Hindi, Punjabi, Urdu)8	[GO TO	
		亞洲印度語(Hindi, Punjabi, Urdu)	'PN_QA24_J33']	
	O	Russian9	[GO TO	

		俄語	'PN_QA24_J33']
	O	Japanese12	[GO TO
		日本語	PN_QA24_J33']
	O	French14	[GO TO
		法語	PN_QA24_J33']
	O	German15	[GO TO
	•	德語	'PN_QA24_J33']
	O	Farsi18	[GO TO
	•	現代伊朗語	'PN_QA24_J33']
	O	American19	[GO TO
	•	亞美尼亞語	'PN_QA24_J33']
	O	至天尼亞丽 Arabic20	[GO TO
	•	阿拉伯語	•
	\circ		'PN_QA24_J33']
	•	Other (Specify:)91	[GO TO
		其他(請詳述:)	'PN_QA24_J33']
'QA24_J30'		nuse you and the doctor spoke different language 您和醫生講的是不同的語言?	s?
AJ9			
	O	Yes1	
		是	
	O	No2	
		否	
	O	REFUSED/DON'T KNOW3	
'QA24_J31'	Did you need	someone to help you understand the doctor?	
AJ10	您是否需要有	人幫助您聽懂醫生的話?	
-	O	Yes1	
		是	
	O	No2	[GO TO
	_	·····································	'PN_QA24_J33']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_J33']
'QA24_J32'	Who was this	person who helped you understand the doctor?	
AJ11	是誰幫助您聽	懂醫生說的話?	
	•	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	
	O	Non-medical office staff3 非醫療辦公人員	
	•	Medical staff including nurses/doctors4 醫療人員包括護理師/醫生	
	O	Professional interpreter	
		(both in person and on the telephone)5 專業口譯員(面對面和通過電話)	

		其他(患者、其他人)	
	•	Did not have someone to help7	,
	O	沒有人幫忙 REFUSED/DON'T KNOW3	1
		I_J33': AKS ENGLISH NOT WELL OR NOT AT ALL),	THEN CONTINUE WITH
'QA24_J33'		ou have the right to get help from an interprete Did you know this before today?	r for free during your
AJ105	在加州,您有權	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?
AJ105	O	Yes1 是	
	O	No2 否	!
Delays in Care	•	REFUSED/DON'T KNOW3	
'QA24_J34'	During the past for you?	t 12 months, did you delay or not get a medicii	ne that a doctor prescribed
AH16	在過去 12 個月	中,您有沒有延遲或沒有去拿醫生為您開的藥	?
AIIIO	O	Yes1 是	
	O	No2 否	[GO TO 'QA24_J39']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_J39']
'QA24_J35'	, ,	medicine that a doctor prescribed for you eve	entually?
AJ251	您最終是否有去	·取醫生為您開的藥?	
	•	Yes1 是	
	•	No2 否	
(OA24 126'	O During the past	REFUSED/DON'T KNOW3	
'QA24_J36'	prescribed for y	t 12 months, why did you delay or not get a me you?	edicine 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藥	?
	Check all that a	apply	
		Medication not in stock1 藥物缺貨	
		Insurance approval issue2	

	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
	I forgot or lost prescription7
	忘記或遺失了處方
_	I didn't have time8 我沒有時間
	水仅有時間 I have no insurance
–	我沒有保險
	Too expensive10
-	大昂貴
_	Other (Specify:)
Q	REFUSED/DON'T KNOW3
•	TTE 0025/5011 TTTO TTE TE
PROGRAMMING NOTE AJ253	:
IF MORE THAN ONE RESPON	SE FROM 'QA24_J36', THEN CONTINUE WITH 'QA24_J37' WITH
SELECTED CHOICES FROM '6	
ELSE SKIP TO NEXT TOPIC	

'QA24_J37' What was the one main reason why you delayed the medicine that a doctor prescribed

您延遲去取醫生為您開立藥物的一個主要原因是什麼?

AJ253

for you?

\mathbf{O}	Medication not in stock1
	藥物缺貨
\mathbf{O}	Insurance approval issue2
	保險批核問題
\mathbf{O}	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
\mathbf{O}	Too hard to track all my medications6
	追蹤記錄所有的用藥太困難
\mathbf{O}	I forgot or lost prescription7
	忘記或遺失了處方
•	I didn't have time8
	我沒有時間

	0	I have no insurance9 我沒有保險	
	O	Too expensive10 太昂貴	
	O	Other (Specify:)	
	O	REFUSED/DON'T KNOW3	
		24_J38': NTINUE WITH 'QA24_J38 ';	
'QA24_J38'	Did you delay	or not get a medicine while you had your current	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	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_J39'		st 12 months, did you delay or not get any other r h 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的 他健康護理專業人員?	醫療護理 - 例如看醫生、
АП22	O	Yes1 是	
	O	No2 否	[GO TO 'QA24_J44']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_J44']
'QA24_J40'	Did you get th	ne care eventually?	
AJ129	您最終接受了	護理嗎?	
	O	Yes1 是	
	O	No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_J41'	During the pa	st 12 months, why did you delay or not get the ca	re you felt you needed?
AJ254	過去 12 個月口	中,您為何延遲或沒有進行您感到需要的治療?	
	Check all that	t apply	
	O	Couldn't get appointment1 無法預約	
	O	My insurance was not accepted2	

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

PROGRAMMING NOTE 'QA24_J42':

IF MORE THAN ONE RESPONSE FROM 'QA24_J41' WITH SELECTED CHOICES FROM 'QA24_J41' DISPLAYED, THEN CONTINUE WITH 'QA24_J42';

ELSE SKIP TO NEXT TOPIC

'QA24_J42' What was the <u>one</u> 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

0	Couldn't get appointment1 無法預約
0	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
0	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
\mathbf{O}	Too expensive10

		太昂貴
	O	I have no insurance
	O	我沒有保險 Other (Specific) 91
	•	Other (Specify:)
	O	REFUSED/DON'T KNOW3
DDOCDAMMU	NG NOTE 'QA2	4 1423.
	= 1, THEN CON	TINUE WITH 'QA24_J43';
'QA24_J43'	Did you delay o	or not get other medical care you felt you needed while you had your ice plan?
AJ177	在持有目前的假	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?
AUTT	O	Yes1
	O	是 No2
	O	否 REFUSED/DON'T KNOW
'QA24_J44'		doctors like surgeons, heart doctors, allergy doctors, skin doctors, and ecialize in one area of health care.
A 1400	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
AJ136	In the past12 n	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?
	O	Yes1
	O	是 No2
	•	否 REFUSED/DON'T KNOW
		4_J45': A MEDICAL SPECIALIST) CONTINUE WITH 'QA24_J45' ;
'QA24_J45'	During the pas would see you	t 12 months, did you have any trouble finding a medical specialist who?
AJ137	在過去十二個月	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?
AUIUI	•	Yes1 是
	O	No2 否
	O	REFUSED/DON'T KNOW3

'QA24_J46'	During the pas take you as a r	st 12 months, did a medical specialist's office tell you that they would not new patient?
AJ138	在過去十二個月	月中,是否有專科醫生診所告訴您他們不願接受您作為他們的新病人?
710100	O	Yes1
	O	是 No2
		否
	•	REFUSED/DON'T KNOW3
		4_J47': LY INSURED) CONTINUE WITH 'QA24_J47' ;
'QA24_J47'	During the pas your main heal	st 12 months, did a medical specialist's office tell you that they did not take lth 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?
Fig. 10	O	Yes1
	O	是 No2
	O	否 REFUSED/DON'T KNOW
'QA24_J48'		ut general doctors. During the past 12 months, did you have any trouble ral doctor who would see you?
AJ133	現在是有關全和 全科醫生?	科醫生的問題。在過去十二個月中,您是否有任何困難尋找一位為您看病的
Fig. 100	•	Yes1
	O	是 No2
	_	否
	0	REFUSED/DON'T KNOW3
'QA24_J49'	During the pas new patient?	st 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?
<u> </u>	O	Yes1 是
	O	No2
	O	否 REFUSED/DON'T KNOW
	NG NOTE 'QA2	
IF ARINSURE		LY INSURED) CONTINUE WITH 'QA24_J50';

'QA24_J50'	During the past 12 months, did a doctor's office tell you that they would not take you	ur
	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	Yes	1
	是	
0	No	2
	否	
O	REFUSED/DON'T KNOW	3

Pregnancy Status

PROGRAMMING NOTE 'QA24_J51':

IF 'QA24_A5' = 1 (MALE AT BIRTH), THEN GO TO 'PN_QA24_J61';

IF AGE > 45, THEN GO TO 'PN QA24 J68';

DISPLAY INSTRUCTIONS:

IF ['QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_A6' = 2 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health.";

IF ['QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_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."

'QA24_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?

O	Yes1 是	[GO TO 'QA24_J53']
O	No2	
O	否 No applicable3	
O	不適用 REFUSED/DON'T KNOW	

Family Planning

PROGRAMMING NOTE 'QA24 J52':

IF AGE IS BETWEEN 18 AND 44 YEARS AND 'QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_D10' = 1 OR 3 (MALE OR BOTH MALE AND FEMALE) THEN CONTINUE;

ELSE IF AGE > 44 YEARS GO TO 'PN_QA24_J68';

ELSE IF 'QA24_A5' = 1 (MALE AT BIRTH) THEN GO TO 'PN_QA24_J61';

ELSE CONTINUE WITH 'QA24 J52'

'QA24_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	
	O	I am not sexually active2 您性生活不活躍,	
	O	I am planning to get pregnant within the next 12 months	
	•	I am currently pregnant4 您現正懷孕?	
	•	I am not able to get pregnant5 您不能懷孕?	[GO TO 'PN_QA24_J61']
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_J61']
'QA24_J53'	During the past	12 months, did you become pregnant with an u	unintended pregnancy?
AJ235	過去 12 個月內,	您是否意外懷孕?	
	•	Yes1 是	
	•	No	
	•	REFUSED/DON'T KNOW3	
'QA24_J54'		12 months, has a doctor, medical provider, or fout birth control? This includes an IUD or an ir	
		内 ,醫生、醫療服務提供者或家庭計劃諮詢師是 或皮下埋植避孕器(手臂上的裝置)。	- 否與您討論過節育問題?
AJ236	O	Yes1 是	
	•	No2	
	•	否 REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA24_J55':

IF 'QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_D10' = 2, -3 (FEMALE, SKIPPED), GO TO 'PN_'QA24_J68';

IF 'QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_D10' = 1, 3 (MALE, BOTH MALE AND FEMALE) CONTINUE;

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' = 1 OR 'QA24_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 'QA24_D8' > 1 OR -3 AND 'QA24_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.";

'QA24_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.

絶育方式包括輸卵管結紮、輸精管切除或進行絶育手術,以使您不能生育。

\mathbf{O}	Yes1	
	是	
O	No2	[GO TO
	否	'PN_QA24_J60']
0	No male partner3	[GO TO
	沒有男性性伴侶	'PN_QA24_J61']
O	REFUSED/DON'T KNOW3	[GO TO
		PN OA24 161'1

PROGRAMMING NOTE 'QA24_J56':

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' = 1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partner use?"

IF 'QA24_D8' > 1 OR -3 AND 'QA24_D9' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partners use?";

'QA24_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?

O	Tubal Ligation (Tubes Tied, Cut,
	Fallopian Tubes Removed)1
	輸卵管結紮(結紮、切斷、移除)
\circ	
9	Vasectomy (Male sterilization)2
	輸精管切除(男性絶育)
0	IUD
	(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)
_	, , ,
9	Implant
	(Nexplanon® - that thing in your arm)4
	皮下埋植避孕器(Nexplanon® - 手臂上的裝置)
O	Birth control pills
	避孕藥
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)
	央心的网象刀法(/エカッ/Depo-riovela、即劑、陰坦塚/

	0	Condoms (male or female)/	[GO 10 'QA24_J58']
	•	安全套(男用或女用) Phexxi (birth control gel)8	[GO TO 'QA24_J58']
	9	Phexxi (避孕凝膠)	[GO 10 QA24_336]
	O		[GO TO 'QA24_J58']
	•	Other (Specify:)91 其他(請註明:)	[0010 QAL+_000]
	O	REFUSED/DON'T KNOW3	[GO TO
	•	THE COLDING THROWS	'PN_QA24_J61']
PROGRAMMIN	IG NOTE 'QA24	_J57':	
DIODI AV INOT	DUCTIONS.		
DISPLAY INST		TINUE AND DISPLAY 'TUBAL LIGATION', 'VAS	SECTOMV' 'ILID'
'IMPLANT'	- 1, 2, 3, 4 CON	TINGE AND DISPLAT TOBAL LIGATION, VA	SECTOWIT, TOD,
11VII 27 (141			
'QA24_J57'	Did you or your	male partner get {Tubal Ligation, Vasectomy, IL	JD or implant} within in the
_	past 12 months		, ,
	您或您的男性伴	侶是否在過去 12 個月內接受{輸卵管結紮術、輸	精管切除術、子宮環或皮
	下埋植避孕器}?		
AJ238			
	O	Yes1	
		是	
	O	No2	[GO TO
		否	'PN_QA24_J61']
	O	REFUSED/DON'T KNOW3	[GO TO
			'PN_QA24_J61']
PPOGPAMMIA	IC NOTE 'OA24	159.	'PN_QA24_J61']
PROGRAMMIN	IG NOTE 'QA24	_J58':	'PN_QA24_J61']
PROGRAMMIN DISPLAY INST		_J58':	'PN_QA24_J61']
DISPLAY INST	RUCTIONS: 1 OR 'QA24_D9	o' = 2 (1 PARTNER) DISPLAY "During the past	
DISPLAY INST IF 'QA24_D8' = or your male pa	RUCTIONS: 1 OR 'QA24_D9 Irtner get your <u>M</u>	9' = 2 (1 PARTNER) DISPLAY "During the past a AIN birth control method or prescription?"	12 months, where did you
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' >	RUCTIONS: -1 OR 'QA24_D9 rtner get your <u>M</u> -1 OR -3 AND 'Q	o' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN	The state of the s
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor	RUCTIONS: -1 OR 'QA24_D9 rtner get your <u>M</u> -1 OR -3 AND 'Q	9' = 2 (1 PARTNER) DISPLAY "During the past a AIN birth control method or prescription?"	The state of the s
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' >	RUCTIONS: -1 OR 'QA24_D9 rtner get your <u>M</u> -1 OR -3 AND 'Q	o' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN	The state of the s
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?";	RUCTIONS: -1 OR 'QA24_D9 rtner get your <u>M</u> -1 OR -3 AND 'Q nths, where did y	9' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth co	T
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?";	RUCTIONS: -1 OR 'QA24_D9	9 ' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" MA24_D9 ' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth co	T
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?";	RUCTIONS: -1 OR 'QA24_D9 rtner get your <u>M</u> -1 OR -3 AND 'Q nths, where did y	9 ' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" MA24_D9 ' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth co	T
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?";	RUCTIONS: 1 OR 'QA24_D9 1 OR -3 AND 'Q 1 OR -3 AND 'Q 1 oths, where did y During the past control method	3' = 2 (1 PARTNER) DISPLAY "During the past of AIN birth control method or prescription?" 1A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control months, where did you or your male partner for prescription?	The second section is a second
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?";	RUCTIONS: 1 OR 'QA24_D9 1 OR -3 AND 'Q 1 OR -3 AND 'Q 1 oths, where did y During the past control method	9 ' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" MA24_D9 ' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth co	The second section is a second
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: 1 OR 'QA24_D9 1 OR -3 AND 'Q 1 OR -3 AND 'Q 1 oths, where did y During the past control method	3' = 2 (1 PARTNER) DISPLAY "During the past of AIN birth control method or prescription?" 1A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control months, where did you or your male partner for prescription?	The second section is a second
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR -3 AND 'Q -1 o	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" (A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control months, where did you or your male partner (or prescription?	The second section is a second
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR -3 AND 'Q -1 o	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" [A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method or your male partners get your male partners get your male partners get your male partners or prescription? [您或您的男性伴侶從哪裡獲取主要避孕方法或例如 Private Doctor's Office	The second section is a second
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR 'QA24_DS -1 OR -3 AND 'Q -1 OR -3 AND 'Q -1 on this, where did y During the past control method	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" [A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method in the control method in the control method in the partners get your male partners or prescription? [2	ERS) DISPLAY "During introl method or (s) get your <u>MAIN</u> birth
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR 'QA24_DS -1 OR -3 AND 'Q -1 OR -3 AND 'Q -1 on this, where did y During the past control method	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" (A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method you or your male partners or prescription? (您或您的男性伴侶從哪裡獲取主要避孕方法或例如,你或您的男性伴侶從哪裡獲取主要避孕方法或例如,你可以你可以你可以你可以你可以你可以你可以你可以你可以你可以你可以你可以你可以你	ERS) DISPLAY "During introl method or (s) get your <u>MAIN</u> birth
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR 'AA24_DS -1 OR -3 AND 'Q -1 or	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" (A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method you or your male partners or prescription? (您或您的男性伴侶從哪裡獲取主要避孕方法或属于 Private Doctor's Office	ERS) DISPLAY "During introl method or (s) get your <u>MAIN</u> birth
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR 'QA24_DS -1 OR -3 AND 'Q -1 OR -3 AND 'Q -1 on this, where did y During the past control method	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" [A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method or your male partners get your male partners get your male partners get your male partners or prescription? [2 months, where did you or your male partners or prescription? [3 months, where did you or your male partners or prescription? [4 months, where did you or your male partners or prescription? [5 months, where did you or your male partners or prescription? [6 months, where did you or your male partners or prescription? [6 months, where did you or your male partners or prescription? [6 months, where did you or your male partners or prescription? [7 months, where did you or your male partners or prescription? [7 months, where did you or your male partners or prescription? [8 months, where did you or your male partners or prescription? [8 months, where did you or your male partners or prescription? [8 months, where did you or your male partners or prescription? [8 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [9 months, where did you or your male partners or prescription? [ERS) DISPLAY "During introl method or (s) get your <u>MAIN</u> birth
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR 'QA24_DS -1 OR -3 AND 'Q -1 or	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" [A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method or your male partners get your male partners or prescription? [2 months, where did you or your male partners or prescription? [3 c w w w w w w w w w w w w w w w w w w	ERS) DISPLAY "During introl method or (s) get your <u>MAIN</u> birth
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR 'AA24_DS -1 OR -3 AND 'Q -1 or	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" [A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method you or your male partner for prescription? [2 months, where did you or your male partner for prescription? [3 months, where did you or your male partner for prescription? [4 months, where did you or your male partner for prescription? [5 months	ERS) DISPLAY "During introl method or (s) get your <u>MAIN</u> birth
DISPLAY INST IF 'QA24_D8' = or your male pa IF 'QA24_D8' > the past 12 mor prescription?"; 'QA24_J58'	RUCTIONS: -1 OR 'QA24_DS -1 OR 'QA24_DS -1 OR -3 AND 'Q -1 or	B' = 2 (1 PARTNER) DISPLAY "During the past AIN birth control method or prescription?" [A24_D9' = 3,4,5,6 (MORE THAN ONE PARTN ou or your male partners get your MAIN birth control method or your male partners get your MAIN birth control method or your male partners get your male partners or prescription? [2 months, where did you or your male partners or prescription? [3 c w w w w w w w w w w w w w w w w w w	ERS) DISPLAY "During introl method or (s) get your <u>MAIN</u> birth

		縣衛生部門
	0	Family Planning Clinic6 家庭計劃診所
	•	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	其他地方(請註明:) REFUSED/DON'T KNOW3
'QA24_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 内 ,	您是否透過視像或電話就診獲取您的主要避孕方法?
AJ240	O	Yes, over a video visit1 是,透過視像就診
	O	Yes, over a telephone visit2 是,透過電話就診
	O	No3 否
	•	REFUSED/DON'T KNOW
IF 'QA24_J55'	NG NOTE 'QA24 = 2 CONTINUE; • 'PN_QA24_J61	
DISPLAY INST		9 ' = 2 (1 PARTNER) DISPLAY "What is the <u>main</u> reason you and your
IF 'QA24_D8'	>1 OR -3 AND 'Q	ontrol in the past 12 months?" (A24_D9' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "What male partners did not use birth control in the past 12 months?";
is the <u>main</u> rea	son you and your	male partiers did <u>not</u> use bitti control in the past 12 montros;
'QA24_J60'	What is the <u>mai</u> 12 months?	n reason you and your male partner{s} did not use birth control in the past
A 1470D	您和您的男性伴	侶在過去 12 個月內未使用避孕措施的主要原因是什麼?
AJ170B	•	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
	•	Cost3 成本
	0	Haven't had time to go in for birth control4 還沒有時間從事生育控制
	0	No transportation5 沒有交通工具

\mathbf{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	
O	Partner won't let me9	
	伴侶不許我使用	
O	Forget to use birth control 10	
	忘記使用避孕措施	
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 QA24 J61'1

PROGRAMMING NOTE 'QA24 J61':

IF AGE IS BETWEEN 18 AND 54 YEARS AND 'QA24_A5' = 1 (MALE AT BIRTH) WITH 'QA24_D10' = 2 OR 3 (FEMALE OR BOTH MALE AND FEMALE) THEN CONTINUE; IF AGE > 54 YEARS ELSE SKIP TO 'PN_QA24_J68'

'QA24_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

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

PROGRAMMING NOTE 'QA24_J62':

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' = 1 OR 'QA24_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 'QA24_D8' > 1 OR -3 AND 'QA24_D9' = 3, 4, 5, 6 (MORE THAN ONE 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.";

'QA24_J62' During the past 12 months, did you or your female partner{s} use birth control method to prevent pregnancy? This includes male or female sterilization.

過去的 12 個月內, 您或您的女性伴侶是否使用過節育方法來避孕?

AJ242

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。*

\mathbf{O}	Yes1	
	是	
\mathbf{O}	No2	[GO TO
	否	PN_QA24_J67
\mathbf{O}	No female partner3	[GO TO
	沒有女性性伴侶	'PN_QA24_J68']
\mathbf{O}	REFUSED/DON'T KNOW3	[GO TO
		PN OA24 168'

PROGRAMMING NOTE 'QA24_J63':

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' = 1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partner use?"

IF 'QA24_D8' > 1 OR -3 AND 'QA24_D9' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partners use?";

'QA24_J63' During the past 12 months, which main birth control method did you or your female partner{s} use?

過去的 12 個月內,您或您的女性伴侶使用了哪種或哪幾種主要避孕方法?

O	Tubal Ligation (Tubes Tied, Cut, Fallopian Tubes Removed)1 輸卵管結紮(結紮、切斷、移除)
•	Vasectomy (Male sterilization)2 輸精管切除(男性絶育)
O	IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
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 pills5 [GO TO 'QA24_J65'] 避孕藥
•	Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring)
0	Condoms (male or female)
•	Phexxi (birth control gel)8 [GO TO 'QA24_J65'] Phexxi(避孕凝膠)
0	Other (Specify:)91 [GO TO 'QA24_J65'] 其他(請註明:)
•	REFUSED/DON'T KNOW3 [GO TO 'PN_QA24_J68']

PROGRAMMING NOTE AJ244:

DISPLAY INSTRUCTIONS:

IF 'QA24_J63'=1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA24_J64' Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

您或您的女性伴侶是否在過去 12 個月內接受{輸卵管結紮術、輸精管切除術、子宮環或皮下埋植避孕器}?

AJ244

\mathbf{C}	Yes1	
	是	
\mathbf{c}	No2	[GO TO
	否	'PN_QA24_J68']
\mathbf{c}	REFUSED/DON'T KNOW3	[GO TO
		PN_QA24_J68']

PROGRAMMING NOTE 'QA24_J65':

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' = 1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your MAIN birth control method or prescription?"

IF 'QA24_D8' > 1 OR -3 AND 'QA24_D9' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your MAIN birth control method or prescription?";

'QA24_J65' During the past 12 months, where did you or your female partner{s} get your MAIN birth control method or prescription?

過去 12 個月內,您或您的女性伴侶從哪裡獲取主要避孕方法或處方藥?

O	Private Doctor's Office1 私人醫生診所
\sim	
9	HMO Facility (Kaiser, Anthem Blue Cross,
	Health Net, United Healthcare, etc.)2
	健康維護組織設施(Kaiser、Anthem Blue Cross、Health Net、United
	Healthcare 等)
\mathbf{O}	Hospital or Hospital Clinic3
	B院或醫院診所
\circ	Planned Parenthood4
•	
_	計劃生育聯合會 (Planned Parenthood)
0	County Health Department5
	縣衛生部門
\mathbf{O}	Family Planning Clinic6
	家庭計劃診所
O	Community Clinic7
	社區診所
\circ	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
	•	Pharmacy 10
	O	藥房 Some other place (Specify:) 11
	_	其他地方(請註明:)
	O	REFUSED/DON'T KNOW3
'QA24_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?
710210	O	Yes, over a video visit1 是,透過視像就診
	O	Yes, over a telephone visit2 是,透過電話就診
	O	No3 否
	•	REFUSED/DON'T KNOW3
male partner di	= 1 OR 'QA24_D d <u>not</u> use birth c >1 OR -3 AND '0	99' = 2 (1 PARTNER) DISPLAY "What is the <u>MAIN</u> reason you and your ontrol in the past 12 months?" QA24_D9' = 3,4,5,6 (MORE THAN ONE PARTNERS) DISPLAY "What is female partners did <u>not</u> use birth control in the past 12 months?";
'QA24_J67'	What is the <u>ma</u> past 12 months	in reason you and your female partner{s} did <u>not</u> use birth control in the ?
AJ175B	您和您的女性件	华侶在過去 12 個月 內 未使用避孕措施的主要原因是什麼?
AUTTOD	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	Cost
	O	Haven't had time to go in for birth control4 還沒有時間從事生育控制
	•	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

Worried about side effects and/or

擔心副作用和/或健康風險

health risks.....8

Partner won't let me9

 \mathbf{O}

O

Mammogram	o o	伴侶不許我使用 Forget to use birth control	
PROGRAMMI	NG NOTE 'QA2	4 168'·	
IF R LIVES IN 'QA24_J68';		COUNTY AND ('QA24_A5' = 2 AND AAGE 50-	74) CONTINUE WITH
'QA24_J68'	During the pas	et 2 years, have you had a mammogram?	
AJ206	過去2年,您	有否進行乳房造影檢查 ?	
	A mammograr squeezes eacl	n is an x-ray taken of each breast separately by a h breast.	a machine that flattens or
	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	盾X光片。
	O	Yes1 是	[GO TO 'QA24_J70']
	O	No2 否	
	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_J70']
'QA24_J69'	What is the <u>on</u> 2 years?	<u>e</u> most important reason why you have not had a	mammogram in the past
AJ207	過去2年,您沒	沒有進行乳房造影檢查的一個最重要原因為何?	
	O	No reason/never thought about it1 沒有原因	
	•	Didn't know i needed this type of test2 不知道有這需要	
	0	Doctor didn't tell me I needed it3 醫生沒有告訴我有這需要	
	0	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	
	O	Too painful, unpleasant, embarrassing7 痛楚/尷尬	
	•	Too young8 太年輕	
	Q	Don't have a doctor9 附近沒有醫療服務/醫生	

	•	Transportation problem10 交通問題	
	•	Competing priorities (work, childcare, caregiving)11	
	•	需要優先處理其他事情(工作、幼兒照顧、照記 REFSUED/DON'T KNOW3	蒦)
Dental Health			
'QA24_J70'		has it been since <u>you visited</u> a dentist or denta dental specialists.	al 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?請包括牙科仍	录健員及各類牙科專家。
	O	Have never visited0 從未探訪過	[GO TO 'QA24_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	
	•	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	
	0	REFUSED/DON'T KNOW3	[GO TO 'QA24_J74']
'QA24_J71'	Was it for a rou	tine checkup or cleaning, or was it for a specific	problem?
A 1407	您是去接受常規	是檢查或洗牙還是因為某一具體問題接受治療:	
AJ167	O	Routine checkup or cleaning1	
		例行性檢查或清潔	
	0	Specific problem2 特定問題	
	O	Both3	
		兩者	
	0	REFUSED/DON'T KNOW3	
	IG NOTE 'QA24		
IF ' QA24_J70 '= ELSE GO TO '(= 1, 2 THEN CO	NTINUE;	
LLOL GO TO (QA24_374		
'QA24_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?	
AJ241	•	None1	[GO TO 'QA24_J74']
		沒有	
	•	Once2 一次	
	O	一次 Twice3	

		兩次	
	O	Three Times4	
	O	三次 Four Times5	
	9	Pour Times5 四次	
	O	Five Times or More6	
	O	五次或以上 REFUSED/DON'T KNOW	[GO TO 'QA24_J74']
'AJ248B'	Where did vo	u receive the dental service?	
	-		
	您從何處獲取	牙科服務?	
AJ248B		Free booth /downtol arrows	
	•	Free health/dental event1 免費醫療/牙醫活動	
	Q	元貞審炼/才審伯則 Dentist office2	
	9	牙醫診所	
	O	A 酉の川 Hospital3	
	•	B院	
	O	Other4	
	•	其他	
	O	REFUSED/DON'T KNOW3	
'QA24_J74'	Do you now h	nave any type of insurance that pays for part or a	ll of your dental care?
	<i>y</i> . = <i>y</i> . = -1.		
	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對	費用?
AG3			
	O	Yes1	
		是	
	O	No2	
	_	否	
	•	REFUSED/DON'T KNOW3	
'QA24_J75'	Where did vo	ou receive educational information about oral heal	Ith or preventive dental care
	in the last 12		
	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語	訊?
AJ249B			
	O	Have not received	
		any educational information1	[GO TO
		尚未收到過任何宣傳教育資訊	'PN_QA24_J77']
		From dental office	[GO TO
		從牙科診所獲取	'PN_QA24_J77']
		From school of my child	[GO TO
		從子女的學校獲取	'PN_QA24_J77']
		From social media4	[GO TO
		從社交媒體獲取	'PN_QA24_J77']
		From family or friends5	[GO TO
		從親友處獲取	'PN_QA24_J77']
		From Smile, California™ website6	[GO TO
		從 Smile, California 網站獲取	'PN_QA24_J77']
		From other sources7	[GO TO

		其他渠道	'PN_QA24_J77']
		From other online sources8	[GO TO
		來自其他在線資源	'PN_QA24_J77']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_J77']
	NG NOTE 'QA24		
months?"	= 0, 3, 4, 5 DISP	LAY "What is the main reason you have not visite	ed a dentist in the last 12
'QA24_J76'	What is the ma	in reason you have not visited a dentist in the las	t 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	心压透力化的		
	•	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	
	•	Other(s)5	
		其他	
	•	REFUSED/DON'T KNOW3	
	NG NOTE 'QA24	·_ J77 ': CTED TEEN, THEN CONTINUE;	
ELSE GOTO 'C		TED TEEN, THEN CONTINUE,	
'QA24_J77'	Do you now ha	ve any type of insurance that pays for part or all o	of (TEEN) dental care?
	か用た日本とは	· 运搬刑64.4.10000000000000000000000000000000000	工利
MA10	心 現仕走省有仕	任何類型的保險可以支付(青少年)的部分或全部	才科護理貨用?
	•	Yes1	
		是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA24_J78'		ion is about dental health. I has it been since (teen's name) visited a dental dentists)	provider? (eg, dental
DATE LAD	下一個問題與牙 自(青少年的名 和牙醫)	上齒健康有關。 1字)上次向牙科服務提供者求診以來已經有多久 ²	了?(例如:牙齒衛生員
MTF14B	O	Have never visited0	[GO TO 'QA24_J82']
	O	從未探訪過 6 months ago or less1	
	•	o monuro ago or 16331	

		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	
	O	More than 1 year, and up to 2 years ago3 超過 1 年至 2 年前	[GO TO 'QA24_J82']
	O	More than 2 years, and up to 5 years ago4 超過 2 年至 5 年前	[GO TO 'QA24_J82']
	O	More than 5 years ago5 超過 5 年前	[GO TO 'QA24_J82']
	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_J82']
	NG NOTE 'QA2 3' = 1, 2 THEN C 'QA24_J82'		
'QA24_J79'	How many time	es has (teen's name) received a dental service w	vithin the last 12 months?
MTH64	過去 12 個月內],(青少年的姓名)接受了多少次牙科服務?	
	O	None1 沒有	[GO TO 'QA24_J81']
	O	Once2 一次	
	0	Twice	
	•	Three Times4 三次	
	•	Four Times5 四次	
	•	Five Times or More6 五次或以上	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_J81']
'QA24_J80'	•	en's name) receive the dental service?	
MTH65B	(青少年的姓名	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	
	O	Hospital3 醫院	
	O	Other4 其他	
	O	REFUSED/DON'T KNOW3	
'QA24_J81'		en's name) receive educational information about the last 12 months?	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 	的宣傳教育資訊?
	O	Have not received	

		any educational information1	
	_	尚未收到過任何宣傳教育資訊	
		From dental office	
		從牙科診所獲取	
		From school of my child	
		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 sources	
		從其他渠道獲取	
		From other online sources8	
		來自其他在線資源	
	•	REFUSED/DON'T KNOW3	
'QA24_J82'		in reason (teen's name) has not visited a dentist i) 在過去 12 個月內{從未/未}看牙醫的主要原因氣	
MTH67	(月ノ午ロバエモ	1) 在地名 12 间分的(此水/水)有力 酉的工安冰色。	上 /玄:
WITHOT	•	Not applicable1	
	9	不適用	
		,	
	O	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	
	O	Could not afford/no insurance4 無力負擔/沒有保險	
	•	Other(s)91	
		其他	
	•	REFUSED/DON'T KNOW3	
Discrimination i	n Healthcare Se	tting	
'QA24_J83'		when you are receiving medical care, was there d 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	子的醫療服務?
	O	Yes1	
		是	
	O	No2	[GOTO 'PN_QA24_J85']
		否	
	O	REFSUED/DON'T KNOW3	[GOTO 'PN_QA24_J85']
'QA24_J84'	Think about the	last time this happened. How long ago was that	?
	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?	
DMC9			

Caregiving

'QA24_J85'

'QA24_J86'

AJ87

'QA24_J87'

AJ101B

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	
•	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	
•	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	
•	More than 20 years ago7 超過 20 年前	
•	REFUSED/DON'T KNOW3	
	rovide short-term or long-term help to a family m onic illness or disability. This may include help v	
有些人會協助患 無法自行處理的	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
During the past	12 months, did you provide any such help to a f	amily member or friend?
在過去 12 個月	內,您是否提供過家人或朋友任何此類協助?	
doctor's visits o	le help with baths, medicines, household chores r the grocery store, arranging for medical and su ee how they are doing	
	洗澡、服用藥品、做家事、付帳單、開車去看醫 只是去看看他們過得好不好。	生或到雜貨店、安排醫療
•	Yes1	
•	是 No2	[GO TO
O	否 REFSUED/DON'T KNOW3	'PN_QA24_K1'] [GO TO 'PN_QA24_K1']
Do you currently	y provide care for this person?	
您目前是否在照	顧這個人?	
•	Yes1	
•	是 No2	
O	否 REFUSED/DON'T KNOW3	

PROGRAMM	ING NOTE FOR	R 'QA24_J88':		
	STRUCTIONS: " = 1 THEN DIS	SPLAY "How" and "is", ELSE DISPL	AY "At the time you prov	rided care" and
'QA24_J88'	{How/At the t fine.	time you provided care, how} old {is/	was} this person? Your	best estimate is
	{此人幾 歲 /在	E您提供護理時},此人幾 歲? 最佳估	算即可。	
AJ201				
	-	Age 歲	[HR: 0-	110]
	-			
	O F	REFUSED/DON'T KNOW	3	
'QA24_J89'	What is this բ	person's relationship to you?		
	此人與您的關	孫是?		
AJ90		Husband	4	
	0	Husband 先生	1	
	O	Wife	2	
		太太		
	O	Spouse/partner 配偶/伴侶	3	
	•	即两什向 Father/father-in-law	4	
		父親/岳父/老爺		
	O	Mother/mother-in-law 母親/岳母/奶奶	5	
	O	Brother/brother-in-law	6	
		兄弟/姐夫/妹夫		
	•	Sister/sister-in-law 姐妹/嫂子/弟媳	7	
	•	姐妹/炫丁/赤綋 Grandfather	8	
		祖父	-	
	O	Grandmother 祖母	9	
	O	Son/son-in-law 兒子/女婿	10	
	O	Daughter/daughter-in-law 女兒/兒媳	11	
	O	Other relative 其他親人	12	
	O	Friend/neighbor 朋友/鄰居	13	
	O	Other non-relative 其他非親人的人士	14	
	O	REFLISED/DON'T KNOW	-3	

PROGRAMMING NOTE 'QA24_J90':

	= 1 THEN DISP = -3 THEN DISF	LAY "do"; ELSE DISPLA PLAY "family member/frie		
'QA24_J90'	In a typical wee member/friend)		s {do/did} you spend, h	nelping 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}?
	 _ RE	FUSED/DON'T KNOW		[HR: 0-125]
IF 'QA24_J87' ELSE GO TO '0	QA24_J92';	I: INUE WITH 'QA24_J91'	;	
	= 1 DISPLAY "A	are you paid for any of the Vere you paid for any of t		
'QA24_J91'	{Are/Were} you	paid for any of the hours	you {help/helped} you	ur {AJ90}'?
AJ191	您是否為{幫助/曾幫助}您{AJ90}的任何時間而{獲得/曾獲得}酬勞?			
AUTOT	This could be payment from a public program, family member, or directly from the care recipient.			
	這可以是來自公	人共計劃、家庭成員或直接	· 接來自護理對象的付款。	
	O	Yes 是	1	
	O	No 否	2	
	O	REFUSED/DON'T KNO	W3	
PROGRAMMIN	IG NOTE 'QA24	_J92':		
DISPLAY INST IF AJ101B' = 1 ELSE DISPLAY	THEN DISPLAY	′ "is";		
'QA24_J92'	How much of a you?	financial stress would yo	ou say that caring for y	our {AJ90} {is/was} for
您認為照顧您的{AJ90}{對您/曾對您}造成多大的經濟壓力? AJ193				
70100	O	Extremely stressful 壓力很大	1	
	O	Somewhat stressful 壓力較大	2	
	•	A little stressful	3	

		有點壓力
	•	Not at all stressful4
	_	完全沒有壓力
	O	REFUSED/DON'TKNOW3
'QA24_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:
ASSIB	Check all that a	apply
		Alone1 獨居
		With you2 和您一起居住
		With some other family member3 和其他家庭成員一起居住
		In a nursing home4 住在療養院
		In an assisted-living facility5 住在輔助生活設施中
		In some other living situation6 其他居住情況
	•	REFUSED/DON'T KNOW3
PROGRAMMI	NG NOTE 'QA2	J_J94':
		LAY "What", "does", and "requires". ELSE DISPLAY "At the time you "required".
'QA24_J94'		ne you provided care, what} disabilities or illnesses {does/did} {he/she/he at {require/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	арріу.
		Alzheimer's, confusion, dementia, forgetfulness1 阿茲海默症、精神錯亂、癡呆、健忘
		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
		+ と、変を Stroke 12
	_	中風
		Surgery, wounds13 外科手術、傷口
		Other (Specify:)91
	_	其他 (請註明:)
	O	REFUSED/DON'T KNOW3
PROGRAMMIN	NG NOTE FOR	'QA24 J95':
IF 'QA24_J87'	= 1 CONTINUE	
ELSE SKIP TO	'PN_QA24_K1	,
'QA24_J95'	{Do you have	all of the support and services you need to care for your {'QA24_J89'}?
	{您是否擁有照	顧{AJ90}所需的所有支援和服務?
AJ197		V
	•	Yes1 是
	O	No2
		否
	O	REFUSED/DON'T KNOW3
'QA24_J96'		t 12 months, have you experienced any physical health problems due to to your {'QA24_J89'}?
	prorraming can o	10 your (42 12 12000).
	過去的 12 個月	內,您自己是否因照顧您的 {AJ90} 而出現任何身體健康問題?
AJ199A		
	O	Yes1
	O	是 No2
	•	不
	O	REFUSED/DON'T KNOW3
'QA24_J97'	During the pas	t 12 months, have you experienced any mental health problems due to
		to your {'QA24_J89'}?
	過去的 12 個月	內,您自己是否因照顧您的{AJ90}而出現任何精神健康問題?
AJ199B		
	•	Yes1
	O	是 No2
	•	NOZ 否
	O	REFUSED/DON'T KNOW3

'QA24_J98' Has your work situation changed because of helping your {'QA24_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 status1 工作狀況沒有變化
	Changed job2 轉換工作
	Took a second job/ Increased hours with current job3 從事副業/增加當前工作的工作時數
	Reduced number of work hour4 工作時數減少
	Temporary leave of absence5 暫時休假
	Quit job6 辭職
	Retired/retired early7 退休/提前退休
	Received paid family leave8 獲得有薪家事假
	I don't work9 我沒有工作
	Other (Specify:)
0	REFUSED/DON'T KNOW3

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

Hours Wo	rked
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IF 'QA24_G27'	'QA24_G29 '= 1	AT JOB OR BUSIN	ESS) OR 2 (WITH A JOB O KS) CONTINUE WITH ' QA ?	R BUISNESS BUT NOT 24_K1';
'QA24_K1'	How many hours	s per week do you <u>u</u>	ı <u>sually</u> work at <u>all j</u> obs or bu	sinesses?
	您在從事的 <u>所有</u> [的工作或業務中每週]通常工作多少小時 ?	
AK3	If you do not wo	rk, enter 0 (zero)		
	如果您沒有工作,	請輸入 0 (零)		
	O		Hours 小時	[HR: 0-95]
	O	REFUSED/DON'T I	KNOW3	
'QA24_K2'	How long have y	ou worked at your <u>ı</u>	main 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 個月	[HR: 0-12]
	o		^{i回月} Years 年	[HR: 0-50]
	O REF	USED/DON'T KNC		
Income Last Mo	onth			
IF 'QA24_G27' WORK)] OR 'Q		AT JOB OR BUSIN	ESS) OR 2 (WITH JOB OR CONTINUE WITH 'QA24_I	
'QA24_K3'			ur earnings <u>last month</u> befor sses, including hourly wage:	
		工作和業務中,包括 少?請提供您的最佳	六小時工資、薪水、小費和佣 在計數字。	金, 稅 前和其它扣除額之
AK10	O	\$ \$	Amount 金額	[HR: 0-999995]

	O	REFUSED/DON'T	KNOW	3
IF 'QA24_G35' (SPOUSE/PAR (SPOUSE/PAR (SPOUSE/PAR IF 'QA24_G27' DOES NOT HA = 1 (MARRIED) ELSE IF 'QA24 DOES NOT HA 1 OR 'QA24_D' IF 'QA24_A23':	TNER WITH JOE TNER USUALLY ≠ 1 OR 2 (R NO VE A JOB) AND , DISPLAY "The _G27' ≠ 1 OR 2 VE A JOB) AND 13'= 1), THEN DI = 1 THEN DISPL _D12'= 1 OR 'Q/	"ARTNER WORKING OR BUSINESS B	IUE WITH 'QA24_K ISINESS LAST WEI R DOES NOT USUA Out your spouse's er OR BUSINESS LAS R DOES NOT USUA	OR 'QA24_G36' = 1 'A' AND: EK, DID NOT WORK, AND LLY WORK), AND 'QA24_A23' inployment." IT WEEK, DID NOT WORK, AND LLY WORK), AND ('QA24_D12'= ir partner's employment."
'QA24_K4'	How many hours businesses?	s per week does yo	ur { <u>spouse/partner</u> }	usually work at all jobs or
A1/00	您的{丈夫/妻子/	/配偶}在從事的所有	「的工作或業務中每近	圆通常工作多少小時?
AK20	O		Hours 小時	[HR: 0-95]
	•	REFUSED/DON'T	KNOW	3
IF 'QA24_K4' ≠ IF 'QA24_A23'	= 1 (MARRIED), _D12 ' = 1 OR 'Q	- VITH 'QA24_K5' ; THEN DISPLAY "s	pouse's"; N DISPLAY "partne	·'s";
'QA24_K5'	taxes and other			s} earnings <u>last month</u> before s, including hourly wages,
AK10A				務的收入有多少?這是指在沒有扣 薪資、小費和佣金。
	O	\$ \$	Amount 金額	[HR: 0-999995]
	O	REFUSED/DON'T	KNOW	3
Annual Househ	old Income			
'QA24_K6'	What is your bes		nousehold's total anı	nual income from all sources
AK22	您的住戶 2023 年	F來自所有來源的 <u>稅</u>	前全年總收入 是多少	?

ICO TO (AV42)

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。

	0	\$Amount \$	[HR: 0-999995]
	O	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_K8']
QA24_K7'	Please verify a	mount entered that your annual household income is (AMOUN)	Γ). Is that correct?
AK22A	根據我的記錄,	您的住戶年收入是(AMOUNT)。這是否正確?	
· · · · · · · · · · · · · · · · · · ·	O	Yes1 是	[GO TO 'PN_AK17]
	O	No2 否	[GO TO 'QA24_K6']
	O	REFUSED/DON'T KNOW3	

PROGAMMING NOTE 'QA24_K8':

IF 'QA24_K6' = -3 CONTINUE WITH 'QA24_K8';

ELSE GO TO 'PN_QA24_K14'

'QA24_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 ...

Mara than \$20,000 par year

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	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_K14']	
	每年 \$20,000 或以下		
\mathbf{O}	\$20,000 or less per year2		
	每年超過 \$20,000		
9	wore than \$20,000 per year	[GO TO AK13]	

'QA24 K9' Is it ...

是.....

AK12

•	\$5,000 or less1	[GO TO
	\$5,000 或以下	'PN_QA24_K14']
\mathbf{O}	\$5,001 to \$10,0002	[GO TO
	\$5,001 - \$10,000	'PN_QA24_K14']
\mathbf{O}	\$10,001 to \$15,0003	[GO TO
	\$10,001 - \$15,000	'PN_QA24_K14']
\mathbf{O}	\$15,001 to 20,0004	[GO TO
	\$15,001 - 20,000	'PN_QA24_K14']
\mathbf{O}	REFUSED/DON'T KNOW3	[GO TO

'PN_QA24_K14'] Is it ... 'QA24_K10' 是..... AK13 0 More than \$70,000 per year.....1 [GO TO 'QA24_K12'] 每年超過 \$70,000 \$70,000 or less per year2 O 每年 \$70,000 或以下 REFUSED/DON'T KNOW.....-3 \mathbf{O} **IGO TO** 'PN_QA24_K14'] 'QA24_K11' Is it ... 是..... AK14 \$20,001 to \$30,0001 0 [GO TO 'PN_QA24_K14'] \$30,001 to \$40,0002 0 [GO TO 'PN_QA24_K14'] \$40,001 to \$50,0003 0 **IGO TO** 'PN_QA24_K14'] \$50,001 to \$60,0004 0 [GO TO 'PN QA24 K14'] \$60,001 to \$70,0005 O **IGO TO** 'PN QA24 K14'] REFUSED/DON'T KNOW.....-3 0 **IGO TO** 'PN_QA24_K14'] 'QA24_K12' Is it ... 是..... AK15 \mathbf{O} More than \$135,000 per year.....1 [GO TO 每年超過 \$135,000 'PN_QA24_K14'] \$135,000 or less per year2 O 每年 \$135.000 或以下 \mathbf{O} REFUSED/DON'T KNOW.....-3 **IGO TO** 'PN_QA24_K14'] 'QA24_K13' Is it ... 是..... AK16 \$70,001 to \$80,0001 O \$80,001 to \$90,0002 0 \$90,001 to \$100,0003 0 \$100,001 to \$135,0004 O REFUSED/DON'T KNOW.....-3 \mathbf{O}

Number of Persons Supported

PROGRAMMING NOTE 'QA24_K14':

	MEMBER OF HE JE WITH 'QA24	I, SET 'QA24_K14 ' = 1 AND GO TO 'PN_QA2 4 K14 '	_K15';
'QA24_K14'	Including yours household inco	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	收入生活?
		Number of people [l 個人	HR: 1-20]
	O RE	FUSED/DON'T KNOW3	
'QA24_K15' MI IF R IS ONLY M IF NO CHILDRI OR TOTAL NUI ENUMERATION	MEMBER OF HE EN UNDER 18 II MBER OF PEOF	HAN 'QA24_K14' ; I, GO TO 'QA24_K16' ; N HH (AS DETERMINED FROM CHILD ENUMI PLE LIVING IN HH (AS DETERMINED BY ADU I' GO TO PROGRAMMING NOTE 'QA24_K16 ';	LT PLUS CHILD
'QA24_K15'	How many of the of 18?	nese {INSERT NUMBER FROM AK17} people a	re children under the age
AK18	在這{INSERT N 〇 〇	IUMBER 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 KNOW3	
'QA24_K16'		else living in the U.S., but not currently living in our household income?	your household, that is
AK32	是否有住在美國	】、目前不住在您們住 戶 中、但依靠您們的住 戶 收	入生活的任何其他人?
702	•	Yes1 是	
	•	No2 否	[GO TO 'QA24_K18']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_K18']
'QA24_K17'	How many?		
AK33	有幾個人?		
	O	Number of people 個人	[HR: 1-20]
	O	REFUSED/DON'T KNOW3	
Paid Family Lea	ave		

'QA24_K18'	leave for eligible	a law passed in 2020 provides up to 8 vectors at 60-70% of their weekly ease you seen or heard anything about this	rnings, up	-
AK136		通過了一項新法律為合資格工人提供長 (人的 60-70%,每週最高金額為\$ 1,300		
AKIJO	•	Yes	1	
		是		
	•	No	2	
	O	否 REFUSED/DON'T KNOW	3	
'QA24_K19'	because of you	ars, have you taken a <u>paid</u> leave longe r own or a family member's serious hea r adopted or foster child?		
AK137		艾有否因為自身或家庭成員的嚴重疾病, 薪假超過兩週?	,或因為要	迎接新生命、新收養或領
ARISI	•	Yes	1	
		是		
	•	No	2	[GO TO
	O	否 REFUSED/DON'T KNOW	3	'PN_QA24_K21'] [GO TO 'PN_QA24_K21']
'QA24_K20'	What were the	reasons you took a leave from work?		
AK138	您請假的原因是	甚麼?		
AK130	Check all that a	pply		
		Own health自身健康	1	
		Family member's health 家庭成員的健康	2	
		Arrival of newborn, newly adopted chilor foster child		
		Other (Specify:)	91	
	•	REFUSED/DON'T KNOW	3	
		_ K21': AKE LEAVE IN PAST 5 YEARS), THE	N CONTII	NUE;
'QA24_K21'	What were the	reasons you didn't take family or medic	al leave ir	the past 5 years?
AK139	在過去5年間,	您沒有請家事假或病假的原因是什麼?		

Check all that apply

	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)8 使用了其他可用的休假(例如年假或病假)
	Did not need to take leave9 無需休假
O	REFUSED/DON'T KNOW3

Availability of Food in the Household

PROGRAMMING NOTE 'QA24 K22':

IF POVERTY < 5 (HH Income \leq 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE \neq 1)], CONTINUE WITH 'QA24_K22' ELSE GO TO 'AL9';

DISPLAY INSTRUCTIONS:

IF 'QA24_K14' = 1, THEN DISPLAY "I", ELSE IF 'QA24_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 true			1		
			經常是真的			0		
	(•	Sometimes true 有時是真的			2		
	(O	Never true			3		
			從來不是真的					
	(O	REFUSED/DON	'T KNOW	;	3		
PROGRAMMIN	IG NOTE	'QA24	_K23':					
DISPLAY INST IF 'QA24_K22' ELSE IF 'QA2 4	= 1, THE	N DISF						
'QA24_K23'	The seco	ond sta	tement is: '{I/We}	couldn't afford	l to eat balan	ced r	meals.'	
	第二句話	5是:「	{我/我們}沒有鈕	遂吃均衡的食物	J。 」			
AM2	Was that	t						
	這是…							
	(•	Often true 經常是真的			1		
	(O	Sometimes true 有時是真的			2		
	(O	Never true 從來不是真的			3		
	(O	REFUSED/DON	T KNOW	;	3		
'QA24_K24'			onths, did you or leals because the				ever cut the size of y d?	our
		.,	去 12 個月中,您 減少用餐次數?	或住 戶 中的其(他成年人有沒	有因	為沒有足 夠 的錢購買	食物
AM3	(•	Yes		,	1		
			是					
	(•	No			2	[GO TO 'QA24_K2	6']
	(O	否 REFUSED/DON	T KNOW	;	3	[GO TO 'QA24_K2	6']
'QA24_K25'	How ofte only in 1			ost every mont	th, some mor	iths b	out not every month,	, or
	這種情況 裡?	2多久會	出現一次-幾乎紀	再個月、有的月	份但不是每個	1月、	或只是在1或2個	月
AM3A	(0	Almost every mo	onth		1		

		幾乎每個月
	O	Some months but not every month2 有的月份但不是每個月
	O	Only in 1 or 2 months
	O	只是在 1 或 2 個月裡 REFUSED/DON'T KNOW
Hunger		
'QA24_K26'		months, did you ever eat less than you felt you should because there wasn't y to buy food?
AM4	在過去 12 個月	目中,您有沒有因為沒有足 夠 的錢購買食物而吃不飽?
Alvi4	O	Yes1 是
	O	~ No2 否
	•	REFUSED/DON'T KNOW3
'QA24_K27'	In the last 12 in enough food?	months, were you ever hungry but didn't eat because you couldn't afford
AM5	在過去 12 個月	日中,您有沒有因為買不起足 夠 的食物而挨餓?
	O	Yes1 是
	O	No2
	•	否 REFUSED/DON'T KNOW3
Dietary Intake		
		24_K28': ≤ 185% FPL CONTINUE;
'QA24_K28'		out the foods you ate or drank during the past month that is, the past 30 g meals and snacks.
AFOR	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		st month, how many times did you eat fruit? Do not count juices. You can y, per week, or month.
	上月您吃過多	少次水果?不包括果汁。您可以告訴我每天、每週或每個月的次數。
	Your best gue	ess is fine
	盡量估計就可.	以了
	_	times
	_	

	O RE	EFUSED/DON'T KNOW3				
	Select one					
	•	Per day1 每天	[HR: 0-20; SR: 0-9]			
	O	Per week2 每週	[HR: 0-70; SR: 0-29]			
	•	Per month3 每個月	[HR: 0-210; SR: 0-149]			
	O	REFUSED/DON'T KNOW3				
'QA24_K29'	beans, or potat	t month, how many times did you eat vegetables toes? Do not include fried potatoes or cooked dri beans or bean soup.				
AE7B		艺過多少次蔬菜,例如蔬菜沙拉、四季豆或馬鈴薯 尼(refried beans)、焗豆(baked beans)、或]	•			
	Other vegetables include tomatoes, carrots, onions, or broccoli. Rice is not a vegetable					
	如番茄、胡蘿蔔	· 蔔、洋蔥、或花椰菜				
		times 次				
	O	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				
'QA24_K30'	During the pas drinks?	t 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、G	Satorade、Snapple 或 Red Bull				
	Do not include. flavored teas	: 100% fruit juices or soda, yogurt drinks, carbon	ated water, or fruit-			
	請不要包括:1	00%果汁或汽水、優酪乳、蘇打水或水果茶。				
		times				

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			次			
	O	REFUSE	D/DON'T KNO\	N	3	
	Select one					
	O	Per d 每天	ay		1	[HR: 0-20; SR: 0-9]
	O		veek		2	[HR: 0-70; SR: 0-29]
	•				3	[HR: 0-210; SR: 0-149]
	O			NOW	3	
PROGRAMMIN IF CAGE ≥ 2 Y ELSE SKIP TO	YEARS AND	HOUSEH		IS ≤ 185% FPL C	CONTINU	E;
'QA24_K31'		esterday, h				ay, including meals and e or a banana, did
CC13B	現在我希望 例如蘋果或		文昨天吃了什麼,	,包括正餐和零食	。昨天,﴿	[他/她}吃了多少份水果,
00102	Servings are self-defined. A serving is the child's regular portion of this food.					
	份數是自己	定義的。-	一份是指孩子吃	這種食物的平常份	量。	
			Servings 份			[HR: 0-20; SR 0-9]
	•	REFU	JSED/DON'T K	NOW	3	
'QA24_K32'			servings of vego not include fr		n salad, g	reen beans, or potatoes
CC31B	{他/她}昨天	吃了多少依	}緣色沙律、青]	豆、馬鈴薯等蔬菜	?請不要	包括炸馬鈴薯。
		S	Servings 分			[HR: 0-20; SR 0-4]
	O	REFU	JSED/DON'T K	NOW	3	
'QA24_K33'	Yesterday, did your ch	•	glasses or car	ns of sweetened fr	uit drinks,	sports, or energy drinks,
00500	您 的孩子[昨	≅天]喝了多	少杯或多少罐含	s糖果汁 飲 料、運動	動或能量飲	次料?
CC50B	Such as ler	monade, G	atorade, Snapp	ole, or Red Bull.		
	例如檸檬水	、Gatorad	le、Snapple 或	Red Bull。		

		_Glasses, cans or bott _杯或罐	les	[HR 0-15; SR 0-7]
)	REFUSED/DON'T K	(NOW	-3	

Section L: Public Program Participation

PROGRAMMING NOTE 'QA24 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_QA24_L41'

'QA24_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。

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

PROGRAMMING NOTE 'QA24 L2':

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA24_L2'; ELSE GO TO 'QA24_L4';

'QA24_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	
0	REFUSED/DON'T KNOW	3

Food Stamps

IF SAMPLED C	PROGRAMMING NOTE 'QA24_L3': IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA24_L3'; ELSE SKIP TO 'QA24_L4'					
'QA24_L3'	Is (CHILD) now on TANF or CalWORKs?					
CE11	(CHILD)目前是	:否參加 TANF 或 CalWOF	RKs?			
CLIT	California Worl	Temporary Assistance to k Opportunities and Resp I welfare entitlement prog	onsibilities to Kids. B			
		困家庭臨時協助」; <i>CalV</i> 仒替代加州原來的福利計畫		作機會及對孩子的責任」。		
	•	Yes 是	1			
	O	No 否	2			
	O	REFUSED/DON'T KNC	W3			
'QA24_L4'	Are you receive	ing Food Stamp benefits,	also known as CalFro	esh?		
	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 <i>EB</i>	T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	Yes 是	1			
	O	ළ No 否	2			
	O	REFUSED/DON'T KNC	W3			
		4_L5': HOLD, CONTINUE WITH	I 'QA24_L5';			
'QA24_L5'	Is (TEEN) rece	eiving Food Stamp benefit	s, also known as Call	Fresh?		
	(TEEN) 是否在領糧食券福利?糧食券福利也稱為 CalFresh。					
IAP2		ve benefits through an Elo Golden State Advantage (sfer (EBT) card, and is also		
	您通過EBT卡拉	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」。		
	•	Yes 是	1			

	•	No2 否					
	O	REFUSED/DON'T KNOW3					
		1_L3': EHOLD, CONTINUE WITH 'QA24_L6' ;					
'QA24_L6'	Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?						
05444	(CHILD)是否在	領糧食券福利?糧食券福利也稱為 Cal Fresh。					
CE11A		ve 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」。					
	•	Yes1 是					
	•	No2 否					
	•	REFUSED/DON'T KNOW3					
Supplemental S	Security Income						
'QA24_L7'	Are you receiving Supplemental Security Income (SSI)?						
AL6	您是否在領取 SSI?						
ALO	SSI means Supplemental Security Income. This is different from Social Security.						
	SSI指安全補助	收入. 這和社會安全金不同。					
	•	Yes1 是					
	•	No2					
	0	否 REFUSED/DON'T KNOW					
WIC							
IF 'QA24_A5' =	OUNGER)] CON	1_L8': F BIRTH) AND ['QA24_J51'= 1 (PREGNANT) OR CHILD AGE < 7 (6 FINUE WITH 'QA24_L8' ;					
'QA24_L8'	Are you on WIC	C?					
	您目前是否參加	I了 WIC?					
AL7	WIC is the Sup	plemental Food Program for Women, Infants and Children.					

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

PROGRAMMING NOTE 'QA24 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 'QA24_L9'; ELSE GO TO 'PN AL9'

'QA24_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	
O	No	2
	否	
0	REFUSED/DON'T KNOW	3

Assets

PROGRAMMING NOTE 'QA24_L10':

IF 'QA24_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA24_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA24_L10'; ELSE SKIP TO PROGRAMMING NOTE 'QA24_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 'QA24 K14'.

IF 'QA24_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA24 K14'= 1 DISPLAY \$ 130,000;

IF 'QA24 K14'= 2 DISPLAY \$ 195,000;

IF 'QA24 K14'= 3 DISPLAY \$ 260,000;

IF 'QA24 K14'= 4 DISPLAY \$ 325,000;

IF 'QA24 K14'= 5 DISPLAY \$ 390,000;

IF 'QA24 K14'= 6 DISPLAY \$ 455,000;

IF 'QA24 K14'= 7 DISPLAY \$ 520,000;

IF 'QA24_K14'= 8 DISPLAY \$ 585,000;

IF 'QA24_K14'= 9 DISPLAY \$ 650,000;

IF 'QA24_K14' ≥ 10 DISPLAY \$ 715,000;

IF 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA24_L10' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

不把您擁有的任何房子或汽車計算在內,您認為{您/您家}的資產,也就是說{您/您家}所有的現金、儲蓄、投資的總值,有沒有超過{PROPERTY LIMIT}?

AL9B

•	Yes1 是	[GO TO 'PN_QA24_L12']
O	No2 否	
O	REFUSED/DON'T KNOW3	[GO TO 'PN QA24 L12']

PROGRAMMING NOTE 'QA24 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 'QA24_K14'

IF 'QA24_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA24 K14'= 1 DISPLAY \$ 2,000;

IF 'QA24_K14'= 2 DISPLAY \$ 3,000;

IF 'QA24 K14'= 3 DISPLAY \$ 3,150;

IF 'QA24_K14'= 4 DISPLAY \$ 3,300;

IF 'QA24_K14'= 5 DISPLAY \$ 3,450;

IF 'QA24_K14'= 6 DISPLAY \$ 3,600;

IF 'QA24_K14'= 7 DISPLAY \$ 3,750;

IF 'QA24_K14'= 8 DISPLAY \$ 3,900;

IF 'QA24 K14'= 9 DISPLAY \$ 4,050;

IF 'QA24_K14' ≥ 10 DISPLAY \$ 4,200;

IF 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA24_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

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

Child Support

PROGRAMMING NOTE 'QA24_L12':

DISPLAY INSTRUCTIONS:

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

	OUPLE)] AND 'Q	NG WITH PARTNER) OR ' QA24_D12 ' = 1 OR A24_A24 ' = 1 (SPOUSE/PARTNER LIVES IN F		
'QA24_L12'	Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for child support?			
AL 45D	{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	扶養費?	
AL15B	O	Yes1		
	0	是 No2	[GO TO	
	O	否 REFUSED/DON'T KNOW3	'PN_QA24_L14'] [GO TO	
	9	REFUSED/DON I KNOW3	'PN_QA24_L14']	
PROGRAMMIN	IG NOTE 'QA24	L_L13':		
DISPLAY "com ELSE IF ['QA24 SEX COUPLE) AND "and your	= 1 (MARRIED) bined" AND "and 4_A23' = 2 (LIVI] AND 'QA24_A	NG WITH PARTNER) OR 'QA24_D12' = 1 OR 24'= 1 (SPOUSE/PARTNER LIVES IN HH), TH	'AD61'= 1 (LEGAL SAME-	
(0.104 1.40)	NA/II 1	L'a Distribution of a large		
'QA24_L13'		combined} total amount that you {and your spou shild support <u>last month</u> {for both you and your s		
	{您或您的配偶/	您或您的伴侶/你們 <u>}上個月</u> 收到的子女扶養費{合	計}總額是多少?	
AL16B	O	\$REFUSED/DON'T KNOW3	[000001-999995]	
PROGRAMMIN	IG NOTE 'QA24	L_L14':		
DISPLAY "you ELSE IF ['QA24	= 1 (MARRIED) or your spouse of 4_A23'= 2 (LIVII) DUPLE)] AND 'Q or both of you"	AND 'QA24_A24' = 1 (SPOUSE/PARTNER LI or both of you"; NG WITH PARTNER) OR 'QA24_D12'= 1 OR '(A24_A24'= 1 (SPOUSE/PARTNER LIVES IN H	QA24_D13 '= 1 (LEGAL	
'QA24_L14'	Did {you or you child support <u>la</u>	r partner or both of you/you or your spouse or b st 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打	夫養費?	
AL17	O	Yes, I paid1 是的,我支付		
	O	Yes, my spouse/partner paid2 是的,我的配偶/伴侶支付		

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	O	Yes, we both paid 是的,我倆都支付	3	
	•		4	[GO TO 'PN_QA24_L16']
	•	REFUSED/DON'T KN	OW3	[GO TO 'PN_QA24_L16']
PROGRAMMI	NG NOTE 'QA2	4_L15':		
DISPLAY "you ELSE IF ['QA2 SAME-SEX CO	" = 1 (MARRIED or your spouse (4_A23"= 2 (LIVI DUPLE)] AND 'C or both of you";	NG WITH PARTNER) (OR 'QA24_D12' = 1 OR	LIVES IN HH), THEN 'QA24_D13'= 1 (LEGAL HH), THEN DISPLAY "you
'QA24_L15'		otal amount {you or you d in child support <u>last n</u>		u/you or your partner or both
	{您或您的配偶: 少?	或你們兩人/您或您的伴	侶或你們兩人} <u>上個月</u> 氢	支付的子女扶養費總共是多
AL18	•		IOUNT IOW3	[000001-999995]
Worker's Com	pensation			
IF 'QA24_A23 DISPLAY "you ELSE IF ['QA2	or your spouse" 4_A23' = 2 (LIV DUPLE)] AND 'C) AND 'QA24_A24' = 1 ; ING WITH PARTNER)	OR 'QA24_D12' = 1 O	LIVES IN HH), THEN R 'QA24_D13' = 1 (LEGAL I HH) DISPLAY "you or your
'QA24_L16'	Did {you or you workers compe	ur spouse/you or your p ensation?	artner/you} receive any	money <u>last month</u> for
AL32	{您或您的配偶/	'您或您的伴侶/您 <u>}上個月</u>	<u>]</u> 是否領取任何工傷賠償	付款?
ALVE	O	Yes 是	1	
	O		2	[GO TO 'PN_QA24_L18']
	•		OW3	
PROGRAMMI	NG NOTE 'QA2	4_L17':		

DISPLAY INSTRUCTIONS:

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF ['QA24_A23' = 2 (LIVING WITH PARTNER) OR 'QA24_D12' = 1 OR 'QA24_D13' = 1 (LEGAL

"combined" ANI	UPLE)] AND ' Q/ D "and your partr UE WITHOUT DI		H), THEN DISPLAY	
'QA24_L17'	What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation <u>last month</u> ?			
AL33	您{和您的配偶/	半侶 <u>}上個月</u> 從工傷賠償領取的{合計}總額是多少? \$	[000001-999995]	
	O	\$REFUSED/DON'T KNOW3	[coordinates	
Social Security/	Pension Paymer	nts		
PROGRAMMIN	IG NOTE 'QA24	_L18':		
'QA24_A24'= 1 DISPLAY "you of ELSE IF AGE ≥ CONTINUE WI	(SPOUSE/PAR or your spouse"; ≥ 65 AND 'QA2 4 TH 'QA24_L18 ' ≥ 65, THEN CON	IS BETWEEN 50 AND 64)] AND 'QA24_A23'= 7 TNER LIVING IN SAME HH) CONTINUE WITH ' I_A24' = 1 (SPOUSE/PARTNER LIVING IN SAM AND DISPLAY "you or your partner"; NTINUE WITH 'QA24_L18' AND DISPLAY "you'	QA24_L18 ' AND E HH), THEN	
'QA24_L18'	Did {you or your payments <u>last n</u>	r spouse/you or your partner/you} receive any So nonth?	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	
ALIVA	O	Yes1 是		
	O	No2 否	[GO TO 'PN_QA24_L20']	
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_QA24_L20']	
IF [AGE > 50 O 'QA24_A24'= 1 ELSE IF AGE ≥ your partner";	(SPOUSE/PAR	IS BETWEEN 50 AND 64)] AND 'QA24_A23'= 1 TNER LIVING IN SAME HH), DISPLAY "you or y I_A24'= 1 (SPOUSE/PARTNER LIVING IN SAMI	our spouse";	
'QA24_L19'		otal amount {you} received <u>last month</u> from Social digital dig	Security and Pensions	
	您 <u>上個月</u> 領取的	社會安全金和養老金總額是多少?		
AL18B	O	AMOUNT REFUSED/DON'T KNOW3	[000001-999995]	
Reasons for No	n-Participation ir	n Medi-Cal*		

	NG NOTE 'QA2₄ ≠ 1 (UNINSURI	1_L20': ED) CONTINUE WITH 'QA24_L20 ';
ELSE GO TO '		
'QA24_L20'	What is the one	e main reason why you are not enrolled in the Medi-Cal program?
	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?
AL19	•	, ,
	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
	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
	O	Do not need insurance because I'm is healthy7 因為身體健康,所以不需要保險
	O	Already have insurance8 已經有保險了
	•	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:)
	•	REFUSED/DON'T KNOW3
Medi-Cal Eligib	ility	
PROGRAMMIN	NG NOTE 'QA2	I_L21':
'QA24_L21' AN IF ARMCAL = '	= 1 OR 'QA24_ ND DISPLAY "Yo 1 (MEDI-CAL) O you have Medi-	.H75' = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH ou previously said you had Medi-Cal. How long did you have Medi-Cal?"; R 'QA24_H73' = 1, CONTINUE WITH 'QA24_L21' AND DISPLAY "{You Cal. How long have you had Medi-Cal?"
'QA24_L21'		y said you had Medi-Cal. How long did you have Medi-Cal?}{You you have Medi-Cal. How long have you had Medi-Cal?}
	您擁有加州醫療 擁有 Medi-Cal	译補助計劃白卡(Medi-Cal)有多久了?/ 您之前提及您曾經有 Medi-Cal。您的時間有多長?
AL40		Years 年
		Months

	•	個月 REFUSED/DON'T KNOW	3
'QA24_L22'	regarding you	est 12 months, when you most recently contacted to Medi-Cal benefits, how long did you have to Medi-Cal benefits,	
	representative		ᄵᄀᄣᆉᆎᄊᄼᄼ
AL86		月內,最近因為有關 Medi-Cal 福利的事,您聯約 與其代表交談?	爷 丁 縣政府辦公至,恐需要寺
ALOU	O	5 minutes or less 5 分鐘或更短時間	1
	•	More than 5, up to 15 minutes 超過 5 分鐘,到 15 分鐘	2
	•	More than 15, up to 30 minutes 超過 15 分鐘,到 30 分鐘	3
	•	More than 30 minutes 超過 30 分鐘	4
	O	Never contacted the county office	5 [GO TO 'QA24_L27']
	O	REFUSED/DON'T KNOW	3 [GO TO 'QA24_L27']
'QA24_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	型
	O	Visited office in person	1
	O	Called office 打電話到辦公室	2
	O	Directly contacted eligibility worker	3
	O	Online	4
	O	Mail 郵件	5
	O	Other (Specify:)9 其他(請詳述:)	1
	O	REFUSED/DON'T KNOW	3
'QA24_L24'	_	it take for the County representative to take ca	re of your problem?
AL88	縣代表花了多	長時間解決您的問題?	
	•	A week or less 1 週或更短時間	
	•	More than 1 week up to 2 weeks 超過1週,到2週	
	O	More than 2 weeks up to a month 超過 2 週,到 1 個月	
	O	More than a month 超過 1 個月	4
	O	REFUSED/DON'T KNOW	3

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'QA24_L25'		gly agree, agree, neither agree nor disagree, disagree, or strongly disagree wing statements?		
AL89	請告訴我您對以下陳述的贊成程度。			
ALOU	The County re	epresentative was able to answer all of my questions.		
	縣代表能夠解	决我的所有問題。		
	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		
	•	REFUSED/DON'T KNOW3		
'QA24_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		
'QA24_L27'	What areas s	hould the County office consider improving?		
AL91	縣政府應該考	虚改善哪些方面?		
	Check all tha	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		
	П	No improvement needed 5		

		無需改進		
		Other (specify:)	91	
		其他(請詳述:)		
	•	REFUSED/DON'T KNOW	3	
'QA24_L28'	How satisfied	are you with the County office?		
	您對縣辦公室	的滿意度如何?		
AL92				
	O	Very satisfied 非常滿意		
	•	Somewhat satisfied 較滿意		
	O	Neither satisfied nor dissatisfied 既非滿意亦非不滿意	3	
	O	Somewhat dissatisfied 較不滿意	4	
	O	Very dissatisfied 非常不滿意	5	
	O	Not applicable 不適用	6	
	O	REFUSED/DON'T KNOW	3	
'QA24_L29'	Have you ren	newed 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	O	Yes 是	1	
	O	 No 否	2	[GO TO 'QA24_L32']
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA24_L32']
'QA24_L30'	When renewi	ng your Medi-Cal, did you have any issues	or prot	olems?
	在續保 Medi-	Cal 時,您是否有任何議題或問題?		
AL94	O	Yes	1	[GO TO 'QA24_L33']
	_	是		100.00.00.00.00.00.00.00.00.00.00.00.00.
	•	No	2	
	•	否 REFUSED/DON'T KNOW	3	
'QA24_L31'	Did you temp reapply?	orarily lose coverage for 1 to 2 months, lost	: covera	age completely, or had to
	您是否暫時失	去 1 至 2 個月的保險、完全失去保險、或者	f必須重	宣新申請保險?
AL95	O	Yes, lost coverage for 1-2 months 是的,失去 1 至 2 個月的保險	1	
	O	Yes, lost coverage 是的,失去保險	2	
	O	Yes, had to reapply	3	

		是的,必須重新申請	
	•	No4	
	O	否 REFUSED/DON'T KNOW3	
'QA24_L32'	Before you ha	ad Medi-Cal, what health coverage did you have?	
AL96	在投保 Medi-	Cal 保險之前,您有哪種健康保險?	
AL90	O	No insurance1 未投保	[GO TO 'QA24_L35']
	O	Employer-based2 雇主提供	[GO TO 'QA24_L35']
	O	Private3	[GO TO 'QA24_L35']
	O	Covered California4 加州全保(Covered California	
	•	Other5 其他	
	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_L35']
'QA24_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?	
	O	Yes1 是	
	O	No2	[GO TO 'QA24_L35']
	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_L35']
'QA24_L34'	What was the	e problem?	
AL98	出了什麼問題	?	
·	Check all that	t apply	
		Had to pay premiums while waiting for Medi-Cal decision1 在等待 Medi-Cal 作決定時,必須支付保險費	
		Received conflicting eligibility notices2 收到前後不一致的資格通知	
		Delay in receiving Medi-Cal3 延遲獲得 Medi-Cal	
		Could not see my provider4 無法去看我的醫療服務提供者	
		Required to provide a lot of paperwork5 要求大量的申請文件	
		Had to file an appeal6 不得不提出申訴	
	O	REFUSED/DON'T KNOW3	

'QA24_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	
AL 105	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 'QA24_L37']	
	•	REFUSED/DON'T KNOW3	[GO TO 'QA24_L37']	
'QA24_L36'	How can Noti	ce of Actions be improved?		
AL106	《行動通知》	可以如何改善?		
7.2.00		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 notices		
		Give me clear steps of what I need to do5 清晰地告訴我所需進行的步驟		
	O	No improvement needed6 無需改善		
	•	REFUSED/DON'T KNOW3		
'QA24_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 'QA24_L39']	
	O	No2		
	O	否 Did not need to update3 無需更新	[GO TO 'QA24_L41']	
	\circ	REFLISED/DON'T KNOW -3	IGO TO 'OA24 41'1	

'QA24_L38'	Why not?	
	為甚麼無法更新	?
AL108	•	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
		_L39': E WITH 'QA24_L39 ';
'QA24_L39'		you strongly agree, agree, neither agree or disagree, disagree, or se with the following statement:
AL109	就以下陳述,您	是否十分同意、同意、既非同意亦非反對、反對或強烈反對:
	Updating my co	ntact information was easy.
	更新我的聯絡資	料非常簡易。
	•	Strongly agree1 極度同意
	•	Agree2 同意
	O	Neither agree nor disagree3 模稜兩可
	O	Disagree
	•	Strongly disagree5 極度不同意
	O	REFUSED/DON'T KNOW3
'QA24_L40'	How did you up	date your contact information?
AL110	您怎樣更新聯絡	資訊?
ALTIO		Visited office in person
		Called county office2 致電縣政府辦公室
		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
		Online

信件

Mail......6

		Portal 門戶網站	7	
		Other, specify: 其他,請註明:	91	
	O	REFUSED/DON'T KNOW	3	
Public Charge	Related			
		4_L41': 26, CONTINUE WITH 'QA24_L41' ;		
'QA24_L41'	government be	er a time when you decided not to apply enefits, such as Medi-Cal, food stamps, t would disqualify you, or a family memb S. citizen?	or housin	g subsidies, because you
		為擔心會使您或家人失去獲得綠卡或成為 金政府福利,例如:Medi-Cal、食物券(dies)。		
AL99	O	Yes 是	1	
	•	走 No 否	2	[GO TO 'QA24_L43']
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA24_L43']
'QA24_L42'	Did this happe	n in the last 12 months?		
A1 404	這種情況是在這	過去 12 個月內發生的嗎?		
AL104	•	Yes 是	1	
	O	No 否	2	
	O	REFUSED/DON'T KNOW	3	
'QA24_L43'		been asked to provide your Social Sec egal status when you tried to get medica		
AL100		醫療服務時,您是否曾被要求提供您的社 立的證明文件?	:會安全保	險號碼、或出示您的公民
712100	O	Yes 是	1	
	O	~_ No 否	2	[GO TO 'QA24_L45']
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA24_L45']
'QA24_L44'	Did this happe	n in the past 12 months?		
AL101	這種情況是在這	過去 12 個月內發生的嗎?		

	•	Yes1 是	
	O	ළ No2 否	
	O	REFUSED/DON'T KNOW3	
'QA24_L45'		been asked to provide your Social Security Nun egal status when you tried to enroll yourself or a	
		已或孩子申請入學時,您是否曾被要求提供您的社 或合法地位的證明文件?	上會安全保險號碼、或出示
AL102	O	Yes1 是	
	O	No2	[GO TO 'QA24_M1']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_M1']
'QA24_L46'	Did this happe	n in the past 12 months?	
AL103	這種情況是在i	過去 12 個月內發生的嗎?	
	0	Yes1 是	
	O	No2 否	
	\circ	REFUSED/DON'T KNOW -3	

Section M: Housing and Social Cohesion

Housing		3
'QA24_M1'	Do you live in a	house, a duplex, a building with 3 or more units, or in a mobile home?
11600	您是住在獨立屋	登、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 b	uilding with 2units.
	雙連屋指有兩個	單元的建築物 。
	O	House1 獨立屋
	O	Duplex2 雙連屋
	•	Building with 3 or more units3 三單元或多單元建築物
	•	Mobile home4 活動房屋
	•	REFUSED/DON'T KNOW3
'QA24_M2'	Do you own or	rent your home?
AVOE	您是自己擁有住宅還是租用住宅?	
AK25	O	Own1
	O	自有 Rent2
	O	租用 Other arrangement3
		其他
	0	REFUSED/DON'T KNOW3
		_M3': 12' = 1, CONTINUE
'QA24_M3'	Are you curren	tly paying off a mortgage or loan on this home?
	您目前是否正在	E償還此房屋的按揭或貸款?
AM37	[INTERVIEWE	R NOTE: IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]
	[如果配偶/伴侶正在還款,請編碼為「是」]	
	O	Yes1 是
	O	E No2 否
	•	REFUSED/DON'T KNOW3
10024 MA	Did you live in	his house or anartment one year ago?

	您一年前是否	5住在這間房屋或公寓?		
AM204	O	Yes 是	1	[GO TO 'QA24_M5']
	•	No	2	
	O	否 REFUSED/DON'T KNOW	3	[GO TO 'QA24_M5']
'QA24_M5'	In what zipco	de did you live one year ago?		
	您一年前居住	的地方郵政編碼是什麼?		
AM205		Specify: 請註明:		
	O	REFUSED/DON'T KNOW	3	
'QA24_M6'	How do you	feel about your current housing sit	tuation?	
AM183	您覺得您目前	的住房狀況如何?		
AWI183	O	Very stable 非常穩定	1	
	O	Fairly stable 相當穩定	2	
	O	Somewhat stable 有點穩定	3	
	O	Fairly unstable 相當不穩定	4	
	O	Very unstable 非常不穩定	5	
	O	REFUSED/DON'T KNOW	3	
'QA24_M7'		e how often you personally worry ane to time, or almost never.	about the followin	g – very often, somewhat
AM184	請告訴我您個	人有多常擔心以下事情,是經常、	頗常、有時還是終	後 乎從不。
AWIOT	Struggling to	keep up with your mortgage or rer	nt payments	
	為繳付按揭與	租金而苦惱		
	O	Very often 經常	1	
	O	Somewhat often 頗常	2	
	O	From time to time有時	3	
	O	Almost never 幾乎從不	4	
	\circ	REFUSED/DON'T KNOW	-3	

'QA24_M8'	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?			
	人有時會因總 情 ?	的付按揭與租金而苦惱。為支付租金與按歇,過去3	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		
		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 good		
	O	None of these/not sure8 以上皆非/不肯定		
	O	REFUSED/DON'T KNOW3		
'QA24_M9'	buying a hom	your experiences with housing; for example, expene, obtaining a mortgage, getting your landlord to with your neighbors.		
	請想想您在住 互動時的經歷	E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	
	During the la	st two years, have your directly experienced discrusing?	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		
	O	No2 否	[GO TO 'QA24_M11']	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_M11']	
'QA24_M10'	Why do you t	think you were targeted for this discrimination or h	narassment?	
AM190	您認為自己為	的何會成為該類歧視或騷擾的目標?		
		Because of your ancestry, national origin or language1		

	因為您的血統、國籍或語言
	Because of your race or skin color2 因為您的種族或膚色
	Because of your gender or sex, including gender identity
	Because of your sexual orientation4 因為您的性取向
	Because of your religion5 因為您的宗教
	Because of your disability6 因為您的殘障狀態
	Because of your immigration status7 因為您的移民身分
	Because you have children8 因為您有小孩
	Because of some other reason:9 因為其他原因:
•	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA24_M11':

IF MORE THAN ONE RESPONSE FROM 'QA24_M10', THEN CONTINUE WITH 'QA24_M11' WITH SELECTED CHOICES FROM 'QA24_M10' DISPLAYED; ELSE SKIP TO 'QA24_M12'

'QA24_M11' 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?

AM191

•	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
\circ	
9	Because of your gender or sex, including
	gender identity3 因為您的社會性別或生理性別,包括性別認同
0	Because of your sexual orientation4
	因為您的性取向
•	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
\circ	Because you have children8
•	因為您有小孩
\sim	
0	Because of some other reason:9
	因為其他原因:
0	REFUSED/DON'T KNOW3

'QA24_M12'	In the past 2 years, did you or your household receive or use a Housing Choice Secti voucher?				
AM402	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(Hou	using Choice Section 8)		
AM192	Housing Choi	ice Section 8 vouchers are a form of government	assistance with housing		
	住房選擇第 8	節代金券是政府提供住房援助的一種形式			
	O	Yes1 是			
	O	No2 否	[GO TO 'QA24_M14']		
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_M14']		
'QA24_M13'	Were you or y	our household			
AM193	您或您的家庭是否				
	Check all that	t apply			
		Unable to use your Housing voucher1 無法使用您的住房代金券			
		Denied housing because of your Housing voucher2 由於您的住房代金券而被拒絕提供住房,			
		Told by a landlord that they do not accept Housing vouchers, or			
	O	None of these			

Hate Incident

O

'QA24 M14'

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.

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

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 identities, characteristics or religious beliefs. You may or may not actually have these identities, characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to steal from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

這組問題聚焦於您是否可能因為別人對具有某些身份、特徵或宗教信仰的人持偏見,而成為仇恨的目標。事實上,您不一定具有這些身份、特徵或宗教信仰。這有別於他人出於其他原因針對您,例如生氣或想從您那裡**偷**取一些東西。仇恨可包括身體虐待、語言暴力、網絡霸凌、財物損毀及其他。

	州马州口 朝月1久 、 於丁	701頁及及共區。				
'QA24_M16'	During the past 12 months, have you directly experienced a hate incident?					
AM194	過去的 12 個	月 内 ,您是否直接經歷過仇恨事件?				
AWI194	O	Yes1 是				
	O	^化 No2 否	[GO TO 'QA24_M33']			
	O	REFSUED/DON'T KNOW3	[GO TO 'QA24_M33']			
'QA24_M17'	Did you exper	ience				
AM195	您經歷的是:					
AWISS	Check all that	Check all that apply				
		Physical abuse or attack1 肢體虐待或攻擊				
		Verbal abuse or insults2 言語攻擊或侮辱				
		Cyberbullying3 網絡欺凌				
		Property damage, or4 財產損失,或				
		Something else (Specify:)5 其他方面(請註明:)				
	•	REFUSED/DON'T KNOW3				
'QA24_M18'	Where did the incident or incidences take place?					
AM196	事件發生在何處?					
AWIOO	Check all that apply					
		At home1 在家				
		At school2 在學校				
		At work3 在工作地點				
		At a store, theater, gas station, or other business4 在商店、劇院、加油站或其他商業場所				
		On the street or sidewalk5 在街上或行人路上				

		Online, or6 在網上,或
		Somewhere else (Specify:)7
	O	其他地方(請註明:) REFUSED/DON'T KNOW3
'QA24_M19'	Why do you th	ink you were targeted?
AM197	您認為自己為何	可會成為仇恨事件的目標?
7		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 identity3 因為您的社會性別或生理性別,包括性別認同
		Because of your religion4 因為您的宗教
		Because of your ancestry, national origin, or language5 因為您的血統、國籍或語言
		Because of your disability6 因為您的殘障狀態
		Because of your immigration status7 因為您的移民身分
		Because of your age8 因為您的年齡
		Because of some other reason:9 因為其他原因:
	O	REFUSED/DON'T KNOW3
IF MORE THAI SELECTED CH		NSE FROM 'QA24_M19', THEN CONTINUE WITH 'QA24_M20' WITH 'QA24_M19' DISPLAYED;
'QA24_M20'	What do you th	nink is the MAIN reason you were targeted for a hate incident?
AM198	您認為自己成為	為仇恨事件目標的主要原因為何?
AWIJO	If you experien	ced more than one incident, please think about the most recent incident.
	如果您經歷過	下止一次事件,請回想最近一次發生的事件。
	•	Because of your race or skin color1 因為您的種族或膚色
	O	Because of your sexual orientation2 因為您的性取向
	O	Because of your gender or sex, including gender identity

		因為您的社會性別或生理性別,包括性別認同
	•	Because of your religion4 因為您的宗教
	O	Because of your ancestry,
		national origin, or language5 因為您的血統、國籍或語言
	O	Because of your disability6 因為您的殘障狀態
	•	Because of your immigration status7 因為您的移民身分
	0	Because of your age8 因為您的年齡
	•	Because of some other reason:9 因為其他原因:
	•	REFUSED/DON'T KNOW3
	NG NOTE 'QA24 ' = 1, THEN CON 'QA24_M33';	
'QA24_M21'	During the past	t 12 months, how many hate incidents have you experienced?
	在過去 12 個目	中,您經歷了多少次仇恨事件?
AM206		
AMZOO		Number of hate incidents
	O	REFUSED/DON'T KNOW3
PROGRAMMIN	NG NOTE 'QA24	I_M22':
		PLAY "these" and "incidents", lent".
'QA24_M22'		t 12 months, have any of the following happened to you because you nese/the} hate incident{s}?
	/	中 你目不回为师庭强(冷冷性)从相市此去兹头强以下几句标识?
	在過去 12 個月	中,您是否因為經歷過(這/這些)仇恨事件而發生過以下任何情況?
AM207	在過去 12 個月 Select all that a	
AM207		You experienced negative effects on your mental health, such as feeling sad,
AM207	Select all that a	Apply You experienced negative effects on your mental health, such as feeling sad, stressed, anxious, or depressed
AM207	Select all that a	You experienced negative effects on your mental health, such as feeling sad, stressed, anxious, or depressed1
AM207	Select all that a	You experienced negative effects on your mental health, such as feeling sad, stressed, anxious, or depressed1 您的心理健康經歷過負面影響,例如感到悲傷、壓力、焦慮或憂鬱 You experienced negative effects on your physical health

		You had to take time off from work4 您需要請假不上班
		You had to take time off from school5 您需要請假不上學
		Other (please specify:) 91 其他(請註明:)
	•	None of these
	•	REFUSED/DON'T KNOW3
		4_M23 ': off from work), THEN CONTINUE;
		SPLAY "these" and "incidents", dent".
'QA24_M23'		t 12 months, about how many days did you take off from work because ed {these/the} hate incident{s}?
AM208	在過去 12 個月	中,您大約有多少天因為經歷了\{這/這些}仇恨事件而請假不上班?
AWIZUO		Number of days (HR: 0-365)
	O	REFUSED/DON'T KNOW3
	,	4_M24' : off from school), THEN CONTINUE;
		PLAY "these" and "incidents", dent".
'QA24_M24'		t 12 months, about how many days did you take off from school because ed {these/the} hate incident{s}?
AM209	在過去 12 個月	中,您大約有多少天因為經歷了\{這/這些}仇恨事件而請假不上學?
71111200		Number of days (HR: 0-365)
	0	
PROGRAMMII	NG NOTE 'QA2	4_M25':
DISPLAY INS		
	' > 1, THEN DIS Y "the" and "incid	PLAY "these" and "incidents", dent".

'QA24_M25' During the past 12 months, were there any medical expenses for you or members of your household because you experienced the hate incident{s}?

AM240	在過去 12 個月中,您或您的家人是否因經歷仇恨事件而產生任何醫療費用?		
AM210	Include mental and physical healthcare expenses.		
	包括心理和身體	醫療保健費用	
	O	Yes1	
	O	是 No2	
	O	否 REFUSED/DON'T KNOW3	
	NG NOTE 'QA24 ' = 4, THEN CON QA24_M27';		
		PLAY "these" and "incidents", ent".	
'QA24_M26'		12 months, did you or members of your household have any damage to ngings that resulted from the hate incident{s}?	
	在過去 12 個月中,您或您的家人是否因仇恨事件而遭受任何財產或物品損失?		
AM211	O	Yes1	
	O	是 No2	
	O	否 REFUSED/DON'T KNOW3	
DDOCDAMMIN			
	IG NOTE 'QA24	_M27`:	
DISPLAY INST IF 'QA24_M37'		PLAY "most severe".	
'QA24_M27'		enced the {most severe} hate incident within the past 12 months, what did you receive?	
A84244	過去 12 個月中,	在您經歷了(最嚴重的)仇恨事件後,您得到了哪些幫助或支援?	
AM214	Select all that a	pply	
		Counseling, therapy, or other type of mental health support	
		Medical care for a physical injury or symptom	
		Time off from school	
		Time off from work4	

		請假不上班	
		Financial assistance5 經濟援助	
		Protection for you or your family's physical safety6 您或家人的人身安全受到保護	
		Help reporting to or working with the police or other law enforcement7 在向警察或其他執法部門舉報或與其合作方面得到幫助	
		Legal assistance8 法律援助	
		Interpretation or other types of language services	
		Other (please specify:)91 其他(請註明:)	
	•	Received no help or support10 沒有得到任何幫助或支援	
	0	REFUSED/DON'T KNOW3	
PROGRAMMIN	NG NOTE 'QA2	4_M28':	
DISPLAY INST IF 'QA24_M37		PLAY "most severe"	
'QA24_M28'		kind of help or support that you <u>felt you needed but did not receive</u> after ed the {most severe} hate incident?	
AM215	在過去 12 個月	中經歷了(最嚴重的)仇恨事件後,您得到了什麼幫助或支援?	
72.10	O	Yes1 是	
	•	No2 否	
	O	REFUSED/DON'T KNOW3	
PROGRAMMING NOTE 'QA24_M29': IF 'QA24_M28' = 1, THEN CONTINUE;			
DISPLAY INST DISPLAY ONL ELSE GO TO '	Y UNCHECKED	CATEGORIES FROM 'QA24_M27';	
'QA24_M29'	What help or s	upport did you <u>feel you needed but did not receive</u> ?	
AM216	您認為需要但沒	B有得到的幫助或支援是?	
7111210	Select all that a	apply	
		Counseling, therapy, or other type of mental health support1 輔導、治療或其他類型的心理健康支援	
		Medical care for a physical injury or	

	symptom
	Time off from school
	Time off from work4 請假不上班
	Financial assistance5 經濟援助
	Protection for you or your family's physical safety6 您或家人的人身安全受到保護
	Help reporting to or working with the police or other law enforcement7 在向警察或其他執法部門舉報或與其合作方面得到幫助
	Legal assistance8 法律援助
	Interpretation or other types of language services
	Other (please specify:)
0	Received no help or support 10 沒有得到任何幫助或支援
O	REFUSED/DON'T KNOW3
PROGRAMMING NOTE 'QA24 IF MULTIPLE RESPONSES FR	_M30': OM 'QA24_M29', THEN CONTINUE
DISPLAY INSTRUCTIONS:	

DISPLAY INSTRUCTIONS:DISPLAY ONLY SELECTED OPTIONS FROM 'QA24_M29' ELSE GO TO 'QA24_M33';

'QA24_M30' Which of these did you feel you needed the most?

您覺得您最需要其中哪一項?

AM217

•	Counseling, therapy, or other type of mental health support
•	Medical care for a physical injury or symptom
O	Time off from school
O	Time off from work4 請假不上班
O	Financial assistance5 經濟援助
O	Protection for you or your family's physical safety6 您或家人的人身安全受到保護
•	Help reporting to or working

	•	with the police or other law enforcement7 在向警察或其他執法部門舉報或與其合作方面得到幫助 Legal assistance	
	0	{OTHER SPECIFY FROM 'AM216'} 91 REFUSED/DON'T KNOW3	
QA24_M31'		der of the {most severe} incident a stranger, someone you knew by sight you knew but not well, or someone you knew well?	
AM218	(最嚴重的) 很熟悉的人?	事件的加害者是陌生人、您僅有一面之緣的人、您認識但不熟悉的人還是您	
AWETO	If more than or	ne offender, select all that apply	
	如果多於一名加	口害者,請選擇所有適用項目	
		Stranger1 陌生人	
		Someone you knew by sight only2 您僅有一面之緣的人	
		Someone you knew but not well3 您認識但不熟悉的人	
		Someone you knew well4	
		您很熟悉的人 I don't know or I didn't see5 我不知道或我沒有看到	
	O	REFUSED3	
QA24_M32'	Who was the c	offender of the {most severe} hate incident?	
AM219	誰是(最嚴重的)仇恨事件的加害者?		
AIVIZ 19	If more than one offender, select all that apply		
	如果多於一名加	u害者,請選擇所有適用項目	
		A friend or family member1 朋友或家人	
		Your classmate2 您的同學	
		Your co-worker3 您的同事	
		A customer at your workplace4 您工作場所的客戶	
		A customer at a business you visited5	
		您曾經造訪過的企業的客戶 An employee at a business you visited6	

		您曾經造訪過的企業的員工	
		Someone on-line7	
	П	網上的人	
		A caregiver8 看護者	
		Someone on public transportation9	
		公共交通工具上的人	
		Other (please specify without saying their names or other identifying information:) 91 (其他(請註明:)	
	O	I don't know or I didn't see	
	O	REFUSED3	
'QA24_M33'	During the pasincident?	st 12 months, have you witnessed another persor	n experiencing a hate
AM199	過去的 12 個月	月內,您是否曾目睹另一個人經歷仇恨事件?	
<u> </u>	O	Yes1 是	
	O	No2	[GO TO 'HATE
		否	INCIDENT
	•	REFUSED/DON'T KNOW3	RESOURCE'] [GO TO 'HATE INCIDENT RESOURCE']
'QA24_M34'	Did you witnes	SS	
	Did you witnes 您目睹的是:	SS	
'QA24_M34'	•		
	您 目睹的是:		
	您目睹的是: (Check all that	t apply) Physical abuse or attack1	
	您目睹的是: (Check all that	t apply) Physical abuse or attack1 肢體虐待或攻擊 Verbal abuse or insults2	
'QA24_M34'	您目睹的是: (Check all that	t apply) Physical abuse or attack	
	您目睹的是: (Check all that	Physical abuse or attack	
	您目睹的是: (Check all that	Physical abuse or attack	
	您目睹的是: (Check all that	r apply) Physical abuse or attack	
AM200	您目睹的是: (Check all that	Physical abuse or attack	
- AM200 'QA24_M35'	您目睹的是: (Check all that	Physical abuse or attack	

		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:) REFUSED/DON'T KNOW3
QA24_M36'	Why do you thi	nk the person was targeted for a hate incident?
AM202	您認為該名人士	□為何會成為仇恨事件的目標?
AWIZOZ	Check all that a	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 identity
		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:
	\circ	DEFLICED/DON'T KNOW

PROGRAMMING NOTE 'QA24_M37':

IF MORE THAN ONE RESPONSE FROM 'QA24_M36', THEN CONTINUE WITH 'QA24_M37' WITH SELECTED CHOICES FROM 'QA24_M36' DISPLAYED; ELSE SKIP TO 'PN_QA24_M38'

'QA24_M37' What do you think is the MAIN reason that person was the target for a hate incident?

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 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 identity
	•	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
	O	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 IF 'QA24_M33' = ELSE SKIP TO 'C	1, THEN CON	
'QA24_M38' D	uring the past	12 months, how many hate incidents have you witnessed?
AM220	生過去 12 個月	中,您目睹了多少次仇恨事件?
		Number of hate incidents 仇恨事件數量 (1-96)
	•	REFUSED/DON'T KNOW3
PROGRAMMING	NOTE 'QA24	_M39':

DISPLAY INSTRUCTIONS:

IF 'QA24_M38' > 1, THEN DISPLAY "these" and "incidents",

ELSE DISPLAY "the" and "incident".

'QA24_M39' During the past 12 months, were there any medical expenses for you or members of your household because you witnessed the hate incident(s)?

在過去 12 個月中,您或您的家人是否因目睹仇恨事件而產生任何醫療費用?

AM224

Include mental and physical healthcare expenses.

包括心理和身體醫療保健費用

O	Yes	1
	是	
O	No	2
	否	
O	REFUSED	7
O	DON'T KNOW	3

'QA24_M40'

Was the offender of the {most severe} incident a stranger to the victim, someone the victim knew by sight only, someone the victim knew but not well, or someone the victim knew well?

(最嚴重的)事件的加害者對受害者來說是陌生人、受害者僅有一面之緣的人、受害者認識但不熟悉的人還是受害者很熟悉的人?

AM231

If more than one offender, select all that apply

	Stranger to the victim	1
	對受害者來 說 是陌生人	
	Someone the victim knew by sight only	2
	受害者僅有一面之緣的人	
	Someone the victim knew but not well	3
	受害者認識但不熟悉的人	
	Someone the victim knew well	4
	受害者很熟悉的人	
	I don't know or I didn't see	5
	我不知道或我沒有看到	
O	REFUSED	-3

PROGRAMMING NOTE 'QA24 M41':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'QA24_M16', 'QA24_M33'.

'QA24_M41'

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 'QA24 M42':

IF 'QA24 H1' = 1 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'QA24 M42'

ELSE GO TO 'QA24 M43'

'QA24 M42'

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

Encounters with Police

'QA24 M43'

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
\mathbf{O}	1	2
•	2	3
•	3	4
\mathbf{O}	4	5
•	5 or more	6
	5 次或以上	
O	REFUSED/DON'T KNOW	3

Social Cohesion

'QA24_M44'

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?

0	Strongly agree1 極度同意
O	Agree2
C	同意 Disagree3
O	不同意 Strongly disagree4
0	極度不同意 REFUSED/DON'T KNOW

'QA24_M45'

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 <u>not</u> get along with each other.

本社區的人通常無法和睦相處。

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?

\mathbf{O}	Strongly agree	1
	極度同意	
O	Agree	2
	同意	
\mathbf{O}	Disagree	3
	不同意	
O	Strongly disagree	4
	極度不同意	
0	REFUSED/DON'T KNOW	3

'QA24_M46'

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:

AM21

People in this neighborhood can be trusted.

本社區的人值得信賴。

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?

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	•	Strongly agree1 極度同意
	0	Agree2 同意
	O	Disagree3 不同意
	•	Strongly disagree4 極度不同意
	•	®及作问息 REFUSED/DON'T KNOW
Safety		
'QA24_M47'	Do you feel sa	afe in your neighborhood
AK28	您在居住區附	近感到安全
	O	All of the time1 所有的時間
	•	Most of the time2 大多數時間
	•	Some of the time, or3 有些時候
	0	None of the time4 從未
	O	REFUSED/DON'T KNOW3
Civic Engagen	nent	
'QA24_M48'	•	months, have you volunteered to organize or lead efforts to help solve our community?
AM39	在過去 12 個月	月內,您是否曾經自願組織或領導行動以協助解決您所在社區的問題?
AWIJ	O	Yes1 是
	•	~
	O	REFSUED/DON'T KNOW3
'QA24_M49'		you could contact an elected official or someone else in government who
	represents yo	ur community?
AM45		ur community? 聯絡民選官員或在政府中其他代表您社區的人嗎?
AM45		聯絡民選官員或在政府中其他代表您社區的人嗎? Definitely could not1
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?
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? Definitely could not
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? Definitely could not

	O	REFUSED/DON'T KNOW	3	
'QA24_M50'		months, have you been an active moic policy or government, not including		
AM40	在過去 12 個月的積極成員?	月內,您是否曾經是試圖影響公共政第	宽或政府的任何	可團體(但不包括政黨)
AM48	•	Yes 是	1	
	O	 No 否	2	[GO TO 'QA24_M1']
	\circ	REFUSED/DON'T KNOW	-3	[GO TO 'OA24 M1']

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'QA24_P1': IF 'QA24_G5' = 1 (CITIZEN) OR 'QA24_G2' = 1 (USA)) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA24_P1'; ELSE GO TO 'QA24_P3'		
'QA24_P1'	How often do y	ou 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
'QA24_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	引 (例如州長或州提案) 中投票?
[7]	•	Always1 總是
	•	Sometimes, or2 有時
	•	Never?3 從未
	•	REFUSED/DON'T KNOW3
'QA24_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	建舉(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 'QA24_P4': IF 'QA24_P1' or 'QA24_P2' or 'QA24_P3' = 2 OR 3, CONTINUE WITH 'QA24_P4'; ELSE SKIP TO 'QA24_S1'

'QA24_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
•	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
0	I did not like any of the candidates on the ballot3 選票上的候選人我都不喜歡
•	My one vote is not going to affect how things turn out
•	I was not informed enough about the candidates or issues to make a good decision
•	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
•	I was not interested in what is happening in government
O	I just did not think about doing it8 我只是沒考慮做這件事
O	l forgot9 我忘記了
O	I had to work 10 我必須工作
O	I did not have transportation
O	Other (Specify:)
O	REFUSED7

Section Q: Adverse Childhood Experiences

ACEs Screener

'QA24_Q1'	through the age challenges. Me	nood Experiences are stressful or traumatic events e of 18 and relate to categories of child abuse, ne edical professionals, including doctors, nurse pract and others, can perform Adverse Childhood Expe	glect, and/or household titioners, midwives,
	及/或家庭功能	是指從出生至 18 歲期間所經歷的壓力或創傷事件, 是失調類別相關。醫療專業人員,包括:醫生、執業 能夠進行負面童年經驗評估。	
'QA24_Q2'	Have you hear	d the term Adverse Childhood Experiences or AC	Es before?
A029	您是否聽說過算	直面童年經驗 (ACEs) 一詞?	
AQ28	O	Yes1 是	
	O	No2 否	
	O	Don't know3 不清楚	
	•	REFUSED3	
Past ACEs ass	essment		
'QA24_Q3'		completed an assessment of your own history of ith a medical health or mental health professional?	
AQ23	您是否曾與醫護	隻人員或心理專家一起完成過對自己負面童年經驗的	勺評估?
AQZJ	•	Yes1 是	
	O	No2 否	[GO TO 'PN_QA24_Q5']
	•	Don't know3 不清楚	[GO TO 'PN_QA24_Q5']
	•	REFUSED7	[GO TO 'PN_QA24_Q5']
'QA24_Q4'		vider reviewed your responses to the ACE assess resilience or positive experiences in your life?	sment did they discuss
	告你的	X 提供考案核你對負面音圧經驗統檢問題的同效時	仙 們

AQ29

C	Yes	1
O	定 No	2
O	台 Don't know	3

點、適應能力或生活中的積極經歷?

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PROGRAMMING NOTE 'QA24_Q5': IF SELECTED TEEN, CONTINUE; ELSE SKIP TO 'PN_QA24_Q6' 'QA24_Q5' Have you ever completed an assessment of (TEEN's) Adverse Childhood Experien			
'ΩΑ24 Ω5' Have you ever completed an assessment of (TEEN's) Adverse Childhood Experien			
with a medical health or mental health professional?	ces		
您是否曾與醫護人員或心理健康專家一起完成過對(青少年)負面童年經驗的評估 ?			
O Yes1 是			
O No2 否			
O Don't know3 不清楚			
O REFUSED3			
PROGRAMMING NOTE 'QA24_Q6': IF SELECTED CHILD, CONTINUE; ELSE SKIP TO 'QA24_Q7'			
'QA24_Q6' Have you ever completed an assessment of (CHILD's) Adverse Childhood Experien with a medical health or mental health professional?	ıces		
您是否曾與醫護人員或心理健康專家一起完成過對(兒童)負面童年經驗的評估 ?			
O Yes1 是			
O No2 否			
O Don't know3 不清楚			
O REFUSED3			
early in life, and may help others in the future. This is a sensitive topic and some pe may feel uncomfortable with these questions. Please keep in mind that you can skip	childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you		
	以下問題可能與您童年時發生的事件有關。這些資訊將使我們能夠更好地理解人生早期可能出現的問題,並可能在將來幫助其他人。這是一個敏感的話題,有些人可能會感到不自在。但在本節的最後部分載有一個機構的電話號碼,可就這些問題提供資訊及轉介。您可以跳過任何您不想回答的問題。所有問題均針對您 18 歲之前的時期。		
能出現的問題,並可能在將來幫助其他人。這是一個敏感的話題,有些人可能會感到 在。但在本節的最後部分載有一個機構的電話號碼,可就這些問題提供資訊及轉介。	不自		
能出現的問題,並可能在將來幫助其他人。這是一個敏感的話題,有些人可能會感到 在。但在本節的最後部分載有一個機構的電話號碼,可就這些問題提供資訊及轉介。	不自		

	Did you live v	vith 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	Yes 是	1
	O	No 否	2
	O		3
	0	REFUSED	3
'QA24_Q9'	Did you live v	vith anyone who was a problem drinker o	r alcoholic?
AQ2	您曾否與喝酒	或酗酒人士住在一起?	
	O	Yes 是	1
	O	No 否	2
	O	REFUSED/DON'T KNOW	3
'QA24_Q10'	Did you live we medications?	vith anyone who used illegal street drugs	or who abused prescription
AQ3	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?
7155	O	Yes 是	1
	O	No 否	2
	O	REFUSED/DON'T KNOW	3
'QA24_Q11'		vith anyone who served time or was sente ectional facility?	enced to serve time in a prison, jail
AQ4	您曾否與在監	一樣或其他懲教設施服過刑的住在一起?	
AGT	O	Yes 是	1
	O	No 否	2
	O	REFUSED/DON'T KNOW	3
'QA24_Q12'	Before you w	ere 18 years of age	
AQ5	在您 18 歲之	前	
AQU	Were your pa	arents separated or divorced?	
	您的父母是否	分居或離婚?	
	•	Yes	1

	•	是 No2
	0	Parent not married3 父母沒有結婚
	O	REFUSED/DON'T KNOW3
'QA24_Q13'	Before you we	ere 18 years of age
	在您 18 歲之前	ர்்
AQ6	How often did other up?	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?
	•	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	REFUSED/DON'T KNOW3
'QA24_Q14'		a parent or adult in your home ever hit, beat, kick, or physically hurt you in not include spanking.
A 0.7	在您 18 歲前, 以任何形式傷	
AQ7	O	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	REFUSED/DON'T KNOW3
'QA24_Q15'	How often did down?	a parent or adult in your home ever swear at you, insult you, or put you
A09	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?
AQ8	•	Never1 從不
	O	Once2 一次
	O	More than once3 多過一次
	O	REFUSED/DON'T KNOW3
'QA24_Q16'	How often did sexually?	anyone at least 5 years older than you or an adult, ever touch you

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	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	O	Never1 從不	
	O	Once2 —☆	
	O	More than once3	
	O	多過一次 REFUSED/DON'T KNOW	
'QA24_Q17'	How often did	d 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?	
	O	Never1 從不	
	O	Once2 一次	
	O	More than once3 多過一次	
	O	REFUSED/DON'T KNOW3	
'QA24_Q18'	How often did anyone at least 5 years older than you or an adult, force you to have sex?		
1011	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?	
AQ11	O	Never1 從不	
	O	Once2 一次	
	O	More than once3 多過一次	
	O	REFUSED/DON'T KNOW3	
'QA24_Q19'	Before you w	ere 18 years of age	
1040	在您 18 歲之	前	
AQ12	Were you ever 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?	
	•	Yes1 是	
	O	No2	
	O	否 REFUSED/DON'T KNOW	
'QA24_Q20'	Were you eve	er 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 KNOW
'QA24_Q21'	Did you ever liv	ve with a parent or guardian who died?
AQ14	您曾否與已去世	性的父母或監護人住在一起?
714.1	•	Yes1 是
	•	No2
	•	否 REFUSED/DON'T KNOW
'QA24_Q22'	Before you wer	e 18 years of age
AQ15	在您 18 歲之前	
AQIS		it very hard to get by on your family's income, for example, it was hard to s like food or housing? Would you say very often, somewhat often, not ever?
	您的家庭遭遇生	三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?
	O	Very often1 經常
	•	Somewhat often2 有時
	O	Not very often3 不常
	O	Never4 從不
	O	REFUSED/DON'T KNOW3
'QA24_Q23'		of your childhood was there an adult in your household who made you feel cted? Would you say
AQ30	在您的童年中,	有多少時間家裡有一個成年人讓您感到安全和受保護?您會認為是
AQUU	O	Never1 從來沒有
	0	A little of the time2 一點時間
	0	Some of the time3 有些時間
	•	Most of the time4 大部分時間
	•	All of the time5 全部時間

\mathbf{O}	REFUSED/DON'T KNOW	3
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'QA24_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

0	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
O	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA24_Q25':

DISPLAY INSTRUCTIONS:

IF [('QA24_Q16' OR 'QA24_Q17' OR 'QA24_Q18') = -3 OR ('QA24_Q16' OR 'QA24_Q17' OR 'QA24_Q18') >1], DISPLAY RAINN RESOURCE AND (IF 'QA24_Q14'= 1 OR 'QA24_Q14'= -3), DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE; ELSE SKIP TO 'QA24_S1'

'QA24 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

'QA24_S1'	The next section you don't have	on is about thoughts of hurting yourself. Again, if a to answer it.	any question upsets you,
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?	
	O	Yes1 是	
	O		[GO TO 'PN_AM10B']
	•	REFUSED/DON'T KNOW3	[GO TO 'PN_AM10B']
'QA24_S2'	Have you serio	ously thought about committing suicide at any tim	e in the past 12 months?
A F 0.7	您在過去十二個	固月 內 的任何時間是否認真地考慮過自殺?	
AF87	O	Yes1 是	
	O	No2 否	[GO TO 'QA24_S4']
	O	REFUSED/DON'T KNOW3	[GO TO 'QA24_S4']
'QA24_S3'	Have you serio	ously thought about committing suicide at any tim	e in the past 2 months?
A F 0.4	您在過去兩個	月的任何時間是否曾經認真地考慮過自殺的問題?	
AF91	O	Yes1 是	
	•	No2 否	
	•	REFUSED/DON'T KNOW3	
'QA24_S4'	Have you ever	attempted suicide?	
AF88	您是否曾經嘗認	试過自殺?	
7 11 00	•	Yes1 是	
	O		
	O	REFUSED/DON'T KNOW3	

IF 'QA24_S2' = (2, -3) AND 'QA24_S4'= (2, -3) THEN GO TO 'QA24_S6';	
IF 'QA24_S3' = (2, -3) AND 'QA24_S4'= (2, -3) THEN GO TO 'QA24_S6';	
IF 'QA24_S3' = 1 AND 'QA24_S4'= (2, -3) THEN GO TO 'QA24_S6';	
ELSE CONTINUE WITH 'QA24 S5'	

'QA24_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

'QA24_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 <u>988lifeline.org</u> 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

PROGRAMMING NOTE 'AM10B':

[NOTE: IF RESPONDENT IS ELEGIBLE FOR MULITPLE FOLLOW-ON SURVEYS, PRIORITIZE HATE RESPONDENTS FIRST, AND THEN RANDOM SELECTION BETWEEN AIAN AND LTSS]

HATE: IF ('HATEFU' = 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";

AIAN: IF ('QA24 A10' = 4), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";

LTSS: IF ('QA24_D4' OR 'QA24_D5' OR 'QA24_D6'= 1), THEN DISPLAY "JUST A COUPLE OF FINAL

QUESTIONS":

ELSE DISPLAY "JUST A FINAL QUESTION";

'AM10B'

Just a {couple of} final question{s} and then we are done.

Please provide your name and telephone number so that we may call you if we have additional questions.

只剩最後一個{幾個}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可與您聯絡。

AM10B

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

PROGRAMMING NOTE 'LTSS A':

IF ('QA24_D4' OR 'QA24_D5' OR 'QA24_D6'= 1), THEN CONTINUE;

ELSE GO TO 'AIAN_A'

'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**通常約需 15 分鐘。完成後,您將獲得 \$25 作為報酬。另一項調**查**適用於在日常生活活動(例如穿衣、洗澡、走路或處理生活事務)方面遇到困難的人。

LTSS A

Would you like to participate in this survey?

您願意參加本問卷調查嗎?

\mathbf{O}	Yes1	[GO TO LTSS
	是	SURVEY]
\mathbf{O}	No2	[GO TO 'LTSS_
	否	RECON2']
0	REFUSED/DON'T KNOW3	_

'LTSS_RECON2' Would you like to participate in this survey at a later date?

您願意稍後再參加本問卷調查嗎?

LTSS_RECON2		
	\mathbf{O}	YES

\mathbf{O}	YES1	
	是	
O	NO2	[GO TO 'PN_SUICIDE
	否	RESOURCE2']
\mathbf{O}	REFUSED7	[GO TO 'PN_SUICIDE
		RESOURCE2']
\mathbf{O}	DON'T KNOW8	[GO TO 'PN_SUICIDE
		RESOURCE2'1

PROGRAMMING NOTE 'AIAN_A':

IF AA5A'=4), THEN CONTINUE ELSE GO TO 'HATEFU_A'

'AIAN_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. The purpose of the survey is to understand cultural experiences for American Indians and Alaska Natives, and their health conditions, health behaviors, mental health, and alcohol or drug use.

根據您的回答,我們想再問您幾個問題。這份新問卷調查通常約需 15 分鐘。完成後,您 將獲得 \$25 作為報酬。調查的目的是了解美洲印第安人和阿拉斯加原住民的文化經驗、健 康狀況、健康行為、心理健康以及酒精或藥物使用情況。

AIAN_A

Would you like to participate in this survey?

您願意參加本問卷調查嗎?

\mathbf{O}	Yes1	[GO TO AIAN
	是	SURVEY]
O	No2	[GO TO 'AIAN_
	否	RECON2']
O	REFUSED/DON'T KNOW3	_

'AIAN RECON2' Would you like to participate in this survey at a later date?

您願意稍後再參加本問卷調查嗎?

AIAN_RECON2

O	YES1 是	
0	NO2 否	[GO TO 'PN_SUICIDE RESOURCE2']
•	REFUSED7	[GO TO 'PN_SUICIDE RESOURCE2']
•	DON'T KNOW8	[GO TO 'PN_SUICIDE RESOURCE2']

PROGRAMMING NOTE 'HATEFU A':

IF AM194=1, THEN **HATEFU** (**HATE FOLLOW-UP**) = 1, THEN CONTINUE; ELSE HATEFU=2 AND GO TO '**PN_CLOSE2**'

IF SRAGE <=75, THEN THEN TIER1_AGE=1 (YES);</pre>

ELSE TIER1_AGE=2 (NO);

TRANSGENDER:

IF AD65E=1 (MALE AT BIRTH) AND AD66C=2 (IDENT AS FEMALE), THEN TRANSGENDER=1 (YES);

ELSE IF ADAD65E=2 (FEMALE AT BIRTH) AND AD66C=1,7 (IDENT AS MALE, I USE A DIFFERENT TERM), THEN TRANSGENDER=1 (YES);

ELSE IF AD66C=3,5 (TRANSGENDER, NON-BINARY) THEN TRANSGENDER=1 (YES); ELSE TRANSGENDER=2 (NO);

IDENTIFICATION OF LGB:

IF AD46C=2,6 (LESBIAN, GAY, BISEXUAL/PANSEXUAL), THEN LGB=1 (YES); ELSE LBG=2 (NO);

IDENTIFICATION OF DISABILITY:

IF AD50=1 OR AL10=1 OR AL11=1 OR AL12=1, THEN DISABLE=1 (YES); ELSE DISABLE=2 (NO);

IDENTIFICATION OF HOUSING INSTABILITY:

IF AM183=5 (VERY UNSTABLE), THEN HOUSING=1 (YES); ELSE HOUSING=2 (NO);

IDENTIFICATION OF ENGLISH PROFICIENCY:

IF AH37=3,4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN LEP=1 (YES); ELSE LEP=2 (NO);

IDENTIFICATION OF NON-CITIZENS W/O GREEN CARD:

IF AH40=2,3 (NON-GREEN CARD HOLDER, PENDING APPLICATION), THEN NONCIT=1 (YES); ELSE NONCIT=2 (NO);

IF POVERTY<5 (HH INCOME <= 100% FPL), THEN LOWINCOME=1 (YES); ELSE LOWINCOME=2 (NO);

IDENTIFICATION OF JEWISH ORIGIN:

IF ANY PART OF AA5H OPEN TEXT CONTAIN "JEWISH" OR "JEW" OR "HASIDIC", THEN JEWISH=1 (YES); ELSE JEWISH=2 (NO);

IDENTIFICATION OF BLACK OR AFRICAN AMERICAN:

IF AA5A=2 (BLACK OR AFRICAN AMERICAN), THEN BAA=1 (YES); ELSE BAA=2 (NO);

INTVLANG=ENGLISH, THEN ENGFU=1 (YES, ENGLISH FU); ELSE ENGFU=2 (NO, ENGLISH FU);

IDENTIFICATION TIER 1 OR 2:

IF HATEFU=1 AND ENGFU=1 AND TIER1_AGE=1 AND (TRANSGENDER=1, OR LGB=1, OR DISABLE=1, OR HOUSING=1, OR LEP=1, OR NONCIT=1, OR LOWINCOME=1, OR JEWISH=1, OR BAA=1), THEN TIER 1;

ELSE IF HATEFU=1, THEN TIER 2.

HATEFU_A Based on your responses, you may be eligible to participate in another study conducted by UCLA. The purpose of this other study is to understand people's experiences with

hate incidents. It will take place in about 2-6 weeks from now, and is expected to take about 50-60 minutes in an audio-recorded interview. You will be provided a \$100 gift card for your participation.

根據您的回答,您可能有資格參加加州大學洛杉磯分校進行的另一項調查。另一項調查的目的是了解人們在仇恨事件方面的經驗。它將在大約 2-6 週後進行,預計錄音採訪時間需要大約 50-60 分鐘。為感謝您的參與,我們會送您一張 \$100 的禮品卡。

НΔ	TF	FII	Δ
11/			$\overline{}$

Would you like to participate in this survey?

您願意參加本問卷調查嗎?

\mathbf{O}	Yes1	[IF TIER 1, THEN GO
	是	TO SCHEDULER; IF
		TEIR 2, THEN
		COLLECT CONTACT
		INFO AT FOLLOW-UP]
\mathbf{O}	No2	[GO TO 'PN_SUICIDE
	否	RESOURCE2"]
0	REFUSED/DON'T KNOW3	-

PROGRAMMING NOTE 'FOLLOW UP':

IF ('AL8' OR 'AL10' OR 'AL11'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'FOLLOW_UP'; IF ('AA5A'=4) AND 'AM10B' IS BLANK, THEN CONTINUE WITH FOLLOW_UP; IF 'HATEFU'=1 AND 'AM10B' IS BLANK, THEN CONTINUE WITH FOLLOW_UP; ELSE GO TO 'PN SUICIDE RESOURCE2'

'FOLLOW_UP'

FOLLOW UP

Please provide your name and telephone number so that we may call you if we have additional questions.

請提供姓名及電話號碼,以便我們在幾週後就本問卷調查與您聯絡。

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

'HATEFU EMAIL'

Please provide your email address so that we can contact you in a few weeks about this study.

IIA.			MΑ	•
ПА	ᅡᆫᅡ	UE	IVIA	IL.

Email	Address:		

PROGRAMMING NOTE 'SUICIDE RESOURCE2':

 $['QA24_S3' = 1 OR ('QA24_S3' = 2, -3 AND 'QA24_S5' = 1), THEN CONTINUE WITH 'SUICIDE RESOURCE 2';$

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 988lifeline.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。