☐ **NIS-ELIGIBLE**

☐ **NON-NIS-ELIGIBLE**

Case ID_____

KISH # _____

NIS Screener/Interview date_____

Date released to field_____

Date returned from field_____

Data entry date_____   **By**_____ **(Employee ID)**

**SLAITS CHILDREN WITH SPECIAL HEALTH CARE NEEDS
HARD COPY QUESTIONNAIRE**

COMPLETE INTERVIEW: TRADITIONAL CHINESE

January 25, 2001

SECTIONS 1-13

Confidential Information

SLAITS SURVEY OF CHILDREN
WITH SPECIAL HEALTH CARE NEEDS
HARD COPY QUESTIONNAIRE: TRADITIONAL CHINESE

_____

_____

SLAITS Module on Children with Special Health Care Needs
Traditional Chinese Hard Copy Questionnaire, January 25, 2001

Page 2

Section 1. SLAITS ELIGIBILITY/SCREENING

1

NIS-ELIGIBILE INTRO

嗨，我的名字是{INTERVIEWERNAME}，代表疾病控制與預防中心問候你。不久之前，我們曾與你的家人談過，他提供了一些有關你的（**孩子或孩子們**）免疫功能方面的資料。今天我們再度打電話給你，是想問幾個有關你家 18 歲以下孩子們的保健問題。

2　(SI)　請問你是這家中超過 17 歲的人嗎？

(1) YES, I AM THAT PERSON…………………[**SKIP TO ＃3**]

(2) THIS IS ABUSINESS…………………………我可以跟住在這家的人說話嗎？

(3) NEW PERSON COMES TO PHONE…………[**RE-READ INTRO**]

(4) DOES NOT LIVE IN HOUSEHOLD…………我可以跟住在這家的人說話嗎？

[IF "NO" SET CALLBACK].

(5) NO PERSON AT HOME OVER 17…..…………我可以跟住在這家裡 17 歲以上的人說話嗎？

[IF "NO" SET CALL BACK].

> HELP BOX: IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS ETC. , CASE SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD".

3　(ISC.200)

我們需要跟住在這家裡，最了解與照顧家中 18 歲以下孩子們健康與保健的父母、或監護人談談。請

問他會是誰？

4　(ISC.205)

(1) 就是我。　　　　　　　　　　　　　　　　　　　　　　**[SKIP TO ＃6]**

_____{OTHER NAME}   **[SKIP TO #5]**

5   (ISC.240)

因為其餘的調查將問一些有關 18 歲以下孩子或孩子們健康與保健的問題，我現在可以與{R.P. name}說話嗎？

    (1) 是的，我就是。(SAME RESPONDENT)   **[SKIP TO #6]**

    (1) 是的。(NEW PERSON COMES TO THE PHONE).   **[SKIP BACK TO #1]**

    (2) 不………………………………………………………請問甚麼時候再打電話來與

                  {R.P. name}談話比較好？

6   (S3_LTR)

不久之前，有一封說明這項調查研究的信函寄到你家，你可記得看過這封信？

(1) 記得。

(2)不記得。

> HELP BOX: EVEN IF RESPONDENT DID RECEIVE A LETTER, WE ARE REQUIRED TO REPEAT THIS INFORMATION BEFORE BEGINNING THE INTERVIEW.

7   **SLAITS INTRO**

在我們繼續談話之前，我希望你能了解，你參加這次調查研究完全是出於你的自願。你不想回答的問題，可以略過不回答，或是終止訪談，都不會受到處罰。你的回答，依據公共衛生服務法的規定，我們將嚴守機密。如果你需要的話，我可以給你一份相關法律的文件。該法律明文保證一切與你或你的家庭有關回答，絕不提供給本調查單位以外的任何人。看你孩子的健康情形而定，這項調查大約要花費 5 至 25 分鐘，不過大多數的家庭都在 10 分鐘左右。為了評估我的工作效果，在我問問題的時候，我的督導員可能會錄音或在旁邊聽我們的談話。現在我們可以開始了，除非你還有甚麼問題。

    (1)   CONTINUE WITH INTERVIEW
    (2)   HUNG UP DURING INTRODUCTION – DURING 1ST /2ND SENTENCE
    (3)   HUNG UP DURING INTRODUCTION – DURING 3RD/4TH SENTENCE
    (4)   HUNG UP DURING INTRODUCTION – DURING 5TH/6TH SENTENCE
    (5)   HUNG UP DURING INTRODUCTION – DURING 7TH/8TH SENTENCE

HELP BOX: 公共衛生服務法即美國法典卷 42，節 242k。這次調查資料之收集，乃基於該法規第 306 節之授權。同法第 308d 節設有明確條文，保障你所回答的資料的機密。

8 S_UNDR18

你們家裡住有幾位 18 歲以下的人？

_____

ANSWER IS:
"1" OR GREATER   **[SKIP TO #10]**

  "0", "DON'T KNOW", OR "REFUSED"   **[SKIP TO: #9]**

9 (NOCHILD)

我只有這些問題了。我要代表疾病控制與預防中心，謝謝你花費時間與精神來回答這些問題。
[TERMINATE]

10 早先，你已經給了我這個(些)孩子的姓名與出生日期**[READ NAMES IN GRID].** 現在，請你告訴我，你其他 18 歲以下孩子的姓名與出生日期好嗎？

	Child1	*Child 2*	*Child 3*	*Child 4*	*Child 5*	*Child 6*	*Child 7*	*Child 8*	*Child 9*
出生日期	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)
請問[CHILD 1, CHILD 2…]孩子的年齡是幾歲？	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)	___ ___ YEARS MONTH (CIRCLE) DK (96) REF (97)
這樣訪談時以便指稱_歲孩子，他或她的名字或姓名的起首字母是甚麼？	_____ DK (96) REF(97)	_____ DK (96) REF(97)	_____ DK (96) REF(97)	_____ DK (96) REF(97)	_____ DK (96) REF(97)	_____ DK (96) REF(97)	_____ DK (96) REF(97)	_____ DK (96) REF(97)	_____ DK (96) REF(97)

[RECORD ON HELPSHEET, THEN SKIP TO #14]

候你。早先，我們曾與你們家連絡過，並談過一些有關你家年輕孩子的免

疫功能的問題。今天我們再度打電話來，是想問幾個有關 18 歲以下孩

子們的保健問題。

2　(SI)　請問你是這家中超過 17 歲的人嗎？

(1) YES, I AM THAT PERSON………………… **[SKIP TO ＃3]**

(2) THIS IS ABUSINESS………………………… 我們只是正在作私人住宅訪問。

謝謝你。

(3) NEW PERSON COMES TO PHONE…………**[RE-READ INTRO]**

(4) DOES NOT LIVE IN HOUSEHOLD…………我可以跟住在這家的人說話嗎
　　　　　　　　　　　　　　　　　　　　[IF "NO" SET CALLBACK].

(5) NO PERSON AT HOME OVER 17…..……….我可以跟住在這家裡 17 歲以上的人說話嗎？

[IF "NO" SET CALL BACK].

3　(ISC.200)

　　　　我們需要跟住在這家裡，最了解與照顧家中 18 歲以下孩子們健康與保健的父母、或監護人談談。請

　　問他會是誰？

4　　　(ISC.205)

(1) 就是我。   **[SKIP TO #6]**

_____{OTHER NAME}   **[SKIP TO #5]**

5 (ISC.240)

因為下面的調查將問一些有關 18 歲以下孩子或孩子們的健康與保健的問題，我現在
可以與{R.P. name}說話嗎？

    (1) Yes, that's me. (SAME RESPONDENT)   **[SKIP TO #6]**

    (1) Yes (NEW PERSON COMES TO THE PHONE).   **[SKIP BACK TO #1]**

    (2) No ………………………………………………那麼，請問甚麼時候再打電話來與

                             {R.P. name}談話比較好？

6 (S3_LTR)

不久之前，可能有一封說明這項調查研究的信函寄到你們家，你可記得看過
這封信？

    (1) 記得。

    (2) 不記得。

HELP BOX: EVEN IF RESPONDENT DID RECEIVE A LETTER, WE ARE REQUIRED TO
REPEAT THIS INFORMATION BEFORE BEGINNING THE INTERVIEW.

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7 **SLAITS INTRO**

在我們繼續談話之前，我希望你能了解，你參加這次調查研究完全是出於你的自願。你不想回答的
問題，可以略過不回答，或是終止訪談，都不會受到處罰。你的回答，依據公共衛生服務法
的規定，我們將嚴守機密。如果你需要的話，我可以給你一份相關法律的文件。該法律明文
保證你所提供的一切與你或你的家庭有關回答，絕不提供給本調查單位以外的任何人。看你
孩子的健康情形而定，這項調查大約要花費 5 至 25 分鐘，不過大多數的家庭都在 10 分鐘
左右。為了評估我的工作效果，在我問問題的時候，我的督導員可能會錄音或在旁邊聽我們
的談話。現在我們可以開始了，除非你還有甚麼問題。

 (1) CONTINUE WITH INTERVIEW

 (2) HUNG UP DURING INTRODUCTION – DURING 1ST /2ND SENTENCE

(3) HUNG UP DURING INTRODUCTION – DURING 3RD/4TH SENTENCE
(4) HUNG UP DURING INTRODUCTION – DURING 5TH/6TH SENTENCE
(5) HUNG UP DURING INTRODUCTION – DURING 7TH/8TH SENTENCE

<div style="border:2px solid black; padding:10px;">

HELP BOX: 公共衛生服務法即美國法典卷 42，節 242k。這次調查資料之收集，乃基於該法規第 306 節之授權。同法第 308d 節設有明確條文，保障你所回的答資料的機密。

</div>

8 S_UNDR18

住在這房屋裡的，有幾人是 18 歲以下的？

_____

ANSWER IS:
"1" OR GREATER [SKIP TO #10]

 "0", "DON'T KNOW", OR "REFUSED" [SKIP TO: #9]

9 (NOCHILD)

我只有這些問題了。我要代表疾病控制與預防中心，謝謝你花費時間與精神來回答這些問題。
 [TERMINATE]

10 從最大的孩子開始，請你依次告訴我住在你家的孩子們的出生年月日。 Ⓗ →

	Child1	*Child 2*	*Child 3*	*Child 4*	*Child 5*	*Child 6*	*Child 7*	*Child 8*	*Child 9*
Date of Birth	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)	/ / DK (96) REF (97)
請問 [CHILD 1, CHILD 2...]孩子 的年齡是 幾歲？	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)	__ __ YEARS MONTH (CIRCLE) DK (96) REF (97)

這樣訪談
時以便指
稱__歲孩   _____ _____ _____ _____ _____ _____ _____ _____ _____
子，他或
她的名字
或姓名的

 [ALL SKIP TO #14]

HELP BOX:

- **2 CHILDREN SAME AGE? -** SKIP TO SECTION M (PURPLE).
- **"DON'T KNOW" or "REFUSED"**
    - WRITE IN "96" FOR "DON'T KNOW" AND "97" FOR REFUSED.
    - INTERVIEWER CAN PROCEDE WITH INTERVIEW USING NAME OR AGE, OR BIRTHDATE TO REFER TO THE CHILD.
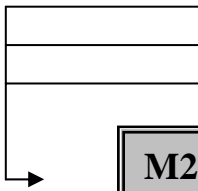
M1   (MULTIAGE)   **H** →

因為你有不只一個＿＿＿＿歲大的孩子，在訪談中，我要一一了解他們。麻煩你將他們的名字或名
字的起頭字母訴告我好嗎？

1 - YES   **[RECORD IN BOX "A" OF HELP SHEET & SKIP TO #14]**

2 – NO

6 – DON'T KNOW
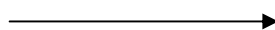
7 – REFUSED

M2   (REFNAME1)   **H** →

我向你保證，訪談的所有資料將絕對保密，我們只摘要用做研究的目的。因為你有兩個以上的孩
子是同樣年齡的，我們得有辦法區分他們才行。這是非常重要的事，所以我們能了解，由於孩子
的某些特性，使他們對醫療幫助的需要有了或多或少的差異。你可以給我他們名字，綽號，或是
姓名的起頭字母。

(1) RESPONDENT WILL GIVE NAMES

        [SKIP BACK TO #12a. RECORD NAMES THERE

        AND ON HELPSHEET (H1). THEN SKIP TO #17 IF NIS-ELIGIBLE, OR #14

        IF NON-NIS-ELIGIBLE].

(2) REFUSAL   —————————→   **SKIP TO M3**

M3   (REFNAME2)

我只有這些問題了。我要代表疾病控制與預防中心，謝謝你花費時間與精神來回答這些問題。

        [TERMINATE]

14 (C2Q03)

第**(CHILD 1, CHILD 2…)**個孩子是男的或女的？[REPEAT FOR EACH CHILD]

(1) 男的。

(2) 女的。

(6) 不知道

(7) REFUSED THIS QUESTION

Ⓗ →

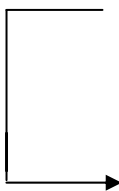|	Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
SEX	1 2 6 7	1 2 6 7	1 2 6 7	1 2 6 7	1 2 6 7	1 2 6 7	1 2 6 7	1 2 6 7	1 2 6 7

⇒ **15** (CW10Q01)

首先，**(CHILD1)** 原籍是西班牙 (Spanish)，墨西哥(Hispanic)，拉丁美洲(Latino)，他是墨西哥裔，墨裔美國人，中美洲人，南美洲人，或是奇卡諾人，波多黎各人，古巴人，或其他西班牙裔加勒比海人？

那麼**(CHILD 2, CHILD 3…)**呢？

INTERVIEWER: REPEAT FOR EACH CHILD BY ASKING :

		Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
NO, NOT SPANISH/HISPANIC	1									
YES, MEXICAN/MEXICAN	2									
YES, MEXICAN-AMERICAN	3									
YES, CENTRAL AMERICAN	4									
YES, SOUTH AMERICAN	5									
YES, CHICANO	6									
YES, PUERTO RICAN	7									
YES, CUBAN/CUBAN AMERICAN	8									
YES, OTHER SPANISH-CARRIBEAN	9									
YES, OTHER SPANISH/HISPANIC (SPECIFY in 15a)	10									
DON'T KNOW	96									
REFUSED THIS QUESTION	97									

[SKIP TO #16]

15a (CW10Q01_A)

ENTER EACH ADDITIONAL ETHNICITY OR ORIGIN FOR EACH CHILD.

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child7	Child 8	Child 9

⇒ **16** (CW10Q02)

現在我要向你宣讀一張分類表，請你在分類表中選擇一或多項說明(CHILD 1)'的種族。

(CHILD 1)是白人，黑人，或是非裔美人，美國印地安人，阿拉斯加原著民，亞洲人，或是夏威夷原著民，或是其他太平洋島嶼人？**[MARK ALL THAT APPLY WITH "X"]**

INTERVIEWER: REPEAT FOR EACH CHILD BY ASKING：   那麼**(CHILD 2、CHILD 3…)**呢？

		Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
WHITE	1									
BLACK/AFRICAN AMERICAN	2									
AMERICAN INDIAN	3									
ALASKA NATIVE	4									
ASIAN	5									
NATIVE HAWAIIAN	6									
PACIFIC ISLANDER	7									
OTHER (SPECIFY IN **16b**)	8									
DON'T KNOW	96									
REFUSED THIS QUESTION	97									

[SKIP TO #16b]
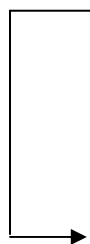
16a   ENTER EACH ADDITONAL RACE.

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child7	Child 8	Child 9

HELP BOX: BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN (INCLUDING ALL RESPONSE CATEGORIES). RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS.   MULTIPLE RACES MAY BE

16b

INTERVIEWER: WAS MORE THAN ONE RACIAL CATEGORY SELECTED FOR ANY SINGLE CHILD IN **#16/#16a**?

☐ YES (SKIP TO **16c**)　　　☐ NO (SKIP TO **#17**)

➡ **16c**

(CW10Q03)

你覺得那一個(MULTI-RACE CHILD 1, CHILD 2...,)的種族描述最恰當？

HELP BOX: NOTE THAT THIS QUESTION REQUIRES THE RESPONDENT TO SELECT A SINGLE ANSWER. IF THE RESPONDENT CONTINUES TO STATE MULTIPLE RACES, PROBE BY STATING THAT YOU UNDERSTAND, AND REREAD THE QUESTION. IF THE RESPONDENT STILL CONTINUES TO OFFER MULTIPLE RESPONSES, MARK "REFUSED SPECIFIC QUESTION" BELOW.

		Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
WHITE	1									
BLACK/AFRICAN AMERICAN	2									
AMERICAN INDIAN	3									
ALASKA NATIVE	4									
ASIAN	5									
NATIVE HAWAIIAN	6									
PACIFIC ISLANDER	7									
OTHER	8									
DON'T KNOW	96									
REFUSED THIS QUESTION	97									

[SKIP TO #17]

SPECIAL HEALTH CARE NEEDS SCREENING

| 17 | (SC1_INTRO) [SKIP TO #17]

下面是幾個有關各種可能影響你的孩子或孩子們的行為、學習、成長、或身體發育的健康問題、憂慮、或情況。這些健康問題中，有些可能會影響你的孩子或孩子們在學校的學習活動或玩耍的能力。有一些問題可能會影響到你的孩子或孩子們所需要的服務程度。

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18 (FACCT2)

(你的孩子或是孩子們)需要或是使用比較多數同年齡的孩子們更多的醫療服務，心理衛生，或是教育性的服務嗎？

(1) YES **(1 CHILD IN HOUSEHOLD)** **[SKIP TO #18b]**

(1) YES **(MORE THAN 1 CHILD IN HH)** **[SKIP TO #18a]**

(2) NO **[SKIP TO #19]**

(6) DON'T KNOW **[SKIP TO #19]**

(7) REFUSED THIS QUESTION **[SKIP TO #19]**

> **HELP BOX**: HELP BOX: THESE QUESTIONS REFER TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

18a (FACCT2_ROS)

是**(NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]**

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
☐	☐	☐	☐	☐	☐	☐	☐	☐

18b (FACCT2_A)

是**(CHILD 1, CHILD 2……)**因為任何醫藥的、行為的、或其他健康條件的關係，因而需要醫療照顧、心理保健、或是教育服務嗎？

(1) YES

(2) NO **[SKIP TO #19]**

(6) DON'T KNOW **[SKIP TO #19]**

(7) REFUSED THIS **[SKIP TO #19]**

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

18c (FACCT2_B)

到目前為止，這種情形已經持續了或將會延續十二個月或更久嗎？

(1) YES

(2) NO

(H) →

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(6) DON'T KNOW
(7) REFUSED THIS QUESTION

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

19 INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN ... INCLUDE THAT CHILD'S NAME IN COLUMN LABLED **"18c"** ON BOX "A" OF ... SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. ... **SKIP TO #19**]   (H) ➡

HELPBOX:零售店可以買到的，譬如頭痛藥不包括在內。
THESE QUESTIONS REFER TO CURRENT CONDITIONS. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH

(2) NO   [SKIP TO #20]
(6) DON'T KNOW   [SKIP TO #20]
(7) REFUSED THIS QUESTION   [SKIP TO #20]

19a   (FACCT1_ROS)
是 (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
☐	☐	☐	☐	☐	☐	☐	☐	☐

19b   (FACCT1_A)

(CHILD 1, CHILD 2…) 是因為任何醫藥的、行為的、或其他健康條件的關係，需要用醫生處方的藥物嗎？

(1) YES
(2) NO   [SKIP TO #20]
(6) DK   [SKIP TO #20]
(7) REFUSED [SKIP TO #20]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

(FACCT1_B)

19c

到目前為止，這種情形已經延續了或預料將持續十二個月或是更久嗎？
(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

Ⓗ →

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

(FACCT3)

20 INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE 事能 THAT CHILD'S NAME IN COLUMN LABLED **"19c"** ON BOX "A" OF HELP SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. **[ALL SKIP**

Ⓗ

HELP BOX: 限制或防礙：同年齡孩子能做的事，這孩子大部份都不能做，或是完全不能做。
THE RESPONDENT SHOULD REPLY "YES" IF THE CHILD CURRENTLY HAS A

(2) NO   [SKIP TO #21]
(6) DON'T KNOW [SKIP TO #21]
(7) REFUSED THIS QUESTION [SKIP TO #21]

20a (FACCT3_ROS)

是 **(NAMES OF CHILDREN)** **[MARK CHILDREN WHO HAVE NEED WITH "X"]**

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
☐	☐	☐	☐	☐	☐	☐	☐	☐

20b (FACCT3_A)

(**CHILD 1, CHILD 2……**) 是因為任何醫療的、行為的、或是健康條件的關係，使其各種能力受到了限制嗎？
(1) YES
(2) NO   **[SKIP TO #21]**
(6) DK   **[SKIP TO #21]**
(7) REFUSED **[SKIP TO #21]**

| Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

20c

(FACCT3_B)

這種情形已經延續了或預料將持續十二個月或是更久嗎？
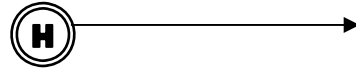
(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

21 INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE THE CHILD'S NAME IN COLUMN LABLED "**20c**" ON BOX "A" OF HELP SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. [**ALL SKIP TO #21**]

治療嗎？

HELP BOX: HELP BOX:
THESE QUESTIONS REFER TO
A CURRENT CONDITION.
THE RESPONDENT SHOULD
ONLY REPLY WITH "YES" IF
THE CHILD CURRENTLY HAS
A SPECIAL HEALTH CARE
NEED.

(2) NO   [SKIP TO #22]
(6) DON'T KNOW   [SKIP TO #22]
(7) REFUSED THIS QUESTION   [SKIP TO #22]

21a   (FACCT4_ROS)

是 (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
☐	☐	☐	☐	☐	☐	☐	☐	☐

21b   (FACCT4_A)

(**CHILD 1, CHILD 2……**)是因為任何醫療上的、行為的、或其他健康條件的關係，因而需要特殊治療嗎？

(1) YES
(2) NO   [SKIP TO #22]
(6) DK   [SKIP TO #22]
(7) REFUSED [SKIP TO #22]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9

1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

21c (FACCT4_B)

這種情形已經延續了或預料將持續十二個月或是更久嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

H ⟶

22

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

(FACCT5)

INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE 或她或他
THAT CHILD'S NAME IN COLUMN LABLED "**21c**" ON BOX "A" OF HELP SHEET. THIS
CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. **[ALL SKIP TO #22]**

H ⟶
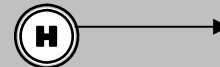
(1) YES (**MORE THAN 1CHILD IN HH**) **[SKIP TO #22a]**
(2) NO   **[SKIP TO W]**
(6) DON'T KNOW   **[SKIP TO W]**
(7) REFUSED THIS QUESTION   **[SKIP TO W]**

治療或諮商：是指一個孩子在他的(她的)情緒、發展、或行為問題上可能需要的矯正、治療
、或引導。情緒問題如抑鬱或精神分裂。發展問題如生長遲緩。行為問題如攻擊性行為或注
意力不能集中。THESE QUESTIONS REFER TO A CURRENT CONDITION. THE
RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A

22a (FACCT5_ROS)
是 (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
☐	☐	☐	☐	☐	☐	☐	☐	☐

22b

(FACCT5_A)

(CHILD 1, CHILD 2…)……)的情緒、發展、或是行為問題，已經延續或是預料將會持續
十二個月或是更久嗎？

(1) YES

(2) NO　　　**[SKIP TO "w"]**

(6) DK　　　**[SKIP TO "w"]**

(7) REFUSED **[SKIP TO "w"]**
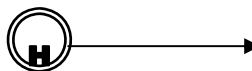
Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

W

READ THIS TO RESPONDENT: 請不要掛電話，我得先分析一下已有的資料，才能決定還要問一些甚麼有關
你的孩子(或孩子們)的問題。整個程序不會超過一分鐘。

Insert "Child Sampling Worksheet" (11x17)

N

下面我還有幾個一般性的問題。

N25 (C2Q04_A)

你與("N" CHILD) 孩子是甚麼關係？

(01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
(02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
(03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
(04) IN-LAW OF ANY TYPE
(05) AUNT/UNCLE
(06) GRANDPARENT
(07) OTHER FAMILY MEMBER
(08) FRIEND
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

N26 (CW10Q04)

你獲得的最高學歷是甚麼？

(01) 8TH GRADE OR LESS
(02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
(03) HIGH SCHOOL GRADUATE OR GED
(04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
(05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
(06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A
    DEGREE.
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

N27

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO SECTION 7A – PURPLE (C7Q03)**]**

("N" CHILD) 孩子的媽媽獲得的最高學歷是甚麼？

(01) 8TH GRADE OR LESS
(02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
(03) HIGH SCHOOL GRADUATE OR GED
(04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
(05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
(06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
(07) MOTHER IS DECEASED **[SKIP TO SECTION 7A – PURPLE]** (C7Q03)**]** (96) DON'T KNOW
(97) REFUSED THIS QUESTION

N28

(CW10Q04_A)

("N" CHILD)'s 的媽媽住在這個家嗎？
(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

SKIP TO SECTION 7A – PURPLE

S

下面我還有幾個一般性的問題。

S25   (C2Q04_A)

你與**("S" CHILD)** 孩子是甚麼關係？

(01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
(02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
(03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
(04) IN-LAW OF ANY TYPE
(05) AUNT/UNCLE
(06) GRANDPARENT
(07) OTHER FAMILY MEMBER
(08) FRIEND
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

S26   (CW10Q04)

你獲得的最高學歷是甚麼？
(01) 8TH GRADE OR LESS
(02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
(03) HIGH SCHOOL GRADUATE OR GED
(04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
(05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
(06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A
     DEGREE.
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

S27

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO SECTION 3, #28]

("S" CHILD) 孩子的媽媽獲得的最高學歷是甚麼？

(01) 8TH GRADE OR LESS
(02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
(03) HIGH SCHOOL GRADUATE OR GED
(04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
(05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
(06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
(07) MOTHER IS DECEASED   **[SKIP TO SECTION 3, #28]**
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

S28

(CW10Q04_A)

("S" CHILD) 的媽媽住在這個家嗎？

(1) YES
(2) NO
(2) DON'T KNOW
(3) REFUSED

[ALL SKIP TO SECTION 3, #28]

B

下面我還有幾個一般性的問題。

B25 (C2Q04_1)

你與(THE "S" CHILD) 孩子是甚麼關係？
    (01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
    (02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
    (03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
    (04) IN-LAW OF ANY TYPE
    (05) AUNT/UNCLE
    (06) GRANDPARENT
    (07) OTHER FAMILY MEMBER
    (08) FRIEND
    (96) DON'T KNOW
    (97) REFUSED THIS QUESTION

B26 (C2Q04_2)

你與(THE "N" CHILD) 孩子是甚麼關係？
    (01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
    (02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
    (03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
    (04) IN-LAW OF ANY TYPE
    (05) AUNT/UNCLE
    (06) GRANDPARENT
    (07) OTHER FAMILY MEMBER
    (08) FRIEND
    (96) DON'T KNOW
    (97) REFUSED THIS QUESTION

B27 (CW10Q04)

你獲得的最高學歷是甚麼？
    (01) 8TH GRADE OR LESS
    (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
    (03) HIGH SCHOOL GRADUATE OR GED
    (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
    (05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
    (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A

DEGREE.
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

B28

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO #B30]

 ("S" CHILD) 孩子的媽媽獲得的最高學歷是甚麼？

(01) 8TH GRADE OR LESS
(02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
(03) HIGH SCHOOL GRADUATE OR GED
(04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
(05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
(06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A
     DEGREE.

(07) MOTHER IS DECEASED   **[SKIP TO #B30]**

(96) DON'T KNOW
(97) REFUSED THIS QUESTION

B29

(CW10Q04_A)

("S" CHILD) 的媽媽住在這個家嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

B30

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO SECTION 3, #28]

("N" CHILD) 孩子的媽媽獲得的最高學歷是甚麼？

(01) 8TH GRADE OR LESS
(02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
(03) HIGH SCHOOL GRADUATE OR GED
(04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
(05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
(06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A
     DEGREE.
(07) MOTHER IS DECEASED   **[SKIP TO SECTION 3, #28]**
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

B31

(CW10Q04_A)

("N" CHILD) 的媽媽住在這個家嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

[ALL SKIP TO SECTION 3, #28]

Section 3. HEALTH AND FUNCTIONAL STATUS

28 (C3QINTRO)

下面的一些問題是有關**("S" CHILD)** 可能有的任何身體上的、心理上的、

學習上的、發展上的情形或問題。

29 (C3Q02)

在過去十二個月中 **("S" CHILD)** 有多常受到醫療上的、行為的、情緒的、或是其他 健康條件的影
響，使得 (他的/她的)做事能力不及其他同年齡、同性別的孩子？下面的 回答中你將選那一項？

(1) 從來沒有 **[SKIP TO #31** (C3Q10)]

(2)有時

(3) 經常

(4) 一直是如此

(6) DON'T KNOW **[SKIP TO #31** (C3Q10)]

(7) REFUSED THIS QUESTION **[SKIP TO #31** (C3Q10)]

HELP BOX: IF THE CONDITION IS EPISODIC, RESPONDENTS SHOULD REFER TO THE PAST ENTIRE
12 MONTHS OF EPISODES, NOT JUST ONE SPECIFIC EPISODE. FOR EXAMPLE, IT MIGHT BE THAT
WHEN A CHILD HAS AN ASTHMA ATTACK, IT AFFECTS THE CHILD'S ABILITY TO DO THINGS "A
GREAT DEAL", BUT THE CHILD MAY "RARELY" HAVE ASTHMA ATTACKS.

30 (C3Q03)
 ("S" CHILD) 醫療、行為、或其他的健康情形，對(他的/她的)做事能力的影響很大、稍許、或是很
輕微？

(1) 很大

(2) 稍許

(3) 很輕微

(6) DON'T KNOW

(7) REFUSED THIS QUESTION

HELP BOX: IF THE CONDITION IS EPISODIC,
RESPONDENTS SHOULD REFER TO THE PAST
ENTIRE 12 MONTHS OF EPISODES, NOT JUST
ONE SPECIFIC EPISODE. FOR EXAMPLE, IT
MIGHT BE THAT WHEN A CHILD HAS AN
ASTHMA ATTACK, IT AFFECTS THE CHILD'S
ABILITY TO DO THINGS "A GREAT DEAL", BUT
THE CHILD MAY "RARELY" HAVE ASTHMA
ATTACKS.

31 (C3Q10)

總括的說，你認為**("S" CHILD)** 情形或是問題的嚴重性如何？請在下列的數字中選擇其一，以表示你所認為嚴重程度。0 表示最輕微，10 表示最嚴重。

0　　1　2　　3　　4　5　　6　　7　　8　　9　　10

(96) DON'T KNOW　　　　　　　(97) REFUSED THIS QUESTION

32 (C3Q11)

HELP BOX: IF THE CHILD HAS MORE THAN ONE CONDITION, THE PARENT SHOULD 料 必須要
RATE THE MOST SEVERE CONDITION RATHER THAN TRYING TO AVERAGE SEVERITY
ACROSS CONDITIONS.

(2) 孩子的保健照料需要偶爾更換

(3) 孩子的保健照料需要正常穩定

(4) NONE OF THE ABOVE

(6) DON'T KNOW

(7)REFUSED THIS QUESTION

34 (C3Q12)

[IF CHILD IS 2 OR OLDER , SKIP TO ＃35 (C3Q13)]

("S" CHILD) 有沒有接受一種叫作「早期調理服務計畫」的幫助？凡是接受這一類的服務者，通常都會納入個人化的家庭服務計畫。

(1) YES　　　　　　　　　**[SKIP TO ＃37** (C4Q01)]

(2) NO　　　　　　　　　**[SKIP TO ＃37** (C4Q01)]

(6) DON'T KNOW　　　　　**[SKIP TO ＃37** (C4Q01)]

(7) REFUSED THIS QUESTION　**[SKIP TO ＃37** (C4Q01)]

HELP BOX: 早期調理服務的定義是：家庭訓練，輔導，與家庭訪問，健康服務，藥物，護理，營養，專業治療，物理治療，心理輔導，共濟服務，社會工作服務，

35 (C3Q13)

("S" CHILD)有沒有接受一種叫作 Special Educational Services(特殊教育服務)的計劃？接受此一服務的孩子通常也會接受個人化的殊教育計劃。

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

HELP BOX: 特殊教育是指：任何種類的特殊學校，班級，或是家庭輔導。

---

36 (C3Q14)
[IF AGE IS 0-4 YEARS, SKIP TO #37 C4Q0A]

從今天算起，在過去一年中**(1 YEAR AGO TODAY)**，**("S" CHILD)** 有多少天因為生病或是受傷而

沒有上學？[NOTE: A SCHOOL YEAR IS 240 DAYS]

_____ _____ _____ [ENTER ALL THREE DIGITS]

(000) NONE
(994) DID NOT GO TO SCHOOL
(995) HOME SCHOOLED
(996) DON'T KNOW
(997) REFUSED THIS QUESTION
[ALL SKIP TO #37]

Section 4. ACCESS TO CARE:
UTILIZATION AND UNMET NEEDS

37 (C4Q0A)

當("S" CHILD)生病時，或是你需要有關(他的/她的)保健方面的建議時，

(他/她)有沒有一個經常去的去所？

    (1) YES   **[SKIP TO #38]**

    (2) THERE IS NO PLACE   **[SKIP TO #41 C4Q02]**

    (3) THERE IS MORE THAN ONE PLACE **[SKIP TO #39]**

    (6) DON'T KNOW   **[SKIP TO #41 C4Q02]**

    (7) REFUSED THIS QUESTION   **[SKIP TO #41 C4Q02]**

38 (C4Q0B)

你們常去那一類的地方？是醫生辦公室，急診室，醫院門診部，診所，或是其他地方？

    (01) DOCTOR'S OFFICE   **[SKIP TO #40 (C4Q01)]**

    (02) HOSPITAL EMERGENCY ROOM   **[SKIP TO #40 (C4Q01)]**

    (03) HOSPITAL OUTPATIENT DEPARTMENT **[SKIP TO #40 (C4Q01)]**

    (04) CLINIC OR HEALTH CENTER   **[SKIP TO #40 (C4Q01)]**

    (05) SCHOOL(NURSE'S OFFICE,   **[SKIP TO #40 (C4Q01)]**
        ATHLETIC TRAINER'S OFFICE, ETC.)

    (06) SOME OTHER PLACE_____**[SKIP TO #40 (C4Q01)]**

    (07) DOESN'T GO TO ONE PLACE MOST OFTEN**[SKIP TO #41 (C4Q02)]**

    (96) DON'T KNOW   **[SKIP TO #41 (C4Q02)]**

    (97) REFUSED THIS QUESTION   **[SKIP TO #41 (C4Q02)]**

39 (C4Q0B)

("S" CHILD)最常去的是那一種地方？醫生辦公室，急診室，醫院門診部，診所，或是其他甚麼地方？

    (01) DOCTOR'S OFFICE

    (02) HOSPITAL EMERGENCY ROOM

    (03) HOSPITAL OUTPATIENT DEPARTMENT

    (04) CLINIC OR HEALTH CENTER

    (05) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC.)

    (06) SOME OTHER PLACE_____[RECORD VERBATIM RESPONSE]

    (07) DOES NOT GO TO ONE PLACE MOST OFTEN   **[SKIP TO #41 (C4Q02)]**

    (96) DON'T KNOW   **[SKIP TO #41 (C4Q02)]**

(97) REFUSED THIS QUESTION   **[SKIP TO #41** (C4Q02)]

40   (C4Q01)

當(他/她)需要做例行預防保健，譬如身體檢查或是健兒檢查時，**("S" CHILD)**

也是經常去 **[PLACE SELECTED IN #39** (C4Q0B)]嗎？

(1) YES   **[SKIP TO #42** C4Q02A]

(2) NO   **[SKIP TO #41** C4Q02]

(6) DON'T KNOW   **[SKIP TO #42** C4Q02A]

(7) REFUSED THIS QUESTION   **[SKIP TO #42** C4Q02A]

HELP BOX: 門診預防保健包括一般檢查，免疫功能檢查，屏障式健康檢驗，並討論有關如何保持你的孩子的健康。

41   (C4Q02)

[STATE SCHIP]當(他/她)需要做例行預防治療，譬如身體檢或是健兒檢查時，經常

都去那一種地方？

(01) DOES NOT GET PRVENTIVE CARE ANYWHERE (沒有在任何地方做過預防保健)

(02) DOCTOR'S OFFICE (醫生辦公室)

(03) HOSPITAL EMERGENCY ROOM (醫院急診室)

(04) HOSPITAL OUTPATIENT DEPARTMENT (醫院門診部)

(05) CLINIC OR HEALTH CENTER (診所或健康中心)

(06) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)   (學校

(護理室、運動訓練員辦公室等)

(07) SOME OTHER PLACE_____[RECORD VERBATIM

RESPONSE] (其他別的地方)

(08) DOES NOT GO TO ONE PLACE MOST OFTEN (並不常去同一個地方)

(96) DON'T KNOW

(97) REFUSED

(H) **42**   (C4Q02A)

私人醫生或的護士，即最了解**("S" CHILD)**保健服務人員。你有沒有一位你認為可以做私

人醫生或護士的人選？

(1) YES   **[RECORD ON HELPSHEET AND SKIP TO #43]**

(2) NO   **[RECORD ON HELPSHEET AND SKIP TO #44** C4Q03]

(6) DON'T KNOW   **[RECORD ON HELPSHEET AND SKIP TO #44** C4Q03]

(7) REFUSED THIS QUESTION **[RECORD ON HELPSHEET AND SKIP TO #44** C4Q03]

43   (C4Q02B)

這個人是一般內外科醫生，小兒科醫生，專科醫生，護理醫生，或是醫師助理？

(01) GENERAL DOCTOR (SUCH AS A DOCTOR IN GENERAL PRACTICE, FAMILY MEDICINE, OR INTERNAL)

(02) PEDIATRICIAN

(03) OTHER SPECIALIST (SUCH AS SURGEONS, HEART DOCTORS, OBSTETRICIANS OR GYNECOLOGISTS)

(04) NURSE PRACTITIONER

(05) PHYSICIAN'S ASSISTANT

(06) OTHER_____[RECORD VERBATIM RESPONSE]

(96) DON'T KNOW

(97) REFUSED THIS QUESTION

44   (C4Q03)

人們常常延誤或是根本沒有得到需要的健康照顧。我所說的健康照顧，是指醫療，與其他各種保健，

如牙齒保健，心理衛生服務，物理治療，職業治療，或是語言治療，與特殊教育服務。過去你曾否

延誤或是根本沒有給("S" CHILD)作保健照顧？

(1) YES	
(2) NO	**[SKIP TO #46** C4Q05]
(6) DON'T KNOW	**[SKIP TO #46** C4Q05]
(7) REFUSED THIS QUESTION	**[SKIP TO #46** C4Q05]

HELP SCREEN: HELP SCREEN: 父母意圖自己治療孩子，但同時也帶孩子去看醫生，就不應視為遲延治療。FOR EXAMPLE A CHILD WITH A COUGH OR SORE THROAT WHO IS GIVEN COUGH SYRUP AT HOME, BUT THE COUGH SYRUP DOES NOT HELP OR WORK.

45   (C4Q04)

有許多理由使人們延誤或是沒有得到必要的保健服務。你有沒有

因為下列的原因使得("S" CHILD)延誤或是沒得到保健服務：

45a   (C4Q04_A)

…你無法接通保健服務者辦公室的電話嗎？

(1) YES

(2) NO

(6) DON'T KNOW

(7) REFUSED THIS QUESTION

45b (C4Q04_B)

(你延誤或是沒帶("S" CHILD)去做保健是因為)你未能及時的為("S" CHILD) 安排到看醫生的時間？

       (1) YES
       (2) NO
       (6) DON'T KNOW
       (7) REFUSED THIS QUESTION

45c (C4Q04_C)

(你延誤或是沒帶("S" CHILD)去做保健是因為)你去到診所或醫生辦公室

的時候他們沒有開門嗎？

       (1) YES
       (2) NO
       (6) DON'T KNOW
       (7) REFUSED THIS QUESTION

45d (C4Q04_D)

(你延誤或是沒帶("S" CHILD)去做保健是因為)交通問題嗎？

       (1) YES
       (2) NO
       (6) DON'T KNOW
       (7) REFUSED THIS QUESTION

45e (C4Q04_E)

(你延誤或是沒帶("S" CHILD)去做保健是因為)你沒有足夠的錢付給保健服務者嗎？

       (1) YES
       (2) NO
       (6) DON'T KNOW
       (7) REFUSED THIS QUESTION

45f (C4Q04_F)

(你延誤或是沒帶("S" CHILD)去做保健是因為)你的地區內沒有 ("S" CHILD) 所需要的醫療服務嗎？

       (1) YES
       (2) NO
       (6) DON'T KNOW
       (7) REFUSED THIS QUESTION

45g (C4Q04_G)

(你延誤或是沒帶("S" CHILD)去做保健是因為)保健服務人員缺乏("S" CHILD) 所需要技術嗎？

       (1) YES

(2) N<small>O</small>
(6) D<small>ON</small>'<small>T</small> K<small>NOW</small>
(7) R<small>EFUSED THIS QUESTION</small>

45h　(C4Q04_H)

(你延誤或是沒帶(“S” CHILD)去做保健是因為)保健的類別沒有包括在你的健康保險中嗎？

        (1) YES
        (2) NO
        (6) DON'T KNOW
        (7) REFUSED THIS QUESTION

45i　(C4Q04_I)

(你延誤或是沒帶(“S” CHILD)去做保健是因為)你沒能得到你的健康保險單位或是醫生的認可嗎？

        (1) YES
        (2) NO
        (6) DON'T KNOW
        (7) REFUSED THIS QUESTION

45j　(C4Q04_J)

(你延誤或是沒帶(“S” CHILD)去做保健是因為)一旦去到那裡，

(“S” CHILD)要等很久才能看到保健服務人員嗎？

        (1) YES
        (2) NO
        (6) DON'T KNOW
        (7) REFUSED THIS QUESTION

45k　(C4Q04_ K)

(你延誤或是沒帶

(“S” CHILD)去做保健是因為)你與保健服務人員之間有語言，溝通，或是文化上的困難嗎？

        (1) YES
        (2) NO
        (6) DON'T KNOW
        (7) REFUSED THIS QUESTION

45l　(C4Q04_L)

(你延誤或是沒帶

(“S” CHILD)去做保健是因為)去看醫生會與你其他的家庭或工作上的職責相衝突嗎？

        (1) YES
        (2) NO
        (6) DON'T KNOW
        (7) REFUSED THIS QUESTION

46	**46b**	**46c**
C4Q05_X01	C4Q0501A	C4Q0501B
(在過去 12 個月中的任何時間，當("S"CHILD)需要)例行的預防保健，譬如身體檢查或是健兒檢查時。 ⟶ (1) YES (2) NO **[SKIP TO #47a]** (6) DK **[SKIP TO #47a]** (7) REF **[SKIP TO #47a]**	("S"CHILD)接受過{他/她}所必需的一切例行的預防保健嗎？ (1) YES ~~[SKIP TO #47a]~~ ⟶ (2) NO (6) DK **[SKIP TO #47a]** (7) REF **[SKIP TO #47a]**	("SCHILD)為甚麼沒有作{他/她}所必需的例行預防保健呢？ **[CIRCLE ALL THAT APPLY]** (01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER_____ (96) DK (97) REF
47a	**47b**	**47c**
C4Q05_X02	C4Q0502A	C4Q0502B
(在過去 12 個月中的任何時間，當("S"CHILD)需要)得到專科醫生的照顧時。 ⟶ (1) YES (2) NO **[SKIP TO #48a]** (6) DK **[SKIP TO #48a]** (7) REF **[SKIP TO #48a]**	("S"CHILD)可曾接受過{他/她}所必需的一切專科醫生的照顧嗎？ (1) YES ~~[SKIP TO #48a]~~ ⟶ (2) NO (6) DK **[SKIP TO #48a]** (7) REF **[SKIP TO #48a]**	("S"CHILD)為甚麼沒有得到{他/她}所必需的專科醫生的照顧呢？ **[CIRCLE ALL THAT APPLY]** (01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER_____ (96) DK (97) REF

HELP BOX: 專科醫生專門注意你的孩子的某一部份的健康。包括心臟科專家，耳、鼻、喉科，外科，等。譬如肺臟專家就專治呼吸問題，如氣喘。

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48a	**48b**	**48c**
C4Q05_X03 (在過去 12 個月中的任何時間,當("S"CHILD)需要)牙齒保健,包括例行檢查時。 ———————————→ (1) YES (2) NO **[SKIP TO #49a]** (6) DK **[SKIP TO #49a]** (7) REF **[SKIP TO #49a]**	C4Q0503A ("S"CHILD)可曾接受過{他/她}所必需的一切牙齒保健嗎? (1) YES **[SKIP TO #49a]** ————→ (2) NO (6) DK **[SKIP TO #49a]** (7) REF **[SKIP TO #49a]**	C4Q0503B **("S" CHILD)為甚麼沒有得到{他/她}所必需的牙齒保健呢?** **[CIRCLE ALL THAT APPLY]** (01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER_____ (96) DK (97) REF
49a	**49b**	**49c**
C4Q05_X04 (在過去 12 個月中的任何時間,當("S" CHILD)需要)處方藥物時。 ———————————→ (1) YES (2) NO **[SKIP TO #50a]** (6) DK **[SKIP TO #50a]** (7) REF **[SKIP TO #50a]**	C4Q0504A ("S"CHILD)可曾得到{他/她}所必需的一切處方藥物嗎? (1) YES **[SKIP TO #50a]** ————→ (2) NO (6) DK **[SKIP TO #50a]** (7) REF **[SKIP TO #50a]**	C4Q0504B **("S"CHILD)** 為甚麼沒有得到{他/她}所必需的各種處方藥物呢? **[CIRCLE ALL THAT APPLY]** (01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER_____ (96) DK (97) REF

50a	**50b**	**50c**
C4Q05_X05	C4Q0505A	C4Q0505B
(在過去 12 個月中的任何時間，當 ("S"CHILD)需要)物理、職業或是語言治療時。		**("S" CHILD)** 為甚麼沒能得到{他/她}所必需的物理、職業或是語言治療呢？

(1) YES
(2) NO **[SKIP TO #51a]**
(6) DK **[SKIP TO #51a]**
(7) REF **[SKIP TO #51a]**
	("S"CHILD)可曾獲得{他/她}所必需的一切物理、職業或是語言治療嗎？
	
	(1) YES **[SKIP TO #51a]**
	(2) NO
	(6) DK **[SKIP TO #51a]**
	(7) REF **[SKIP TO #51a]**
		(CIRCLE ALL THAT APPLY)
		
		(01) COST TOO MUCH
		(02) HEALTH PLAN
		    PROBLEM
		(03) NOT AVAILABLE IN
		    AREA/TRANSPORT
		    PROBLEMS
		(04) NOT CONVENIENT TIMES
		(05) DOCTOR DID NOT KNOW
		    HOW TO TREAT OR
		    PROVIDE CARE
		(06) OTHER_____
		(96) DK
		(97) REF

51a	**51b**	**51c**
C4Q05_X06	C4Q0506A	C4Q0506B
(在過去 12 個月中的任何時間，當 ("S"CHILD)需要)心理衛生輔導或諮商時。	("S"CHILD)可曾獲得{他/她}所需要的一切心理衛生輔導或諮商嗎？	**("S" CHILD)** 為甚麼沒能得到{他/她}所必需的心理衛生輔導或諮商呢？

(1) YES
(2) NO **[SKIP TO #52a]**
(6) DK **[SKIP TO #52a]**
(7) REF **[SKIP TO #52a]**
	(1) YES **[SKIP TO #52a]**
	(2) NO
	(6) DK **[SKIP TO #52a]**
	(7) REF **[SKIP TO #52a**
		(CIRCLE ALL THAT APPLY)
		
		(01) COST TOO MUCH
		(02) HEALTH PLAN
		    PROBLEM
		(03) NOT AVAILABLE IN
		    AREA/TRANSPORT
		    PROBLEMS
		(04) NOT CONVENIENT TIMES
		(05) DOCTOR DID NOT KNOW
		    HOW TO TREAT OR
		    PROVIDE CARE
		(06) OTHER_____
		(96) DK
		(97) REF

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52a	**52b**	**52c**
	C4Q0507A	C4Q0507B
INTERVIEWER: IF AGE IS 0-7 YEARS OLD SKIP TO #53a (C4Q05X08)		**("S" CHILD)** 為甚麼沒能得到{他/她}所必需的戒除濫用藥物治療或諮商呢？
C4Q05_X07		**(CIRCLE ALL THAT APPLY)**
(在過去 12 個月中的任何時間，當 **("S" CHILD)**需要)戒除濫用藥物治療或諮商時。	**("S" CHILD)** 可曾獲得{他/她}所必需的一切戒除濫用藥物治療或諮商嗎？	(01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER_____ (96) DK (97) REF
(1) YES ⟶ (2) NO **[SKIP TO #53a]** (6) DK **[SKIP TO #53a]** (7) REF **[SKIP TO #53a]**	1) YES **[SKIP TO #53a]** ⟶ (2) NO (6) DK **[SKIP TO #53a]** (7) REF **[SKIP TO #53a]**	

HELP SCREEN: SOME RESPONDENTS WITH CHILDREN OLDER THAN 8 YEARS OF AGE MAY FIND THIS QUESTION INAPPROPRIATE. IF THIS OCCURS, TELL THE RESPONDENT: 我知道這個問題可能比較適合較大一些的孩子，不過，我是被要求要這麼問，並逐項逐定險的

53a	**53b**	========
C4Q05_X08	C4Q0508A	
(在過去 12 個月中的任何時間，當 **("S"CHILD)** 需要)家庭訪問式的保健照顧時。	**("S"CHILD)**可曾獲得{他/她}所必需的一切家庭訪問式的保健照顧嗎？	
⟶ (1) YES (2) NO **[SKIP TO #54a]** (6) DK **[SKIP TO #54a]** (7) REF **[SKIP TO #54a]**	(1) YES (2) NO (6) DON'T KNOW (7) REFUSED THIS QUESTION	

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54a	**54b**	========
C4Q05_X09	C4Q0509A	
(在過去 12 個月中的任何時間，當 (**"S"CHILD**)需要)眼鏡或視力保健照顧時。 → (1) YES (2) NO **[SKIP TO #55a]** (6) DK **[SKIP TO #55a]** (7) REF **[SKIP TO #55a]**	(**"S"CHILD**)可曾獲得{他/她}所必需的一切眼鏡或視力保健照顧嗎？ (1) YES (2) NO (6) DON'T KNOW (7) REFUSED THIS QUESTION	
55a	**55b**	========
C4Q05_X10	C4Q0510A	
(在過去 12 個月中的任何時間，當 (**"S"CHILD**)需要)助聽器或聽力保健照顧時。 → (1) YES (2) NO **[SKIP TO #56a]** (6) DK **[SKIP TO #56a]** (7) REF **[SKIP TO #56a]**	(**"S"CHILD**)可曾獲得{他/她}所必需的一切助聽器或聽力保健照顧嗎？ (1) YES (2) NO (6) DON'T KNOW (7) REFUSED THIS QUESTION	

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56a	**56b**	========
C4Q05_X11	C4Q0511A	
INTERVIEWER: IF AGE IS 0-2, SKIP TO #58a.		
(在過去 12 個月中的任何時間，當 ("S"CHILD)需要)行動補助器具 或機具，如手杖、拐杖、輪椅， 或輪椅型電動車時。 →	("S"CHILD)可曾獲得{他/她}所 必需的一切行動補助器具或機 具，如手杖、拐杖、輪椅，或輪椅 型電動車嗎？	
(1) YES (2) NO **[SKIP TO #57a]** (6) DK **[SKIP TO #57a]** (7) REF **[SKIP TO #57a]**	(1) YES (2) NO (6) DON'T KNOW (7) REFUSED	
57a	**57b**	========
C4Q05_X12	C4Q0512A	
(在過去 12 個月中的任何時間，當 ("S"CHILD)需要)溝通輔助器或 機具，如溝通鍵板時。 →	("S"CHILD)可曾獲得{他/她}所 必需的一切溝通輔助器或機具，如 溝通鍵板嗎？	
(1) YES (2) NO **[SKIP TO #58a]** (6) DK **[SKIP TO #58a]** (7) REF **[SKIP TO #58a]**	(1) YES (2) NO (6) DON'T KNOW (7) REFUSED THIS QUESTION	

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58a	**58b**	========
C4Q05_X13	C4Q0513A	
(在過去 12 個月中的任何時間，當 (**"S" CHILD**)需要)醫療用品時。　　　→		
(1) YES (2) NO　**[SKIP TO #59a]** (6) DK　**[SKIP TO #59a]** (7) REF **[SKIP TO #59a]**	(**"S"CHILD**)可曾獲得{他/她}所必需的一切醫療用品嗎？ (1)YES (2) No (6) DON'T KNOW (7) REFUSED THIS QUESTION	
HELP BOX: 譬如說某些醫療用品，包括藥物，繃帶與海棉。這些都是用		

59a	**59b**	========
C4Q05_X14	C4Q0513A	
(在過去 12 個月中的任何時間，當 (**"S"CHILD**)需要)其他醫療器具時。　　　　　　　　→		
(1) YES (2) NO　**[SKIP TO #60]** (6) DK　**[SKIP TO #60]** (7) REF **[SKIP TO #60]**	(**"S"CHILD**)可曾獲得{他/她}所必需的一切醫療器具嗎？ (1)YES (2) No (6) DON'T KNOW (7) REFUSED THIS QUESTION	
HELP BOX: 譬如說某些醫療器具，包括金屬的如輪椅，醫院的床，氧氣桶，與壓縮機。這些項目都是不能丟棄的。		

(H) **60**	**60b**	
C4Q06_X0A	C4Q06X0AA	
(在過去 12 個月中的任何時間，當你或家中的其他成員曾需要)孩子所使用的由不同的保健執業者與服務者所組成的專業共濟服務嗎？		
——————————→	你或你的家庭曾接受過必要的一切專業共濟服務嗎？	
(1) YES	(1) YES	
(2) NO **[SKIP TO #61a]**	(2) No	
(6) DK **[SKIP TO #61a]**	(6) DON'T KNOW	
(7) REF **[SKIP TO #61a]**	(7) REFUSED THIS QUESTION	

HELPSCREEN：「協助共濟服務的專業人員，他能夠確實讓你的孩子得到所需要的各種醫療服務，並確保這些服務能夠相互配合，對你是有所助益的。這樣的人可能有不同的頭銜，如個案經理或是個案協調員。」

☐　　　☐

I

61a	**61b**	**61c**
C4Q06_X01	C4Q06X01A	C4Q06X01B
(在過去 12 個月中的任何時間，當你或家中的其他成員需要)換班照顧，譬如請某人照顧 **("S" CHILD)** 因而讓你或你的家人能夠做些別的事。	你或你的家人都曾受到必要的換班照顧嗎？	你或你家人為甚麼不能得到必要的換班照顧呢？ **(CIRCLE ALL THAT APPLY)**
——————————→	(1) YES **[SKIP TO #62a]** ——→	(1) COST TOO MUCH
	(2) No	(2) HEALTH PLAN PROBLEM
	(6) DK **[SKIP TO #62a]**	(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS
(1) YES	(7) REF **[SKIP TO #62a]**	(4) NOT CONVENIENT TIMES
(2) NO **[SKIP TO #62a]**		(5) OTHER_____
(6) DK **[SKIP TO #62a]**		(6) DON'T KNOW
(7) REF **[SKIP TO #62a]**		(7) REFUSED THIS QUESTION

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62a	62b	62c
C4Q06_X02 **62a** (在過去 12 個月中的任何時間，當你或家中的其他成員需要)遺傳諮商，希望從中了解遺傳因素與 (**"S"CHILD**)的醫學的、行為的、或其他的健康情形的關係。 ————————→ (1) YES (2) NO **[SKIP TO #63a]** (6) DK **[SKIP TO #63a]** (7) REF **[SKIP TO #63a]**	C4Q06X02A 你或你的家人接受過一切必要的遺傳諮商嗎？ (1) YES **[SKIP TO #63a]**————→ (2) NO (6) DK **[SKIP TO #63a]** (7) REF **[SKIP TO #63a]**	C4Q06X02B **62c** 你或你的家人為甚麼沒能得到必要的遺傳諮商呢？ (CIRCLE ALL THAT APPLY) (1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) OTHER_____ (6) DON'T KNOW (7) REFUSED THIS QUESTION
C4Q06_X03 **63a** (在過去 12 個月中的任何時間，當你或你的家人曾需要)心理輔導或諮商有關 (**"S" CHILD**)的醫學'的、行為的、或其他的健康情形時。 ————————→ (1) YES (2) NO **[SKIP TO #64]** (6) DK **[SKIP TO #64]** (7) REF **[SKIP TO #64]**	C4Q06X03A **63b** 你或你的家人曾接受過一切必要的心理輔導或諮商嗎？ (1) YES **[SKIP TO #64]**————→ (2) NO (6) DK **[SKIP TO #64]** (7) REF **[SKIP TO #64]**	C4Q06X03B **63c** (CIRCLE ALL THAT APPLY) 你或你的家人為甚麼沒能得必要的心理輔導或諮商呢？ (1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) OTHER_____ (6) DON'T KNOW (7) REFUSED THIS QUESTION

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64 (C4Q07)

在過去的 12 個月中，為你的孩子申請專科醫生的推薦有困難嗎，如果有，是大問題，小問題，或者不是問題？

(1) A BIG PROBLEM
(2) A SMALL PROBLEM
(3) NOT A PROBLEM
(4) CHILD DID NOT NEED TO SEE A SPECIALIST IN THE PAST 12 MONTHS
(5) DON'T NEED REFERRALS
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

HELP BOX: 專科醫生將專注你孩子健康的某一部份。其中包括心臟專家，耳、鼻、喉科醫生，外科醫生等。譬如肺科專家治療呼吸問題，如氣喘。

64a

INTERVIEWER: IF ANSWER TO **#60a** (C4Q06_X0A) IS: "NO", "DON'T KNOW", OR "REFUSED", SKIP TO **#70** (C5Q06), OTHERWISE SKIP TO **#65.**

Section 5. CARE COORDINATION

65 (C5Q02)

稍早，你告訴過我，你或是其他家屬成員需要一位專家幫助協調(**"S"CHILD**)'s 治療工作。專家每隔多久才幫你協調(他的/她的)參與治療的各醫療與服務人員，進行(**"S"**孩子)的治療？你將說：

    (1) 從來沒有   **[SKIP TO #70]**

    (2) 有時候

    (3) 經常

    (4) 一直在做

    (6) DON'T KNOW   **[SKIP TO #70]**

    (7) REFUSED   **[SKIP TO #70]**

HELP BOX:「協助共濟服務的專業人員，他能夠確實讓你的孩子得到所需要的各種醫療服務，並確保這些服務能夠相互配合，對你是有所助益的。這樣的人可能有不同的頭銜，如個案經理或是個案協調員。」

INTERVIEWER: DID YOU READ THIS HELP BOX TO RESPONDENT   ☐ YES   ☐ NO

---

66 (C5Q03)

INTERVIEWER: IF **#42** (C4Q02A) is "NO" or "DON'T KNOW", SKIP TO **#67** C5Q03A]

    這位是 (**"S"CHILD**)主要醫療提供者辦公室的工作人員嗎？

    (1) YES   **[SKIP TO #68]**

    (2) No

    (6) DON'T KNOW   **[SKIP TO #68]**

    (7) REFUSED THIS QUESTION **[SKIP TO #68]**

67 (C5Q03A)

    這人是為誰工作？

        (1) HEALTH INSURANCE PLAN

        (2) MATERNAL AND CHILD HEALTH PROGRAM

        (3) OTHER STATE AGENCY

        (4) SPECIALTY OR OTHER DOCTOR

(5) OTHER_____[RECORD VERBATIM RESPONSE]
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

68 (C5Q04)

總之，你對("S"CHILD)所受到協同治療是很滿意、還滿意、有些不滿意、或非常不滿意？

1) 非常滿意

(2) 還算滿意

(3) 有些不滿意

(4) 非常不滿意

(6) DON'T KNOW   (7) REFUSED

> HELP BOX: 協同治療包括約定時間，並確定各提供醫療服務者相互間充分交換資

69

(C5Q05)

你認為("S"CHILD)醫生們與其他保健執業者之間，關於("S"CHILD)治療工作的溝通情形有多好？

你將說他們之間的溝通是：

(01) 好極了

(02)非常好

(03) 好

(04) 還可以

(05)很差勁

(06) COMMUNICATION NOT NEEDED
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

70 (C5Q06)

你認為("S"CHILD)'s 醫生們與其他保健執業者與(他的/她的)學校、早期調理計劃、兒童照顧執業者、或職業復建計劃等之間的溝通有多好？你將說他們之間的溝通是

(01) 好極了

(02)非常好

(03) 好

(04) 還可以

(05)很差勁

(06) COMMUNICATION NOT NEEDED
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

HELP BOX: 職業復建計劃是一項幫助孩子恢復健康的特別計劃。早期調理服務的定義是：家庭訓練，諮商，與家庭訪問，健康服務，藥物，護理，營養，職業治療，物理治療，心理輔導，參與協同服務，社會工作服務，特別教育，語言說話治療，交通，通訊或活動機具，與視覺、聽覺服務。

⇒ **71** (C5Q07)

你曾聽說過_____[Insert Title Five program in this state],五頭銜計劃
_____[Insert state name].

(1) YES
(2) NO   **[SKIP TO #73]**
(6) DON'T KNOW   **[SKIP TO #73]**
(7) REFUSED THIS QUESTION   **[SKIP TO #73]**

HELP BOX: 五頭銜計劃，是一項州級兒童健保計劃。五頭銜計劃在各州各有不同的名稱。

72 (C5Q08)
("S" CHILD)有沒有從五頭銜計劃取得任何保健服務，協同治療，藥物治療，用具，或供應物品？

(1) YES
(2) No
(6) Don't Know
(7) Refused this question

Section 6. SATISFACTION WITH CARE

73 (C6Q01)

在過去 12 個月中，**("S" CHILD)** 看過幾次醫生或其他保健執業者？看病而留在醫院過夜則不算。

_____NUMBER OF VISITS
(000) NO VISITS IN PAST 12 MONTHS
(996) DON'T KNOW   **[SKIP TO #75]**
(997) REFUSED THIS QUESTION   **[SKIP TO #75]**

74 (C6Q01_A)

我看過_____次。對不對？

(1) YES   **[SKIP TO #75]**
(2) NO   **[SKIP BACK TO #73]**

INTERVIEWER: IF YOU CONFIRMED "0" VISITS, SKIP TO **#80** (C7Q03)

75 (C6Q02)

在過去 12 個月中，**("S" CHILD)** 醫生與其他保健執業者花了足夠的時間照顧(他/她)嗎？

(1) 從來沒有

(2) 有時候是

(3) 通常是

(4) 一直是
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

76 (C6Q03)

在過去 12 個月中，**("S" CHILD)**'s 醫生或其他保健執業者都很仔細的聽你說話嗎？

(1) 從來沒有

(2) 有時候是

(3) 通常是

(4) 一直是
(6) DON'T KNOW
(7) REFUSED

77 (C6Q04)

當("S"CHILD)接受醫生或其他保健執業者診治的時候,他們經常都很重視你家庭的道德價值觀與習俗嗎?你會說:

(1) 從來沒有

(2) 有時候是

(3) 通常是

(4) 一直是

(6) DON'T KNOW

(7) REFUSED THIS QUESTION

78 (C6Q05)

關於孩子的健康或保健資料所包含的事項很多,如造成健康問題的原因,現在該如何照顧這孩子,期待將來有何進展。在過去 12 個月中,你常從("S" CHILD) 的醫生或其他保健執業者那裡取得你所需要的重要資料嗎?

(1) 從來沒有

(2) 有時候是

(3) 通常是

(4) 一直是

(6) DON'T KNOW

(7) REFUSED THIS QUESTION

79 (C6Q06)

在過去 12 個月中, ("S"CHILD)的醫生或其他保健執業者讓你覺自己也像參與照顧(他/她)的工作者嗎?

(1) 從來沒有

(2) 有時候是

(3) 通常是

(4) 一直是

(6) DON'T KNOW

(7) REFUSED THIS QUESTION

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79a

Section 7A. HEALTH INSURANCE

(H) **80**

(C7Q03)

現在我有幾個關於(CHILD)健康保險與保健含蓋範圍的問題。目前，(CHILD)的健康保險是由雇主或是工聯負責，或是直接向保險公司取得？

(1) YES　　　　　　　**[SKIP TO #81** (C7Q03A)]

(2) NO　　　　　　　**[SKIP TO #82** (C7Q01)]

(6) DON'T KNOW　　　**[SKIP TO #82** (C7Q01)]

(7) REFUSED THIS QUESTION　**[SKIP TO #82** (C7Q01)]

> HELP BOX: THESE TYPES OF HEALTH INSURANCE MAY REFER TO ANY TYPE OF HEALTH INSURANCE, INCLUDING HEALTH MAINTENANCE ORGANIZATIONS (HMO'S) OTHER THAN PUBLIC PROGRAMS. THESE PLANS MAY BE PROVIDED IN PART OR FULLY BY A PERSON'S EMPLOYER OR UNION, OR PURCHASED DIRECTLY BY THE INDIVIDUAL. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

(H) **81**

(C7Q03A)

這項私人健康保險會負擔支付醫生費用與住院費用嗎？

(1) YES

(2) NO

(6) DON'T KNOW

(7) REFUSED THIS QUESTION

⇨ **82**

(H)

(C7Q01)

目前，**(CHILD)**是由政府醫療補助負擔支付嗎？政府醫療補助是一種針對某種收入層面，與殘障者的健康保險計劃。**[INSERT IF APPLICABLE:**在本州，此計劃有時被叫作_____ **[State Medicaid name]**

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

→ (H)

> HELP BOX: MEDICAID IS A FEDERAL-STATE MEDICAL ASSISTANCE PROGRAM. IT SERVES LOW-INCOME PEOPLE OF EVERY AGE. MEDICAL BILLS ARE PAID FROM FEDERAL, STATE AND LOCAL TAX FUNDS. PATIENTS USUALLY PAY NO PART OF COSTS FOR COVERED MEDICAL EXPENSES. IT IS RUN BY STATE AND LOCAL GOVERNMENTS WITHIN FEDERAL GUIDELINES. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

計劃有時被

叫作 **[State SCHIP name]**

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

> HELP BOX: THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (**SCHIP**), CREATED UNDER TITLE XXI OF THE SOCIAL SECURITY ACT, EXPANDS HEALTH COVERAGE TO UNINSURED CHILDREN WHOSE FAMILIES EARN TOO MUCH FOR MEDICAID BUT TOO LITTLE TO AFFORD PRIVATE COVERAGE. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

(H) **84**

(C7Q04)

目前，**(CHILD)**是由軍方健康保險負擔支付嗎？TRICARE, CHAMPUS, or CHAMP-VA?

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

> HELP BOX:
>
> "TRICARE" IS A MANAGED HEALTH CARE PROGRAM FOR ACTIVE DUTY AND RETIRED MEMBERS OF THE UNIFORMED SERVICES, THEIR FAMILIES, AND SURVIVORS. ALL ACTIVE DUTY PERSONEL ARE ENROLLED IN TRICARE PRIME AND PAY NO FEES. ACTIVE DUTY FAMILY MEMBERS PAY NO ENROLLMENT FEES, BUT THEY MUST CHOOSE A TRICARE OPTION: 1) TRICARE PRIME, WHERE MILITARY TREATMENT FACILITIES ARE THE PRINCIPLE SOURCE OF HEALTH CARE, 2) TRICARE STANDARD, WHICH IS A FEE-FOR-SERVICE PLAN THAT REPLACED THE OLD CHAMPUS PROGRAM, OR 3) TRICARE EXTRA, WHICH HAS A PREFERRED PROVIDER OPTION AND COSTS LESS THAN TRICARE STANDARD.
>
> "CHAMPUS" IS A PROGRAM OF MEDICAL CARE FOR DEPENDENTS OF ACTIVE OR RETIRED MILITARY PERSONNEL.
>
> "CHAMP-VA" IS MEDICAL INSURANCE FOR DEPENDENTS OR

➡️ **85** (C7Q06)

Ⓗ

目前，**("N" CHILD)**已登入第五號計劃了嗎？

在_____**(STATE NAME)**，此計劃被叫作 **[STATE TITLE FIVE NAME].**

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

Ⓗ **86** (C7Q07)

目前，**(CHILD)**是由其他別的健康保險或是保健計劃負擔支付住院、醫生、與其

他醫療專業人員的費用嗎？

    (1) YES
    (2) NO   **[SKIP TO #89]**
    (6) DON'T KNOW   **[SKIP TO #89]**
    (7) REFUSED THIS QUESTION   **[SKIP TO #89]**

87 (C7Q08)

那是一種甚麼樣的健康保險計劃？

    RECORD VERBATIM RESPONSE_____

Ⓗ **88** (C7Q08A)

這種健康保險會負擔支付醫生與住院費用嗎？

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

_

→ **89** (**INSURANCE WORKSHEET**)

Box 1:

#80_____
#81_____
#82_____
#83_____
#84_____
#85_____

Box 2:

#88_____

(H) IF <u>ALL</u> OF THE ANSWERS IN <u>ANY</u> OF THE BOXES WERE SOME COMBINATION OF "NO", "DON'T KNOW", "REFUSED" OR BLANK, CIRCLE "UNINSURED" UNDER THIS CHILD'S NAME IN BOX C OF HELPSHEET AND SKIP TO **#90** (C7Q09). OTHERWISE CIRCLE "INSURED" AND SKIP TO **#94** 業人員的費用。 (C7Q11). (H) →

(2) NO **[SKIP TO #91]**

(6) DON'T KNOW **[SKIP TO #90b** (C9Q01)]

(7) REFUSED THIS QUESTION **[SKIP TO #90b** (C9Q01)]

90b INTERVIEWER: IS THIS CHILD AN "S" CHILD?
☐ YES **[SKIP TO #108]** ☐ NO **[SKIP TO SECTION 11 – CREAM]**

91 (C7Q10)

(CHILD)有甚麼種類的健康保險？

還有其他種類的嗎？

(01) MEDICAID **[SKIP TO #94** (C7Q11)]

(02) MEDICARE **[SKIP TO #94** (C7Q11)]

(03) TITLE V **[SKIP TO #94** (C7Q11)]

(04) SCHIP **[SKIP TO #94** (C7Q11)]

(05) MEDIGAP **[SKIP TO #94** (C7Q11)]

(06) MILITARY **[SKIP TO #94** (C7Q11)]

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(07) INDIAN HEALTH SERVICE　**[SKIP TO #94** (C7Q11)**]**

(08) PRIVATE INSURANCE　　**[SKIP TO #92** C7Q10_X0A**]**

(09) SINGLE SERVICE PLAN　**[SKIP TO #96** C7Q10_X0A**]**
　　　(DENTAL, VISION, PRESCRIPTIONS, ETC.)

(10) OTHER_____[RECORD VERBATIM REPONSE]

　　　　　　　　　　　　　[SKIP TO #93 C7Q10_X0A**]**

(96) DON'T KNOW　　　　　**[SKIP TO #94** (C7Q11)**]**

(97) REFUSED THIS QUESTION　**[SKIP TO #94** (C7Q11)**]**

---

92 (C7Q10A)

這種私人健康保險會負擔支付醫生與住院費用嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION
[ALL SKIP TO #94 (C7Q11)**]**

---

93 (C7Q10B)

這另外一種健康保險會負擔支付醫生與住院費用嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION
[ALL SKIP TO #94 (C7Q11)**]**

---

94 (C7Q11)

在過去 12 個月中的任何時間，**(CHILD)**可曾有過不被任何健康保險負擔支付責任的時候？

(1) YES

(2) NO　　　　　　　**[SKIP TO #98a** (C8Q01_A)**]**

(6) DON'T KNOW　　　**[SKIP TO #98a** (C8Q01_A)**]**

(7) REFUSED THIS QUESTION　**[SKIP TO #98a** (C8Q01_A)**]**

---

95 (C7Q12)

在過去 12 個月中，**(CHILD)**大約有幾個月沒有健康保險負擔支付責任？

_____ _____ MONTHS

(96) DON'T KNOW
(97) REFUSED

[ALL SKIP TO #98a (C8Q01_A)**]**

INTERVIEWER: IF LESS THAN ONE
MONTH, ROUND UP TO ONE MONTH
("01")

96 (C7Q13)

(CHILD)從上一次有健康保險起，到現在有多久了？

(1) 6 MONTHS OR LESS
(2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
(3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO   **[SKIP TO #98a** (C8Q01_A)**]**
(4) MORE THAN 3 YEARS   **[SKIP TO #98a** (C8Q01_A)**]**
(5) NEVER   **[SKIP TO #98a** (C8Q01_A)**]**
(6) DON'T KNOW   **[SKIP TO #98a** (C8Q01_A)**]**
(7) REFUSED THIS QUESTION   **[SKIP TO #98a** (C8Q01_A)**]**

97 (C7Q14)

在過去 12 個月中，**(CHILD)**大約有幾個月沒有任何健康保險或保險？

_____ _____ MONTHS   INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH ("01")

(96) DON'T KNOW   **[SKIP TO #98a** (C8Q01_A)**]**

(97) REFUSED THIS QUESTION **[SKIP TO #98a** (C8Q01_A)**]**

98 (C7Q15)

在**(CHILD)**有健康保險的幾個月中，**("S" CHILD)** 所有的是甚麼健康保險？[**PROVE**：還有其他種類的嗎？]

(01) MEDICAID   INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH ("01")
(02) MEDICARE
(03) TITLE V
(04) SCHIP
(05) MEDIGAP
(06) MILITARY
(07) INDIAN HEALTH SERVICE
(08) PRIVATE INSURANCE
(09) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)
(10) OTHER_____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW
(97) REFUSED

98a (NO DATA)

INTERVIEWER: IS THIS IS AN "S" CHILD?

YES   NO [SKIP TO **SECTION 11 – CREAM**]

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□   □

↓
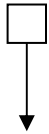
**IF YOU CIRCLED "UNINSURED" SKIP TO SECTION 9 (GRAY),
OTHERWISE SKIP TO SECTION 8 (BLUE)**

Section 7B. HEALTH INSURANCE INTERVIEW FOR HOUSEHOLDS WITH ONE "S" CHILD AND ONE "N" CHILD

(H) **80**

(C7Q03)

現在我有幾個關於("S"CHILD)健康保險與保健含蓋範圍的問題。目前，**("S" CHILD)** 的健康保險是由雇主或是工聯負責，或是直接向保險公司取得？

(1) YES   **[SKIP TO #81** (C7Q03A)**]**
(2) NO   **[SKIP TO #82** (C7Q01)**]**
(6) DON'T KNOW   **[SKIP TO #82** (C7Q01)**]**
(7) REFUSED THIS QUESTION **[SKIP TO #82** (C7Q01)**]**

HELP BOX: THESE TYPES OF HEALTH INSURANCE MAY REFER TO ANY TYPE OF HEALTH INSURANCE, INCLUDING HEALTH MAINTENANCE ORGANIZATIONS (HMO'S) OTHER THAN PUBLIC PROGRAMS. THESE PLANS MAY BE PROVIDED IN PART OR FULLY BY A PERSON'S EMPLOYER OR UNION, OR PURCHASED DIRECTLY BY THE INDIVIDUAL. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

(H) **81** (C7Q03A)

這項私人健康保險會負擔支付醫生費用與住院費用嗎？

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

➡ **(H)** **82** (C7Q01)

目前，**("S"CHILD)**是由政府醫療補助負擔支付嗎？政府醫療補助是一種針對某種收入層面，與殘障者的健康保險計劃。**[INSERT IF APPLICABLE:**在本州，此計劃有時被叫作___[State Medicaid Name]

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

> HELP BOX: MEDICAID IS A FEDERAL-STATE MEDICAL ASSISTANCE PROGRAM. IT SERVES LOW-INCOME PEOPLE OF EVERY AGE. MEDICAL BILLS ARE PAID FROM FEDERAL, STATE AND LOCAL TAX FUNDS. PATIENTS USUALLY PAY NO PART OF COSTS FOR COVERED MEDICAL EXPENSES. IT IS RUN BY STATE AND LOCAL GOVERNMENTS WITHIN FEDERAL GUIDELINES. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

➡ **(H)** **83** (C7Q02)

目前，**("S" CHILD)**是由州政府兒童健康保險計劃或簡稱 S-CHIP 負擔支付嗎？

在本州，此計劃有時被叫作_____ **[State SCHIP name]**

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

> HELP BOX: THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (**SCHIP**), CREATED UNDER TITLE XXI OF THE SOCIAL SECURITY ACT, EXPANDS HEALTH COVERAGE TO UNINSURED CHILDREN WHOSE FAMILIES EARN TOO MUCH FOR MEDICAID BUT TOO LITTLE TO AFFORD PRIVATE COVERAGE. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

(H) **84** (C7Q04)

目前，**("S" CHILD)**是由軍方健康保險負擔支付嗎？TRICARE, CHAMPUS, or

CHAMP-VA?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

HELP BOX:

"TRICARE" IS A MANAGED HEALTH CARE PROGRAM FOR ACTIVE DUTY AND RETIRED
MEMBERS OF THE UNIFORMED SERVICES, THEIR FAMILIES, AND SURVIVORS. ALL
ACTIVE DUTY PERSONEL ARE ENROLLED IN TRICARE PRIME AND PAY NO FEES.
ACTIVE DUTY FAMILY MEMBERS PAY NO ENROLLMENT FEES, BUT THEY MUST
CHOOSE A TRICARE OPTION: 1) TRICARE PRIME, WHERE MILITARY TREATMENT
FACILITIES ARE THE PRINCIPLE SOURCE OF HEALTH CARE, 2) TRICARE STANDARD,
WHICH IS A FEE-FOR-SERVICE PLAN THAT REPLACED THE OLD CHAMPUS
PROGRAM, OR 3) TRICARE EXTRA, WHICH HAS A PREFERRED PROVIDER OPTION AND
COSTS LESS THAN TRICARE STANDARD.

"CHAMPUS" IS A PROGRAM OF MEDICAL CARE FOR DEPENDENTS OF ACTIVE OR
RETIRED MILITARY PERSONNEL.

"CHAMP-VA" IS MEDICAL INSURANCE FOR DEPENDENTS OR SURVIVORS OF
DISABLED VETERANS.

IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN
THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN
[IN]CLUDE ANY ADDITONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

(H) 85

在_____(STATE NAME)，此計劃被叫作_____ (STATE TITLE V NAME)

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

(H) 86 (C7Q07)

目前，("S"CHILD)是由其他別的健康保險或是保健計劃負擔支付住院、

醫生、與其他醫療專業人員的費用嗎？

(1) YES
(2) NO   [SKIP TO #89 (C7Q09)]
(6) DON'T KNOW   [SKIP TO #89 (C7Q09)]
(7) REFUSED THIS QUESTION   [SKIP TO #89 (C7Q09)]

87 (C7Q08)

那是一種甚麼樣的健康保險計劃？

RECORD VERBATIM RESPONSE_____

88   (C7Q08A)

這種健康保險會負擔支付醫生與住院費用嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

89   (**INSURANCE WORKSHEET**)

INTERVIEWER: INSERT ANSWERS FROM HELP SHEET AND FOLLOW DIRECTIONS BELOW

Box 1:

#80_____
#81_____
#82_____
#83_____
#84_____
#85_____

Box 2:

#88_____

IF ALL OF THE ANSWERS IN UNDER ANY OF THE BOXES WERE SOME COMBINATION OF (H) "NO", "DON'T KNOW", "REFUSED" OR BLANK, CIRCLE "UNINSURED" UNDER THIS CHILD'S NAME IN BOX C OF HELPSHEET AND SKIP TO **#90** (C7Q09). OTHERWISE CIRCLE "INSURED" AND SKIP TO **#94** (C7Q11).

(H) →

(6) DON'T KNOW   **[SKIP TO #108** (C9Q01)]
(7) REFUSED THIS QUESTION   **[SKIP TO #108** (C9Q01)]

91   (C7Q10)

(**'S" CHILD**)有甚麼種類的健康保險？ 還有其他種類的嗎？

INTERVIEWER: CIRCLE ALL THAT APPLY, BUT CIRCLE "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.

(01) MEDICAID   **[SKIP TO #94** (C7Q11)]
(02) MEDICARE   **[SKIP TO #94** (C7Q11)]
(03) TITLE V   **[SKIP TO #94** (C7Q11)]

(04) SCHIP   **[SKIP TO #94** (C7Q11)]

(05) MEDIGAP   **[SKIP TO #94** (C7Q11)]

(06) MILITARY   **[SKIP TO #94** (C7Q11)]

(07) INDIAN HEALTH SERVICE **[SKIP TO #94** (C7Q11)]

(08) PRIVATE INSURANCE   **[SKIP TO #92** C7Q10_X0A]

(09) SINGLE SERVICE PLAN   **[SKIP TO #92** C7Q10_X0A]
   (DENTAL, VISION, PRESCRIPTIONS, ETC.)

(10) OTHER_____[RECORD VERBATIM
RESPONSE]   **[SKIP TO #93** C7Q10_X0A]

(96) DON'T KNOW   **[SKIP TO #94** (C7Q11)]

(97) REFUSED THIS QUESTION   **[SKIP TO #94** (C7Q11)]

92 (C7Q10A)

這種私人健康保險會負擔支付醫生與住院費用嗎？(1) YES

 (2) NO

 (6) DON'T KNOW

 (7) REFUSED THIS QUESTION

 [SKIP TO #94 (C7Q11)]

93 (C7Q10B)

這另外一種健康保險會負擔支付醫生與住院費用嗎？

 (1) YES

 (2) NO

 (6) DON'T KNOW

 (7) REFUSED THIS QUESTION

  [ALL SKIP TO #94 (C7Q11)]

94 (C7Q11)

在過去 12 個月中的任何時間，**("S" CHILD)** 可曾有過不被任何健康保險負擔支付

責任的時候？

 (1) YES

 (2) NO   **[SKIP TO #N80** (C8Q01_A)]

 (6) DON'T KNOW   **[SKIP TO #N80** (C8Q01_A)]

 (7) REFUSED THIS QUESTION **[SKIP TO #N80** (C8Q01_A)]

95 (C7Q12)

在過去 12 個月中，**("S" CHILD)**大約有幾個月沒有健康保險負擔支付責任？

_____ _____MONTHS

(96) DON'T KNOW
(97) REFUSED

INTERVIEWER: IF LESS THAN ONE MONTH,
ROUND UP TO ONE MONTH ("01")

[ALL SKIP TO #N80 (C8Q01_A)**]**

96

(C7Q13)

("S" CHILD)從上一次有健康保險起，到現在有多久了？

(1) 6 MONTHS OR LESS
(2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
(3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO **[SKIP TO #N80** (C8Q01_A)**]**
(4) MORE THAN 3 YEARS   **[SKIP TO #N80** (C8Q01_A)**]**
(5) NEVER   **[SKIP TO #N80** (C8Q01_A)**]**
(6) DON'T KNOW   **[SKIP TO #N80** (C8Q01_A)**]**
(7) REFUSED THIS QUESTION   **[SKIP TO #N80** (C8Q01_A)**]**

97

(C7Q14)

在過去 12 個月中，**("S" CHILD)**大約有幾個月沒有任何健康保險或保險？

_____ _____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH,
ROUND UP TO ONE MONTH ("01")

(96) DON'T KNOW   **[SKIP TO #N80]**
(97) REFUSED THIS QUESTION   **[SKIP TO #N80]**

98

(C7Q15)

在**("S" CHILD)**有健康保險的幾個月中，**("S" CHILD)** 所有的是甚麼健康保險？

[PROBE：還有其他種類的嗎？]

 (01) MEDICAID
(02) MEDICARE
(03) TITLE V
(04) SCHIP
(05) MEDIGAP
(06) MILITARY
(07) INDIAN HEALTH SERVICE
(08) PRIVATE INSURANCE
(09) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)

(10) OTHER_____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW
(97) REFUSED

(H) N80

(C7Q03_2)

現在我有幾個關於("N"CHILD)健康保險與保健含蓋範圍的問題。目前，**("N" CHILD)**的健 康保險是由雇主或是工聯負責，或是直接向保險公司取得？

(1) YES   **[SKIP TO #N81** (C7Q03A)**]**

(2) No   **[SKIP TO #N82** (C7Q01)**]**

(6) DON'T KNOW   **[SKIP TO #N82** (C7Q01)**]**

(7) REFUSED THIS QUESTION **[SKIP TO #N82** (C7Q01)**]**

(H) N81

(C7Q03A_2)

這項私人健康保險會負擔支付醫生費用與住院費用嗎？

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

➡ N82

(H)

(C7Q01_2)

目前，**("N"CHILD)**是由政府醫療補助負擔支付嗎？政府醫療補助是一種針對某種收入層面，與殘障者的健康保險計劃。**[INSERT IF APPLICABLE:**在本州，此計劃有時被叫作___**[State Medicaid name]**

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

計劃有時被

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

(H) **N84**

(C7Q04_2)

目前，**(CHILD)**是由軍方健康保險負擔支付嗎？TRICARE, CHAMPUS, or CHAMP-VA?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

➡ **(H)** **N85**

(C7Q06_2)

目前，**(CHILD)**已登入第五號計劃了嗎？在_____(**STATENAME**)，此計劃被叫作_____(**STATE TITLE V NAME**)

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

(H) **N86**

(C7Q07_2)

目前，**("N"CHILD)**是由其他別的健康保險或是保健計劃負擔支付住院、醫生、與其他醫療專業人員的費用嗎？

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(1) YES
(2) NO   **[SKIP TO #N89** (C7Q09)**]**
(6) DON'T KNOW   **[SKIP TO #N89** (C7Q09)**]**
(7) REFUSED THIS QUESTION   **[SKIP TO #N89** (C7Q09)**]**

N87   (C7Q08_2)

那是一種甚麼樣的健康保險計劃？

RECORD VERBATIM RESPONSE_____

N88   (C7Q08A_2)

這種健康保險會負擔支付醫生與住院費用嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

N89 (**INSURANCE WORKSHEET**)

INTERVIEWER: INSERT ANSWERS FROM HELP SHEET AND FOLLOW DIRECTIONS BELOW

Box 1:

#N80_____
#N81_____
#N82_____
#N83_____
#N84_____
#N85_____
#N86_____

Box 2:

#N88_____

IF <u>ALL</u> OF THE ANSWERS IN <u>ANY</u> OF THE BOXES WERE SOME
COMBINATION OF "NO", "DON'T KNOW", "REFUSED" OR BLANK, CIRCLE
"UNINSURED" UNDER THIS CHILD'S NAME IN BOX C OF HELPSHEET AND
SKIP TO **#90** (C7Q09). OTHERWISE CIRCLE "INSURED" AND SKIP TO **#94**
(C7Q11).

他醫療專

Ⓗ

Ⓗ

(2) No   **[SKIP TO #N91** (C7Q10_2)**]**

(6) DON'T KNOW   **[SKIP TO #108** (C9Q01)**]**

(7) REFUSED THIS QUESTION   **[SKIP TO #108** (C9Q01)**]**

N91

(C7Q10_2)

("N" CHILD)有甚麼種類的健康保險？

還有其他種類的嗎？

> INTERVIEWER: CIRCLE ALL THAT APPLY, BUT CIRCLE "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.

(01) MEDICAID   **[SKIP TO #N94** (C7Q11)**]**

(02) MEDICARE   **[SKIP TO #N94** (C7Q11)**]**

(03) TITLE V   **[SKIP TO #N94** (C7Q11)**]**

(04) SCHIP   **[SKIP TO #N94** (C7Q11)**]**

(05) MEDIGAP   **[SKIP TO #N94** (C7Q11)**]**

(06) MILITARY   **[SKIP TO #N94** (C7Q11)**]**

(07) INDIAN HEALTH SERVICE   **[SKIP TO #N94** (C7Q11)**]**

(08) PRIVATE INSURANCE   **[SKIP TO #N92** C7Q10_X0A**]**

(09) SINGLE SERVICE PLAN   **[SKIP TO #N92** C7Q10_X0A**]**

   (DENTAL, VISION, PRESCRIPTIONS, ETC.)

(10) OTHER_____[RECORD VERBATIM RESPONSE]

                    [SKIP TO #N93 C7Q10_X0A**]**

(96) DON'T KNOW   **[SKIP TO #N94** (C7Q11)**]**

(97) REFUSED THIS QUESTION   **[SKIP TO #N94** (C7Q11)**]**

N92

(C7Q10A_2)

這種私人健康保險會負擔支付醫生與住院費用嗎？

(1) YES

(2) No

(6) DON'T KNOW

(7) REFUSED THIS QUESTION

[SKIP TO #N94 (C7Q11)**]**

N93

(C7Q10B_2)

這另外一種健康保險會負擔支付醫生與住院費用嗎？

    (1) YES
    (2) NO
    (6) DON'T KNOW
    (7) REFUSED

  [ALLSKIP TO #N94 (C7Q11)**]**

N94

   (C7Q11_2)

在過去 12 個月中的任何時間，**("N" CHILD)**可曾有過不被任何健康保險負擔支付

責任的時候？

    (1) YES
    (2) NO   **[SKIP TO #108** (C9Q01_A)**]**
    (6) DON'T KNOW   **[SKIP TO #108** (C9Q01_A)**]**
    (7) REFUSED THIS QUESTION **[SKIP TO #108** (C9Q01_A)**]**

N95

   (C7Q12_2)

在過去 12 個月中，**("N" CHILD)**大約有幾個月沒有健康保險負擔支付責任？

    ____ ____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH ("01")

    (96) DON'T KNOW
    (97) REFUSED
  [SKIP TO #108 (C9Q01_A)**]**

N96

   (C7Q13_2)

("N" CHILD)從上一次有健康保險起，到現在有多久了？

    (1) 6 MONTHS OR LESS
    (2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
    (3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO   **[SKIP TO #99** (C8Q01_A)**]**
    (4) MORE THAN 3 YEARS   **[SKIP TO #99** (C8Q01_A)**]**
    (5) NEVER   **[SKIP TO #99** (C8Q01_A)**]**
    (6) DON'T KNOW   **[SKIP TO #99** (C8Q01_A)**]**
    (7) REFUSED THIS QUESTION   **[SKIP TO #99** (C8Q01_A)**]**

N97

(C7Q14_2)

在過去 12 個月中，**("N" CHILD)**大約有幾個月沒有任何健康保險或保險？

_____ _____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH ("01")

(96) DON'T KNOW   **[SKIP TO #99]**
(97) REFUSED THIS QUESTION   **[SKIP TO #99]**

N98 (C7Q15_2)

在 **("N"CHILD)** 有健康保險的幾個月中，**(S.C.)** 所有的是甚麼健康保險？

[**PROBE**：還有其他種類的嗎？]

(01) MEDICAID
(02) MEDICARE
(03) TITLE V
(04) SCHIP
(05) MEDIGAP
(06) MILITARY
(07) INDIAN HEALTH SERVICE
(08) PRIVATE INSURANCE
(09) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)
(10) OTHER_____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW
(97) REFUSED

99

INTERVIEWER: LOOK AT HELPSHEET IF "UNINSURED" IS CIRCLED FOR "S" CHILD SKIP TO SECTION 9 (GRAY) , OTHERWISE SKIP TO SECTION 8 (BLUE).

Section 8. ADEQUACY OF HEALTH CARE COVERAGE

100 (C8Q01_A)

下面是一些有關(**"S" CHILD**) 健康保險或健保計劃的問題。(**"S" CHILD**)健康保險

所提供的福利或保障能符合(他的/她的)需要嗎？你將說：

    (1) 不能

    (2) 有時能

    (3) 通常能

    (4) 一直能

    (6) DON'T KNOW

    (7) REFUSED THIS QUESTION

101 (C8Q01_B)

(**"S" CHILD**)健康保險所不負擔支付的費用還合理嗎？你將說：

    (1) 不能

    (2) 有時能

    (3) 通常能

    (4) 一直能

    (6) DON'T KNOW

    (7) REFUSED THIS QUESTION

102 (C8Q01_C)

(**"S" CHILD**)健康保險能讓(他/她)去看(他/她)所需要的保健執業者嗎？你將說：

    (1) 不能

    (2) 有時能

    (3) 通常能

    (4) 一直能

    (6) DON'T KNOW

    (7) REFUSED THIS QUESTION

103 (C8Q02)

在過去 12 個月中，你曾打電話或是寫信給 (**"S" CHILD**)任何健保計劃單位，訴說你的不滿或困難

嗎？

    (1) YES

    (2) NO

(6) DON'T KNOW
(7) REFUSED THIS QUESTION

104 (C8Q03)

我們想知道你從照顧("S" CHILD)的一切經驗中，你對("S"CHILD)現有的各種健康保險計劃的滿意度。用 0 到 10 做衡量尺度，0 假設是最壞的，10 假設是最好的。你說("S"CHILD)現在健康保險能得幾分？

_____ _____ _____

(96) DON'T KNOW   (97) REFUSED THIS QUESTION

105 (C8Q04)

如果有機會的話，你會更換 ("S" CHILD)健康保險嗎？你將說：
(1) Definitely yes
(2) Probably yes
(3) Probably not or
(4) Definitely not
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

106 (C8Q05)

對於("S" CHILD)健康保險計劃如何運作的情形，你有足夠的資料嗎？
(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

107 (C8Q06)
你相信("S" CHILD)健康保險計劃，對有特別保健需要的孩子們是很好的嗎？
(1) YES

(2) No
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

Section 9. IMPACT ON THE FAMILY

108 (C9Q01)

下面的一個問題是，在過去 12 個月中，你為 (**"S" CHILD**)'s 醫療花費了多少錢。請不要列入定期

繳付的健康保險費、與保險公司或其他來源將來會退回的墊付款。凡是自付的與保健有關的一切

花費都要算進去，譬如藥物、特別食品、服裝修改、耐久性的裝備、房屋修改與其他各種治療。

在過去 12 個月中，你說你們家庭為(**"S" CHILD**)'s治療花費多於$500，$250-$500，少於$250，或

是根本沒有？

(1) MORE THAN $500
(2) $250-$500   **[SKIP TO #110** (C9Q02)**]**
(3) Less than $250   **[skip TO #110** (c9q02)**]**
(4) NOTHING, $0   **[SKIP TO #110** (C9Q02)**]**
(6) DON'T KNOW   **[SKIP TO #110** (C9Q02)**]**
(7) REFUSED THIS QUESTION   **[SKIP TO #110** (C9Q02)**]**

109 (C9Q01_A)

在過去 12 個月中，你說你的家庭為(**"S" CHILD**)醫療花費是$500-$1000，

$1000-$5000，或是多於$5000？

(1) MORE THAN $5000
(2) $1001-$5000
(3) $501-$1000
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

110 (C9Q02 (9.2)

有許多家庭會提供家庭式的醫療服務，譬如換繃帶、餵食或是照顧呼吸設備、給予藥物與治療、並

提供交通服務送病人去看醫生。你或家中的其他成員有沒有為("S" CHILD)做家庭醫療服務？

(1) YES
(2) NO   **[SKIP TO #113** (C9Q04)]
(6) DON'T KNOW   **[SKIP TO #113** (C9Q04)]
(7) REFUSED THIS QUESTION   **[SKIP TO #113** (C9Q04)]

111 (C9Q03)

你或家中的其他成員每星期花幾小時提供這一類的服務？

_____ _____ HOURS PER WEEK

(000) LESS THAN ONE HOUR
(168) AROUND THE CLOCK
(996) DON'T KNOW
(997) REFUSED THIS QUESTION

112 (C9Q03_A)

我花了(**ANSWER FROM #111**)小時。對嗎？
(1) YES
(2) NO **[SKIP BACK TO #111]**

113 (C9Q04)

你或家中的其他成員，每星期花多少小時安排或是幫助("S" CHILD)治療？我的意思是說安排看醫生的時間，確定各醫療執業者之間一直在充分的交意見，並密切注意 ("S" CHILD)治療需要。

_____ _____ HOURS PER WEEK

(000) LESS THAN ONE HOUR
(996) DON'T KNOW
(997) REFUSED THIS QUESTION

114 (C9Q04_A)

我花了 **(ANSWER FROM #113)** 小時。對嗎？
  (1) YES
  (2) NO **[SKIP BACK to #113]**

115 (C9Q05)

("S" CHILD)健康情形已經引起了你家的財務問題嗎？
  (1) YES
  (2) NO
  (6) DON'T KNOW
  (7) REFUSED THIS QUESTION

116 (C9Q06)

你或家中的其他成員為了照顧 **("S" CHILD)**已經減少了工作時數嗎？
  (1) YES
  (2) NO
  (6) DON'T KNOW
  (7) REFUSED THIS QUESTION

117 (C9Q07)

你是否需要額外的收入以便支付**("S" CHILD)**'s 醫藥費用？
  (1) YES
  (2) NO
  (6) DON'T KNOW
  (7) REFUSED THIS QUESTION

118 (C9Q10)

你或家中其他成員因為**("S" CHILD)**健康情形已經停止工作了嗎？
  (1) YES
  (2) NO
  (6) DON'T KNOW
  (7) REFUSED THIS QUESTION

Section 11. INCOME

➡️ **119** (NO DATA)

INTERVIEWER: LOOK ON FACE SHEET. IS "HOUSEHOLD INCOME" REPORTED?
☐ YES **[SKIP TO #123** (C11Q11)**]**   ☐ NO **[SKIP TO #120]**

Ⓗ 120

C11Q01_A

現在我有幾個關於你的家庭的問題。請告訴我，你家裡一共住有幾個人，包括所有的孩子，與任何通常住在這家裡的人，現在不在家的也沒有關係，譬如出去旅遊或是住在醫院裡。。

_____PERSONS

(96) DK
(97) REFUSED THIS QUESTION

Ⓗ 121 (C11Q01)

請你想一想，在 2000 年，你家各成員加在一起的總收入有多少。包括上班工作的錢，社會福利金，退休金，失業救濟金，公共救助金等等。同時也包括利息收入，股息，生意淨利，農場收益，或其他財源收入。你能告訴我稅前的數額是多少嗎？

RECORD INCOME $_____
(999999996) DK   **[SKIP TO SECTION I –NEXT PAGE]**
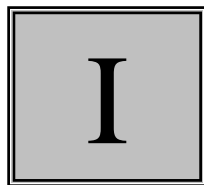(999999997) REFUSED   **[SKIP TO SECTION I –NEXT PAGE]**

HELP BOX: RESPONDENT COULD GIVE A RANGE AS AN ANSWER
TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE
ACCURATE ANSWER

Ⓗ 122 (C11CONF)

只是要確定一下，你的收入我是否輸入正確了，你的收入是**[INSERT AMOUNT FROM #121]** 對不對？

(1) YES **[SKIP TO** `#123` (C11Q12)**]**
(2) NO **[SKIP BACK TO** `#121` (C11Q01)**]**

(H)

I   INCOME RANGES

1   (W9Q02)

為了達成這次調查的目的，至少要了解你整個家庭各成員於 2000 年的共同總收入
的範圍，這是非常重要的。你會說稅前共同總收入高或是低於$20,000 嗎？

    (1) MORE THAN $20,000 .... SKIP TO **#7**   (W9Q06)
    (2) $20,000 .... SKIP TO **#123** (C11Q12) <WHITE>
    (3) LESS THAN $20,000 .... SKIP TO **#2**   (W9Q03)
    (6) DON'T KNOW .... SKIP TO **#123** (C11Q12) <WHITE>
    (7) REFUSED.... .... SKIP TO **#123** (C11Q12) <WHITE>

2   (W9Q03)

全家共同總收入多於或是少於$10,000 嗎？

    (1) MORE THAN $10,000 .... SKIP TO **#4**   (W9Q05)
    (2) $10,000 .... SKIP TO **#123** (C11Q12) <WHITE>
    (3) LESS THAN $10,000 .... SKIP TO **#3**   (W9Q04)
    (6) DON'T KNOW .... SKIP TO **#123** (C11Q12) <WHITE>
    (7) REFUSED.... .... SKIP TO **#123** (C11Q12) <WHITE>

3   (W9Q04)

多於$7,500 嗎？
    (1) YES ....SKIP TO **#123** (C11Q12) <WHITE>
    (2) NO. ....SKIP TO **#123** (C11Q12) <WHITE>
    (6) DON'T KNOW… ......SKIP TO **#123** (C11Q12)
    (7) REFUSED.... .... SKIP TO **#123** (C11Q12)

4 (W9Q05)

多於$15,000 嗎？

       (1) YES .... SKIP TO **#5**   (W9Q05A)

       (2) NO . ... SKIP TO **#6**   (W9Q05B)

       (6) DON'T KNOW.......... SKIP TO **#123** (C11Q12) <WHITE>

       (7) REFUSED ... . SKIP TO **#123** (C11Q12) <WHITE>

5 (W9Q05A)

多於$17,500 嗎？

       (1) YES ....SKIP TO **#123** (C11Q12) <WHITE>

       (2) NO . ...SKIP TO **#123** (C11Q12) <WHITE>

       (6) DON'T KNOW...........SKIP TO **#123** (C11Q12) <WHITE>

       (7) REFUSED ... .SKIP TO **#123** (C11Q12) <WHITE>

6 (W9Q05B)

多於$12,500 嗎？

       (1) YES ....SKIP TO **#123** (C11Q12) <WHITE>

       (2) NO . ...SKIP TO **#123** (C11Q12) <WHITE>

       (6) DON'T KNOW...........SKIP TO **#123** (C11Q11) <WHITE>

       (7) REFUSED ... .SKIP TO **#123** (C11Q11) <WHITE>

7 (W9q06)

全家共同總收入多於或是少於$40,000 嗎？

   (1) MORE THAN $40,000............................   SKIP TO **#8**   (W9Q06A)
   (2) $40,000...   SKIP TO **#123**   <WHITE>
   (3) LESS THAN $40,000 ....   SKIP TO **#11**   (W9Q07)
   (6) DONT KNOW ....   SKIP TO **#123**   <WHITE>
   (7) REFUSED...   SKIP TO **#123**   <WHITE>

8 (W9Q06A)

全家共同總收入多於或是少於$60,000 嗎？

   (1) MORE THAN $60,000...…………....   SKIP TO **#14**   (W9Q08)
   (2) $60,000...   SKIP TO **#123**   <WHITE>
   (3) LESS THAN $60,000 ....   SKIP TO **#9**   (W9Q06B)
   (6) DONT KNOW ....   SKIP TO **#123**   <WHITE>
   (7) REFUSED...   SKIP TO **#123**   <WHITE>

9 (W9Q06B)

全家共同總收入多於或是少於$50,000 嗎？

   (1) MORE THAN $50,000...........................   SKIP TO **#123**   <WHITE>
   (2) $50,000...   SKIP TO **#123**   <WHITE>
   (3) LESS THAN $50,000 ....……   SKIP TO **#10**   (W9Q06C)
   (6) DONT KNOW ....   SKIP TO **#123**   <WHITE
   (7) REFUSED...   SKIP TO **#123**   <WHITE>

10 (W9Q06C)

全家共同總收入多於或是少於$45,000 嗎？

   (1) MORE THAN $45,000...........................   SKIP TO **#123**   <WHITE>
   (2) $45,000 ....   SKIP TO **#123**   <WHITE>
   (3) LESS THAN $45,000 ....   SKIP TO **#123**   <WHITE>
   (6) DONT KNOW ....   SKIP TO **#123**   <WHITE>
   (7) REFUSED...SKIP TO **#123**   <WHITE>

11 (W9Q07)

全家共同總收入多於或少於$30,000 嗎？

(1) MORE THAN $30,000 .... SKIP TO **#12** (W9Q07A)
(2) $30,000.. SKIP TO **#123** <WHITE>
(3) LESS THAN $30,000 .... SKIP TO **#13** (W9Q07B)
(6) DONT KNOW .... SKIP TO **#123** <WHITE>
(7) REFUSED .... SKIP TO **#123** <WHITE>

12 (W9Q07A)

全家共同總收入多於或少於$35,000 嗎？

(1) MORE THAN $35,000 .... SKIP TO **#123** <WHITE>
(2) $35, 000.. SKIP TO **#123** <WHITE>
(3) LESS THAN $35,000............................... SKIP TO **#123** <WHITE>
(6) DONT KNOW .... SKIP TO **#123** <WHITE>
(7) REFUSED .... SKIP TO **#123** <WHITE>

13 (W9Q07B)

全家共同總收入多於或少於$25,000 嗎？

(1) MORE THAN $25,000 .... SKIP TO **#123** <WHITE>
(2) $25,000.. SKIP TO **#123** <WHITE>
(3) LESS THAN $25,000 .... SKIP TO **#123** <WHITE>
(6) DONT KNOW .... SKIP TO **#123** <WHITE>
(7) REFUSED .... SKIP TO **#123** <WHITE>

14 (W9Q08)

全家共同總收入多於或少於$75,000 嗎？

(1) MORE THAN $75,000 .... SKIP TO **#123** <WHITE>
(2) $75,000.. SKIP TO **#123** <WHITE>
(3) LESS THAN $75,000 .... SKIP TO **#123** <WHITE>
(6) DONT KNOW .... SKIP TO **#123** <WHITE>
(7) REFUSED .... SKIP TO **#123** <WHITE>

123   (C11Q12)

(CHILD)有沒有領 SSI，那是補助安全基金？

        (1) YES

        (2) NO   **[SKIP to #125** C11Q11]

        (6) DON'T KNOW   **[SKIP to #125** C11Q11]

        (7) REFUSED THIS QUESTION   **[SKIP to #125** C11Q11]

124   (C11Q13)

這是因為(他/她)有殘障嗎？

        (1) YES

        (2) NO

        (6) DON'T KNOW

        (7) REFUSED THIS QUESTION

(C11Q11)

⇒ **125**   在過去 12 個月中的任何時間，甚至一個月也算，這家裡的任何人曾領取州或縣政府福利計劃的現金補助嗎？譬如_____ **[State TANF name]。**

        (1) YES

        (2) NO

        (6) DON'T KNOW

        (7) REFUSED

126 (NO DATA)

請不要掛電話，讓我看看這次訪問的最後一部份，是否還有甚麼問題要問你的？

INTERVIEWER: LOOK AT BOX C OF HELPSHEET. WHICH BOXES ARE FILLED IN?

☐ ONLY "S" CHILD   ☐ BOTH "S" CHILD & AN "N" CHILD ☐ ONLY "N" CHILD

LOOK AT HELP SHEET: DID YOU CIRCLE "UNINSURED" FOR "S" CHILD?

YES   NO
☐   ☐

SKIP TO SECT 11A (PINK)

LOOK AT HELPSHEET: DID YOU ASK ANY OF THE QUESTIONS IN "INCOME RANGE" SECTION?

☐ YES   ☐ NO

SKIP TO #127a (Next Page)

SKIP TO SECTION 12 (BROWN)

LOOK AT BOX "C" OF HELPSHEET: DID YOU CIRCLE UNISURED FOR:

☐ NEITHER CHILD

☐ S CHILD ONLY

☐ N CHILD ONLY

☐ BOTH S & N CHILD

LOOK AT HELP SHEET: DID YOU CIRCLE "UNINSURED" FOR "N" CHILD?

☐ YES   ☐ NO

SKIP TO SECT 11A (PINK)

LOOK AT HELPSHEET: DID YOU ASK ANY OF THE QUESTIONS IN "INCOME RANGE" SECTION?

☐ YES ☐ NO

SKIP TO #127b (next page)

SKIP TO SECTION 13 (GREEN)

127a (NO DATA)

FOLLOW THE GRID AND DIRECTIONS BELOW TO DETERMINE WHICH QUESTIONS TO ASK NEXT.

(1) LOOK AT HELPSHEET #120 TO DETERMINE THE NUMBER OF PEOPLE LIVING IN HOUSEHOLD.

(2) FIND THAT NUMBER ON THE GRID BELOW.

(3) FOLLOW THAT NUMBER

TO: ◯ Lower 48   ◯ Alaska   ◯ Hawaii

(4) WRITE THE NUMBER HERE:_____

(5) IF THE NUMBER LISTED IS GREATER THAN THE ANSWER **#121** ON HELPSHEET, SKIP TO SECTION 12 (BROWN), IF NOT SKIP TO **SECTION 11A** (C11Q14) – (PINK).

127b (NO DATA)

FOLLOW THE GRID AND DIRECTIONS BELOW TO DETERMINE WHICH QUESTIONS TO ASK NEXT.

(1) LOOK AT HELPSHEET #120 TO DETERMINE THE NUMBER OF PEOPLE LIVING IN HOUSEHOLD.

(2) FIND THAT NUMBER ON THE GRID BELOW.

(3) FOLLOW THAT NUMBER

TO: ◯ Lower 48   ◯ Alaska   ◯ Hawaii

(4) WRITE THE NUMBER HERE:_____

(5) IF THE NUMBER LISTED IN GRID GREATER THAN ANSWER **#121** ON HELPSHEET, SKIP TO SECTION 13 (GREEN), IF NOT SKIP TO **SECTION 11A** PINK).

# of People Living in the Household	200% of Poverty Level LOWER 48 STATES (& Washington D.C.)	200% of Poverty Level ALASKA	200% of Poverty Level HAWAII
2	22,120	27,680	25,460
3	27,760	34,720	31,940
4	33,400	41,760	38,420
5	39,040	48,800	44,900
6	44,680	55,840	51,380
7	50,320	62,880	57,860
8	55,960	69,920	64,340
9	61,600	76,960	70,820
10	67,240	84,000	77,300
11	72,880	91,040	83,780
12	78,520	98,080	90,260
13	84,160	105,120	96,740
14	89,800	112,160	103,220
15	95,440	119,200	109,700
16	101,080	126,240	116,180
17	106,720	133,280	122,660
18	112,360	140,320	129,140

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Section 13. UTILIZATION AND BARRIERS TO CARE QUESTIONS FOR LOW-INCOME/UNINSURED CHILDREN WITHOUT SPECIAL HEALTH CARE NEEDS

128 (C13Q1)

INTERVIEWER: IF CHILD IS 0-4 YEARS OLD, SKIP TO #129 (C13Q2)

現在我還有幾個別的有關("N" CHILD)的問題。

在過去 12 個月中，即從今天起算(1 YEAR AGO TODAY)，("N" CHILD)大約

有多少天因為生病或是受傷而沒有上學？

(1) NONE
(2) DID NOT GO TO SCHOOL
(3) HOME SCHOOLED
(96) DON'T KNOW
(97) REFUSED

129 (C13Q2)

如果("N"CHILD)生病，或是你需要有關(他的/她的)健康方面的建議時，有沒有一個經

常去處所？

(1) YES   [SKIP TO #130a (C13Q3)]

(2) THERE IS NO PLACE   [SKIP TO #130a (C13Q3)]

(3) THERE IS MORE THAN ONE PLACE   [SKIP TO #130a (C13Q3)]

(6) DON'T KNOW   [SKIP TO #130a (C13Q3)]

(7) REFUSED THIS QUESTION   [SKIP TO #130a (C13Q3)]

130a (C13Q3)

會是甚麼樣的處所？醫生辦公室，急診室，醫院門診部，診所，或是其他甚麼處所？

    (01) DOCTOR'S OFFICE (OR HMO)   **[SKIP TO #131** (C13Q4)]

    (02) HOSPITAL EMERGENCY ROOM   **[SKIP TO #131** (C13Q4)]

    (03) HOSPITAL OUTPATIENT DEPARTMENT   **[SKIP TO #131** (C13Q4)]

    (04) CLINIC OR HEALTH CENTER   **[SKIP TO #131** (C13Q4)]

    (05) SCHOOL (NURSE'S OFFICE,   **[SKIP TO #131** (C13Q4)]
        ATHLETIC TRAINER'S OFFICE, ETC)

    (06) SOME OTHER PLACE_____ [RECORD VERBATIM RESPONSE]
                                                 [SKIP TO #131a (C13Q3)]

    (07) DOES NOT GO TO ONE PLACE MOST OFTEN   **[SKIP TO #131a** (C13Q3)]

    (96) DON'T KNOW   **[SKIP TO #131a** (C13Q3)]

    (97) REFUSED THIS QUESTION   **[SKIP TO #131a** (C13Q3)]

130b

他最常去的是甚麼處所？醫生辦公室，急診室，醫院門診部，診所，或是其他甚麼處所？ [N-CHILD]

    (01) DOCTOR'S OFFICE (OR HMO)   **[SKIP TO #131** (C13Q4)]

    (02) HOSPITAL EMERGENCY ROOM   **[SKIP TO #131** (C13Q4)]

    (03) HOSPITAL OUTPATIENT DEPARTMENT   **[SKIP TO #131** (C13Q4)]

    (04) CLINIC OR HEALTH CENTER   **[SKIP TO #131** (C13Q4)]

    (05) SCHOOL (NURSE'S OFFICE,   **[SKIP TO #131** (C13Q4)]
        ATHLETIC TRAINER'S OFFICE, ETC)

    (06) SOME OTHER PLACE_____ [RECORD VERBATIM RESPONSE]
                                                 [SKIP TO #131a (C13Q3)]

    (07) DOES NOT GO TO ONE PLACE MOST OFTEN   **[SKIP TO #131a** (C13Q3)]

    (96) DON'T KNOW   **[SKIP TO #131a** (C13Q4a)]

    (97) REFUSED THIS QUESTION   **[SKIP TO #131a** (C13Q4a)]

131 (C13Q4)

當(他/她)需要做例行預防保健，譬如身體檢查或是健康檢查時，

[PLACE SELECTED IN #130a]是**("N" CHILD)**通常去的同一個處所嗎？

(1) YES   [SKIP TO **#131b** (C13Q4B)]

(2) NO   **[SKIP TO #131a** (C13Q4)]

(6) DON'T KNOW   [SKIP TO **#131b** (C14Q4B)]

(7) REFUSED THIS QUESTION   [SKIP TO **#131b** (C14Q4B)]

131a   (C13Q4A)

當(他/她)需要做例行預防保健，譬如身體檢查或是健康檢查時， **("N" CHILD)**通常

去的是那一類處所？
- (1) DOES NOT GET PREVENTIVE CARE ANYWHERE
- (2) DOCTOR'S OFFICE
- (3) HOSPITAL EMERGENCY ROOM
- (4) HOSPITAL OUTPATIENT DEPARTMENT
- (5) CLINIC OR HEALTH CENTER
- (6) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC.)
- (7) SOME OTHER PLACE_____[RECORD VERBATIM RESPONSE]
- (8) DOES NOT GO TO ONE PLACE MOST OFTEN
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

131b   (C13Q4B)

私人醫生或是護士最了解**("N" CHILD)**的。你心目有沒有可以做**("N" CHILD)**私

人醫生或護士的人選？

(1) YES   **[SKIP TO #131c** (C13Q4)]

(2) NO   **[SKIP TO #132** (C13Q5)]

(6) DON'T KNOW   **[SKIP TO #132** (C13Q5)]

(7) REFUSED THIS QUESTION   **[SKIP TO #132** (C13Q5)]

131c   (C13Q4C)

他是一般內外科醫生，小兒科醫生，專科醫生，護理醫生，或醫生的助理？

- (01) GENERAL DOCTOR (SUCH AS A DOCTOR IN GENERAL PRACTICE, FAMILY MEDICINE, OR INTERNAL)
- (02) PEDIATRICIAN
- (03) OTHER SPECIALIST (SUCH AS OB-GYN, SURGEONS, HEART DOCTORS, PSYCHIATRISTS, ALLERGY DOCTORS, SKIN DOCTORS, OBSTETRICIANS, OR GYNECOLOGISTS)
- (04) NURSE PRACTITIONER
- (05) PHYSICIAN'S ASSISTANT
- (06) OTHER_____[RECORD VERBATIM RESPONSE]

(96) DON'T KNOW
(97) REFUSED

132 (C13Q5)

人們常常延誤或是根本不做必要的保健工作。我所說的保健工作是指醫生診治，
與其他各種類的保健，如牙齒保健，心理衛生保健，物理、職業、或是語言
治療、特殊教育服務等。在過去的 12 個月中，你是否延誤過或沒帶**("N" CHILD)**
去做保健工作？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

HELP SCREEN: 父母試圖自己治療孩子，同時也帶孩子去看醫生，則不算是遲延保健。　FOR EXAMPLE A
CHILD WITH A COUGH OR SORE THROAT WHO IS GIVEN COUGH SYRUP AT HOME, BUT THE COUGH
SYRUP DOES NOT HELP OR WORK.

133a	**133b**	**133c**
(C13Q06_01) (在過去 12 個月中的任何時間，**("N"CHILD)**曾需要)例行預防保健譬如體格檢查，健兒檢查嗎？ (1) YES (2) NO **(SKIP TO #134a)** (6) DK **(SKIP TO #134a)** (7) REF **(SKIP TO #134a)**	(C13Q601A) **("N" CHILD)**可曾得到(他/她)所需要的一切例行預防保健？ (1) YES **(SKIP TO #134a)** (2) NO (6) DK **(SKIP TO #134a)** (7) REF **(SKIP TO #134a)**	**("N" CHILD)** 為甚麼沒有得到(他/她)所需要的一切例行預防保健呢？ **(CIRCLE ALL THAT APPLY)** (1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (6) OTHER_____ (96) DON'T KNOW (97) REFUSED THIS QUESTION
134a	**134b**	**134c**
(C13Q6_02) (在過去 12 個月中的任何時間，**("N"CHILD)**曾需要)專科醫生診治嗎？ (1) YES (2) NO **(SKIP TO #135a)** (6) DK **(SKIP TO #135a)** (7) REF **(SKIP TO #135a)**	(C13Q6_02A) **("N" CHILD)** 可曾得到(他/她)所需要的專科醫生的一切診治呢？ (1) YES **(SKIP TO #135a)** (2) NO (6) DK **(SKIP TO #135a)** (7) REF **(SKIP TO #135a)**	(C13Q6_02A) **("N" CHILD)** 為甚麼沒能得到(他/她)所需要的專科醫生的一切診治呢？ (1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (6) OTHER_____ (96) DON'T KNOW (97) REFUSED THIS QUESTION

HELP SCREEN: SPECIALTY DOCTORS FOCUS ON ONE PART OF YOUR CHILD'S HEALTH. THESE INCLUDE CARDIOLOGISTS, EAR, NOSE AND THROAT DOCTORS, SURGEONS, ETC. EXAMPLE: PULMOLOGISTS WORK WITH BREATHING PROBLEMS LIKE ASTHMA.

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135a	135b	135c
(C13Q6_03) (在過去 12 個月中的任何時間，(**"N"CHILD**)曾需要)牙齒保健包括檢查嗎？ ———————→ (1) YES (2) NO **(SKIP TO #135.1a)** (6) NO **(SKIP TO #135.1a)** (7) REF **(SKIP TO #135.1a)**	(C13Q6_03A) (**"N"CHILD**)可曾得到(他/她)所需 要的一切牙齒保健嗎？ (1) YES **(SKIP TO #135.1a)** (2) NO (6) DK **(SKIP TO #135.1a)** (7) REF **(SKIP TO #135.1a)**	(C13Q6_03A) (**"N" CHILD**)為甚麼沒能得到(他/她)所需要的牙齒保健呢 (1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (6) OTHER_____ (96) DON'T KNOW (97) REFUSED THIS QUESTION
135.1a	**135.1b**	**135.1c**
(C13Q6_04) (在過去 12 個月中的任何時間，(**"N" CHILD**) 曾需要)處方藥物嗎？ ———————→ (1) YES (2) NO **(SKIP TO #136a)** (6) DK **(SKIP TO #136a)** (7) REF **(SKIP TO #136a)**	(C13Q6_04A) (**"N"CHILD**)可曾得到(他/她)所需 要的一切處方藥物嗎？ (1)YES **(SKIP TO #136a)** (2) NO (6) DK **(SKIP TO #136a)** (7) REF **(SKIP TO #136a)**	(C13Q6_04B) (**"N" CHILD**)為甚麼沒能得到(他/她)所需要的處方藥物呢？ **(CIRCLE ALL THAT APPLY)** (1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (6) OTHER_____ (96) DON'T KNOW (97) REFUSED THIS QUESTION

136a	136b	136c
(C13Q6_05)	(C13Q6_05A)	
(在過去 12 個月中的任何時間，**("N"CHILD)**曾需要)物理、職業或語言治療嗎？		**("N" CHILD)**為甚麼沒能得到(他/她)所需要的物理、職業、或是語言治療呢？ **(CIRCLE ALL THAT APPLY)**
→	**("N"CHILD)**可曾得到(他/她)所需要的一切物理、職業、或是語言治療嗎？	(1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE
(1) YES (2) NO **(SKIP TO #137a)** (6) DK **(SKIP TO #137a)** (7) REF **(SKIP TO #137a)**	(1) YES **(SKIP TO #137a)** (2) NO (6) DK **(SKIP TO #137a)** (7) REF **(SKIP TO #137a)**	(6) OTHER_____ (96) DON'T KNOW (97) REFUSED THIS QUESTION

137a	137b	137c
(C13Q06_06)	(C13Q06_06A)	
(在過去 12 個月中的任何時間，**("N"CHILD)**曾需要)心理衛生輔導或諮商嗎？		**("N"CHILD)**為甚麼沒能得到(他/她)所必需的心理衛生輔導或諮商呢？ **CIRCLE ALL THAT APPLY)**
(1) YES (2) NO **(SKIP TO #138a)** (6) DK **(SKIP TO #138a)** (7) REF **(SKIP TO #138a)**	**("N"CHILD)**可曾得到(他/她)所必需的一切心理衛生輔導或諮商嗎？	(1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE
	(1) YES **(SKIP TO #138a)** (2) NO (6) DK **(SKIP TO #138a)** (7) REF **(SKIP TO #138a)**	(6) OTHER_____ (96) DON'T KNOW (97) REFUSED THIS QUESTION

138a	138b	138c
(C13Q06_07)	C13Q06_07A	(**"N"CHILD**)為甚麼沒能得到(他/她)所必需的戒除藥物治療或諮商呢？ **(CHECK ALL THAT APPLY)**
INTERVIEWER: IF AGE IS 0-7 YEARS OLD SKIP TO **#139a**		
(在過去 12 個月中的任何時間，(**"N" CHILD**) 曾需要)戒除藥物治療或諮商嗎？		(1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (6) OTHER_____ (96) DON'T KNOW (97) REFUSED THIS QUESTION
(1) YES (2) NO **(SKIP TO #139a)** (6) DK **(SKIP TO #139a)** (7) REF **(SKIP TO #139a)** **(SKIP TO #139a)**	(**"N"CHILD**)可曾得到(他/她)所必需的一切戒除藥物治療或諮商嗎？ (1) YES **(SKIP TO #139a)** (2) NO (6) DK **(SKIP TO #139a)**	

HELP SCREEN: SOME RESPONDENTS WITH CHILDREN OLDER THAN 8 YEARS OF AGE MAY FIND THIS QUESTION INAPPROPRIATE. IF THIS OCCURS, TELL THE RESPONDENT: 我知道這個問是比較適合更大一些的孩子，但是我是被要求這麼問並須每個須修除的

139a	139b	ooooooooo
(C13Q06_09)	(C13Q06_09A)	
(在過去 12 個月中的任何時間，(**"N"CHILD**)曾需要)眼鏡或視力保健嗎？	(**"N"CHILD**)可曾得到(他/她)所必需的一切眼鏡或視力保健嗎？	
(1) YES (2) NO **(SKIP TO #140a)** (6) DK **(SKIP TO #140a)** (7) REF **(SKIP TO #140a)**	(1) YES (2) NO (6) DK (7) REF	

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140a	140b	∘∘∘∘∘∘∘∘
(C13Q06_10)	(C13Q06_10A)	
(在過去 12 個月中的任何時間，("N"CHILD)曾需要)助聽器或聽力保健嗎？ → (1) YES (2) NO (SKIP TO #141) (6) DK (SKIP TO #141) (7) REF (SKIP TO #141)	("N"CHILD)可曾得到(他/她)所必需的一切助聽器或聽力保健嗎？ (1) YES (2) NO (6) DK (7) REF	

141   (C13Q7)

在過去 12 個月中，("N" CHILD)一共看過幾次醫生或保健執業者？在醫院裡過夜不算。

_____NUMBER OF VISITS
(000) NO VISITS IN PAST 12 MONTHS
(996) DON'T KNOW   [SKIP TO #143   (C13Q8)]
(997) REFUSED THIS QUESTION [SKIP TO #143   (C13Q8)]

142   (C13Q7A)

我一共看過[INSERT ANSWER FROM #141]次。對不對？
        (1) YES
        (2) NO   [SKIP BACK TO #141]

143

(C13Q8)

下面的這個問題是關於在過去 12 個月中，你為**("N" CHILD)** 付了多少醫藥費。請不要將
保險費、或是將來會由保險公司或其他來源退回的費用計算在內。凡是自付的一切與保 健有 關
的必需花費都算進去，譬如藥品、特別食物、修改衣服、耐久用具、修改房屋、與各種治療等。
在過去 12 個月中，你說你們家的上述支出多於$500，$250-$500，少於$250，或是沒有為 **("N"**
CHILD) 的治療花任何錢？

(1) 多於$500

(2) $250-$500　　　　　　　　**[SKIP TO #145a** (C13Q10)]

(3) 少於$250　　　　　　　　**[SKIP TO #145a** (C13Q10)]

(4) $0　　　　　　　　　　　**[SKIP TO #145a** (C13Q10)]

(6) DON'T KNOW　　　　　　**[SKIP TO #145a** (C13Q10)]

(7) REFUSED THIS QUESTION **[SKIP TO #145a** (C13Q10)]

HELP BOX: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE
PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

144 (C13Q9)

在過去的 12 個月中，你說你們家為**("N" CHILD)**的治療花費已$500-$1000，
$1000-$5000，或是多於$5000？

(1) 多於$5000
(2) $1001-$5000
(3) $501-$1000
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

145a (C13Q10)

("N" CHILD)'的醫療照顧已經引起了你家庭的財務困難了嗎？
(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

145b

INTERVIEWER: IS THERE AN "S" CHILD IN THIS HOUSEHOLD?

◯ YES **[SKIP TO #145c]** ◯ NO **[SKIP TO SECTION 12 (NEXT PAGE)]**

145c

LOOK AT BOX "C" OF HELPSHEET: IS THE "S" CHILD INSURED?

◯ YES **[SKIP TO SECT. 12 (NEXT PAGE) & ASK QUESTIONS FOR "N" CHILD]**

◯ NO **[SKIP TO SECTION 12A (ORANGE)]**

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Section 12. MEDICAID AND SCHIP KNOWLEDGE AND EXPERIENCE

| 146 | (C12Q1)

早先你曾告訴我，(CHILD)沒有健康保險。現在你能告訴我 (CHILD)未

能有健康保險的主要理由嗎？(CIRCLE ALL THAT APPLY)

(01) COSTS TOO MUCH
(02) DON'T NEED INSURANCE/DON'T GET SICK
(03) NO ONE IN FAMILY CURRENTLY EMPLOYED
(04) CAN'T GET INSURANCE THROUGH EMPLOYER
(05) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
(06) INELIGIBLE DUE TO AGE / LEFT SCHOOL
(07) INELIGIBLE DUE TO RULE VIOLATION
(08) INELIGIBLE DUE TO INCREASE IN INCOME
(09) INSURANCE ENDED AFTER PREGNANCY
(10) USED UP AVAILABLE BENEFITS
(11) DON'T KNOW HOW TO GET INSURANCE
(12) OTHER_____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW   **[SKIP TO #148** (C12Q2)**]**
(97) REFUSED   **[SKIP TO #148** (C12Q2)**]**

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

147 (C12Q1A)

還有其他別的理由嗎？**[CIRCLE ALL THAT APPLY]**

    (1)   COSTS TOO MUCH
    (2)   DON'T NEED INSURANCE/DON'T GET SICK
    (3)   NO ONE IN FAMILY CURRENTLY EMPLOYED
    (4)   CAN'T GET INSURANCE THROUGH EMPLOYER
    (5)   INELIGIBLE DUE TO CHILD'S HEALTH STATUS
    (6)   INELIGIBLE DUE TO AGE / LEFT SCHOOL
    (7)   INELIGIBLE DUE TO RULE VIOLATION
    (8)   INELIGIBLE DUE TO INCREASE IN INCOME
    (9)   INSURANCE ENDED AFTER PREGNANCY
    (10) USED UP AVAILABLE BENEFITS
    (11) DON'T KNOW HOW TO GET INSURANCE
    (12) OTHER_____[RECORD VERBATIM RESPONSE]
    (96) DON'T KNOW   **[SKIP TO #148]**

    (97) REFUSED THIS QUESTION   **[SKIP TO #148]**

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

➡ **148** (C12Q2)

Ⓗ

在今天之前，你可曾聽說過政府醫療補助{or _____**[*state Medicaid name*]**}？

    (1) YES
    (2) NO   **[SKIP TO #154** (C12Q3)**]**
    (6) DON'T KNOW   **[SKIP TO #154** (C12Q3)**]**
    (7) REFUSED THIS QUESTION   **[SKIP TO #154** (C12Q3)**]**

INTERVIEWER: MARK ANSWER TO THIS QUESTION IN **SECTION A** OF HELPSHEET. IF ANSWER TO THIS QUESTION WAS "YES", CIRCLE " HEARD OF MEDICAID" FOR THIS CHILD IN **SECTION C** OF HELPSHEET. IF ANSWER WAS "NO", "DON'T KNOW", OR "REFUSED", CIRCLE "HAVE NOT HEARD OF MEDICAID" FOR THIS CHILD IN **SECTION C** OF HELPSHEET.

149　(C12Q2a)

就你所知道的政府醫療保險，**{or _____[*state Medicaid name*]}**，你認為申
請這種保險的手續有多容易，或是有多困難？你會說非常容易，還算容易，有些困難，
或是非常困難？

> (1) VERY EASY
> (2) SOMEWHAT EASY
> (3) SOMEWHAT DIFFICULT
> (4) VERY DIFFICULT
> (6) DON'T KNOW
> (7) REFUSED THIS QUESTION

150　(C12Q2b)

(CHILD)曾經登記過政府醫療保險{or _____[*state Medicaid name*]}?嗎？

> (1) YES　　**[SKIP TO #152** (C12Q2D)**]**
> (2) No
> (6) DON'T KNOW
> (7) REFUSED

151　(C12Q2c)

你有沒有為**(CHILD)**申請過政府醫療保險？{or _____[*state Medicaid name*]}

> (1) YES
> (2) NO　　　　　　　　　　　**[SKIP TO #154** (C12Q3)**]**
> (6) DON'T KNOW　　　　　　**[SKIP TO #154** (C12Q3)**]**
> (7) REFUSED THIS QUESTION　**[SKIP TO #154** (C12Q3)**]**

152 (C12Q2d)

你最近一次申辦政府醫療保險是甚麼時候？{or _____[state Medicaid name]}for (CHILD)?

[ENTER NUMBER] _____

153 (C12Q2d1) **[MARK PERIOD]**

☐ DAYS   ☐ YEAR(S)

☐ WEEK(S)   ☐ DON'T KNOW

☐ MONTH(S)   ☐ REFUSED

154

INTERVIEWER: FOR EACH STATE, THE SCHIP PLAN CAN BE EITHER A MEDICAID EXPANSION PLAN OR A STAND-ALONE PLAN.   THIS HOUSEHOLD LIVES IN A STATE WHERE:

☐ **S-CHIP AND MEDICAID HAVE SAME NAME OR NO S-CHIP IN STATE. [SKIP TO #159c]**

☐ **S-CHIP AND MEDICAID DO NOT HAVE THE SAME**

155 (C12Q3)

在今天以前，你曾聽說過_____[*state SCHIP name*]?

(1) YES

(2) NO   **[SKIP TO #159C]**

(6) DON'T KNOW   **[SKIP TO #159C]**

(7) REFUSED THIS QUESTION   **[SKIP TO #159C]**

INTERVIEWER: MARK ANSWER TO THIS QUESTION IN **SECTION A** OF HELPSHEET.
ALSO IF THE ANSWER TO THIS QUESTION WAS "YES", CIRCLE " HEARD OF SCHIP" FOR THIS CHILD IN **SECTION C** OF HELPSHEET. IF ANSWER WAS "NO", "DON'T KNOW", OR "REFUSED", CIRCLE "HAVE NOT HEARD OF SCHIP" FOR THIS CHILD IN **SECTION C** OF HELPSHEET.

156 (C12Q3a)

據你所知_____[*state SCHIP name*]，你認為申請這種計劃的手續有多容
易，或是有多困難？你會說非常容易，還算容易，有些困難，或是非常困難？

       (1) VERY EASY
       (2) SOMEWHAT EASY
       (3) SOMEWHAT DIFFICULT
       (4) VERY DIFFICULT
       (6) DON'T KNOW
       (7) REFUSED THIS QUESTION

157 (C12Q3b)

(CHILD)曾經登記過_____[*state SCHIP name*]嗎？

(1) YES **[SKIP TO #159a]**
(2) NO
(6) DON'T KNOW
(7) REFUSED

158 (C12Q3c)

你曾為**(CHILD)**申請_____[*state SCHIP name*]了嗎？

    (1) YES   **[SKIP TO #159a]**

    (2) NO   **[SKIP TO #159c]**

    (6) DON'T KNOW   **[SKIP TO #159c]**

    (7) REFUSED   **[SKIP TO #159c]**

159a

(C12Q3d)

(CHILD)曾經登記過＿＿＿＿＿[*state SCHIP name*]嗎？

[ENTER NUMBER] ＿＿＿＿

159b (C12Q3d1)
[MARK PERIOD]

☐ DAYS   ☐ YEAR(S)

☐ WEEK(S)   ☐ DON'T KNOW

☐ MONTH(S)   ☐ REFUSED

159c   (NO DATA)

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #148 "YES"?
YES **[SKIP TO #160]**   NO **SKIP TO #159d**

159d

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #155 "YES"?
YES **[SKIP TO #160]**   NO **SKIP TO SECTION 11A - PINK**

160 (C12Q4)

INTERVIEWER: LOOK AT SECTION "C" OF HELP SHEET.

IF "HEARD OF MEDICAID" IS CIRCLED READ "OPTION 1" FOR REST OF SECTION.

IF "HEARD OF SCHIP" IS CIRCLED READ "OPTION 2" FOR REST OF SECTION.

IF RESPONDENT HAS HEARD OF BOTH, READ BOTH OPTIONS.

你甚麼時候第一次聽到關於：

OPTION 1: Medicaid **{or_____[*state Medicaid name*]}**，
OPTION 2: (AND) SCHIP **{or _____[*state SCHIP name*]}**?

(01) RADIO, TV
(02) NEWSPAPER, MAGAZINE
(03) FLYER, POSTER
(04) OUTREACH WORKER
(05) WELFARE OFFICE/CASE WORKER
(06) WIC
(07) HEALTH CARE PROVIDER/CLINIC/HOSPITAL
(08) CHILD'S SCHOOL
(09) FRIEND OR FAMILY MEMBER
(10) OTHER_____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

HELP BOX**:**
- IF RESPONDENT HAS HEARD OF PROGRAM FROM MORE THAN ONE SOURCE, PROBE FOR WHERE THEY FIRST HEARD ABOUT IT. IF THEY CANNOT CHOOSE ONE SOURCE, CODE "DON'T KNOW".

- THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

161 (C12Q5)

據你所知關於… …

OPTION 1: Medicaid **{or**_____[*state Medicaid name*]**}**
OPTION 2: (AND) SCHIP **{or** _____[*state SCHIP name*]**}**?

… …你認為**(CHILD)**現在合格嗎？

   (1) YES
   (2) NO
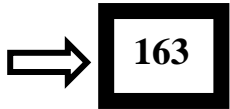   (6) DON'T KNOW
   (7) REFUSED THIS QUESTION

162 (C12Q6)

如果有人告訴你，說你的(孩子早已)合格申請… …

OPTION 1: Medicaid **{or**_____[*state Medicaid name*]**}**
OPTION 2: (AND) SCHIP **{or** _____[*state SCHIP name*]**}**?

… …你要不要為(他/她)辦理申請登記呢？

      (1) YES   **[SKIP TO #165]**
      (2) NO
      (6) DON' T KNOW   **[SKIP TO #165]**
      (7) REFUSED THIS QUESTION **[SKIP TO #165]**

163 (C12Q6A)

你不願意為**(CHILD)** 申請辦理… …
  OPTION 1: Medicaid {**or**_____[*state Medicaid name*]}
  OPTION 2: (OR) SCHIP {**or** _____[*state SCHIP name*]}？
  的主要理由是甚麼呢？

(01) INSURANCE NOT NEEDED   **[SKIP TO #164]**

(02) COSTS TOO MUCH   **[SKIP TO #164]**

(03) DON'T LIKE PEOPLE AT APPLICATION OFFICE   **[SKIP TO #164]**

(04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN   **[SKIP TO #164]**

(05) HEARD BAD THINGS ABOUT PROGRAM   **[SKIP TO #164]**

(06) TAKES TOO MUCH TIME TO APPLY   **[SKIP TO #164]**

(07) DON'T WANT TO MEET PROGRAM REQUIREMENTS   **[SKIP TO #164]**

(08) DON'T WANT WELFARE/ PUBLIC ASSISTANCE   **[SKIP TO #164]**

(09) WORRIES ABOUT CITIZENSHIP   **[SKIP TO #164]**

(10) OTHER_____[RECORD VERBATIM RESPONSE]
                                                           [SKIP TO #164]

(96) DON'T KNOW   **[SKIP TO #165]**

(97) REFUSED THIS QUESTION   **[SKIP TO #165]**

HELPBOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS MPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

164 (C12Q6B)

還有其他別的理由嗎？**[CIRCLE ALL THAT APPLY]**

(01) INSURANCE NOT NEEDED
(02) COSTS TOO MUCH
(03) DON'T LIKE PEOPLE AT APPLICATION OFFICE
(04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN
(05) HEARD BAD THINGS ABOUT PROGRAM
(06) TAKES TOO MUCH TIME TO APPLY
(07) DON'T WANT TO MEET PROGRAM APPLICATION REQUIREMENTS
(08) DON'T ACCEPT WELFARE/ DON'T WANT TO BE IN PUBLIC PROGRAM
(09) WORRIES ABOUT CITIZENSHIP
(10) OTHER_____[RECORD VERBATIM RESPONSE]
(11) NO OTHER REASONS
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

165 (NO DATA)

INTERVIEWER: WAS THE ANSWER TO EITHER #150 OR #157 "YES"?

☐ **YES SKIP TO SECTION 11A – PINK**   ☐ NO [CONTINUE]

➡ **166** (C12Q7)

你有沒有試試為**(CHILD)**申請… …
OPTION 1: Medicaid **{or_____[state Medicaid name]}**

OPTION 2: (AND) SCHIP {or _____[*state SCHIP name*]}?

    (1) YES
    (2) NO   **[SKIP TO SECTION 11A (PINK)]**
    (6) DON'T KNOW   **[SKIP TO SECTION 11A (PINK)]**
    (7) REFUSED THIS QUESTION   **[SKIP TO SECTION 11A (PINK)]**

⇨ **167**   (C12Q7A)

你曾為**(CHILD)**申請過那一項計劃？

(OPTION 1)   (1) Medicaid {or _____[*state Medicaid name*]}
(OPTION 2)   (2) _____[*State SCHIP name*]
(OPTION 1 & 2)   (3) BothMedicaid{or_____[*stateMedicaidname*] and_____[*state SCHIP name*]
               (6) DON'T KNOW
               (7) REFUSED THIS QUESTION

168   (C12Q7B)

你為甚麼沒有完成申請**[this program/these programs]**的手續呢？

    (01) TOO CONFUSING OR COMPLICATED
    (02) TOO TIME CONSUMING; FORMS TOO LONG
    (03) LANGUAGE/COMPREHENSION/LITERACY PROBLEMS
    (04) COULDN'T GET TO APPLICATION OFFICE WHEN OPEN
    (05) TRANSPORTATION PROBLEMS GETTING TO OFFICE
    (06) COULDN'T GET THROUGH ON TELEPHONE
    (07) DIDN'T HAVE ALL THE PAPERS NEEDED TO ENROLL
    (08) PEOPLE AT APPLICATION OFFICE NOT HELPFUL
    (09) TOLD CHILD INELIGIBLE B/C INCOME TOO HIGH
    (10) QUESTIONS TOO PERSONAL
    (11) DON'T LIKE DOCS/PROVIDERS IN PLAN
    (12) GOT INSURANCE SOME OTHER WAY
    (13) OTHER_____[RECORD VERBATIM RESPONSE]
    (96) DON'T KNOW
    (97) REFUSED THIS QUESTION

[SKIP TO SECTION 11A – PINK]

Section 12A. MEDICAID AND SCHIP KNOWLEDGE AND EXPERIENCE

146   (C12Q1_1)

早先你曾告訴我，**("S"CHILD)**沒有健康保險。現在你能告訴我**("S"CHILD)**未能有健康保險的主要理由嗎？**(CIRCLE ALL THAT APPLY)**

(1)   COSTS TOO MUCH
(2)   DON'T NEED INSURANCE/DON'T GET SICK
(3)   NO ONE IN FAMILY CURRENTLY EMPLOYED
(4)   CAN'T GET INSURANCE THROUGH EMPLOYER
(5)   INELIGIBLE DUE TO CHILD'S HEALTH STATUS
(6)   INELIGIBLE DUE TO AGE / LEFT SCHOOL
(7)   INELIGIBLE DUE TO RULE VIOLATION
(8)   INELIGIBLE DUE TO INCREASE IN INCOME
(9)   INSURANCE ENDED AFTER PREGNANCY
(10) USED UP AVAILABLE BENEFITS
(11) DON'T KNOW HOW TO GET INSURANCE
(12) OTHER_____[RECORD VERBATIM RESPONSE]
(96)   DON'T KNOW   **[SKIP TO#148]**
(97)   REFUSED THIS QUESTION   **[SKIP TO#148]**

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

147   (C12Q1A1)

還有其他別的理由嗎？**[CIRCLE ALL THAT APPLY]**

     (1)   COSTS TOO MUCH
     (2)   DON'T NEED INSURANCE/DON'T GET SICK
     (3)   NO ONE IN FAMILY CURRENTLY EMPLOYED
     (4)   CAN'T GET INSURANCE THROUGH EMPLOYER
     (5)   INELIGIBLE DUE TO CHILD'S HEALTH STATUS
     (6)   INELIGIBLE DUE TO AGE / LEFT SCHOOL
     (7)   INELIGIBLE DUE TO RULE VIOLATION
     (8)   INELIGIBLE DUE TO INCREASE IN INCOME
     (9)   INSURANCE ENDED AFTER PREGNANCY
     (10) USED UP AVAILABLE BENEFITS
     (11) DON'T KNOW HOW TO GET INSURANCE
     (12) OTHER_____[RECORD VERBATIM RESPONSE]
     (96) DON'T KNOW   **[SKIP TO #148]**
     (97) REFUSED THIS QUESTION **[SKIP TO #148]**

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

148   (C12Q1_2)

早先你曾告訴我，("N" CHILD)沒有健康保險。現在你能告訴我("N" CHILD)未能有健康

保險的主 要理由嗎？**(CIRCLE ALL THAT APPLY)**

     (01) COSTS TOO MUCH
     (02) DON'T NEED INSURANCE/DON'T GET SICK
     (03) NO ONE IN FAMILY CURRENTLY EMPLOYED
     (04) CAN'T GET INSURANCE THROUGH EMPLOYER
     (05) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
     (06) INELIGIBLE DUE TO AGE / LEFT SCHOOL
     (07) INELIGIBLE DUE TO RULE VIOLATION
     (08) INELIGIBLE DUE TO INCREASE IN INCOME
     (09) INSURANCE ENDED AFTER PREGNANCY
     (10) USED UP AVAILABLE BENEFITS
     (11) DON'T KNOW HOW TO GET INSURANCE
     (12) OTHER_____[RECORD VERBATIM RESPONSE]
     (96) DON'T KNOW   **[SKIP TO #150]**
     (97) REFUSED THIS QUESTION   **[SKIP TO #150]**

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

149	(C12Q1A2)

還有其他別的理由嗎？ **[CIRCLE ALL THAT APPLY]**

        (01) COSTS TOO MUCH
        (02) DON'T NEED INSURANCE/DON'T GET SICK
        (03) NO ONE IN FAMILY CURRENTLY EMPLOYED
        (04) CAN'T GET INSURANCE THROUGH EMPLOYER
        (05) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
        (06) INELIGIBLE DUE TO AGE / LEFT SCHOOL
        (07) INELIGIBLE DUE TO RULE VIOLATION
        (08) INELIGIBLE DUE TO INCREASE IN INCOME
        (09) INSURANCE ENDED AFTER PREGNANCY
        (10) USED UP AVAILABLE BENEFITS
        (11) DON'T KNOW HOW TO GET INSURANCE
        (12) OTHER_____[RECORD VERBATIM RESPONSE]
        (96) DON'T KNOW
        (97) REFUSED THIS QUESTION

> HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.
>
> IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

⇒ 150

(C12Q2)

在今天之前，你可曾聽說過政府醫療補助{or _____[*state Medicaid name*]}？

    (1) YES
    (2) NO   **[SKIP TO #158** (C12Q3)**]**
    (6) DON'T KNOW   **[SKIP TO #158** (C12Q3)**]**
    (7) REFUSED THIS QUESTION   **[SKIP TO #158** (C12Q3)**]**

> INTERVIEWER: MARK ANSWER TO THIS QUESTION IN **SECTION A** OF HELPSHEET. IF ANSWER TO THIS QUESTION WAS "YES", CIRCLE " HEARD OF MEDICAID" FOR BOTH CHILDREN IN **SECTION C** OF HELPSHEET. IF ANSWER WAS "NO", "DON'T KNOW", OR "REFUSED", CIRCLE "HAVE NOT HEARD OF MEDICAID" FOR BOTH CHILDREN IN **SECTION C** OF HELPSHEET.

151 (C12Q2a)

就你所知道的政府醫療保險，**{or _____[*state Medicaid name*]}**，你認為申請這種保險的
手續有多容易，或是有多困難？你會說非常容易，還算容易，有些困難，或是非常困難？

    (1) VERY EASY
    (2) SOMEWHAT EASY
    (3) SOMEWHAT DIFFICULT
    (4) VERY DIFFICULT
    (6) DON'T KNOW
    (7) REFUSED THIS QUESTION

152 (C12Q2B1)

(**"S" CHILD**)曾經登記過政府醫療保險{or _____[*state Medicaid name*]}?嗎？

    (1) YES   **[SKIP TO #154** (C12Q2D1)**]**
    (2) NO   **[SKIP TO #153** (C12Q2C1)**]**
    (6) DON'T KNOW   **[SKIP TO #153** (C12Q2C1)**]**
    (7) REFUSED   **[SKIP TO #153** (C12Q2C1)**]**

153 (C12Q2C1)

你有沒有為(**"S" CHILD**)申請過政府醫療保險？{or _____[*state Medicaid name*]}

    (1) YES   **[SKIP TO #154** (C12Q2D1)**]**
    (2) NO   **[SKIP TO #155** (C12Q2B2)**]**
    (6) DON'T KNOW   **[SKIP TO #155** (C12Q2B2)**]**
    (7) REFUSED THIS QUESTION   **[SKIP TO #155** (C12Q2B2)**]**

154 (C12Q2D1)

你最近一次申辦政府醫療保險是甚麼時候？{or _____**[state Medicaid name]**}for (**"S" CHILD**)?

　　　　[ENTER NUMBER] _____

154a (C12Q2D1_1)

[MARK PERIOD]

☐ DAYS　　☐ YEAR(S)

☐ WEEK(S)　☐ DON'T KNOW

☐ MONTH(S)　☐ REFUSED

155 (C12Q2B2)

Ⓗ

(**"N" CHILD**)曾經登記過政府醫療保險{or _____[*state Medicaid name*]}?嗎？

　　　　(1) YES　**[SKIP TO #152** (C12Q2D)]
　　　　(2) No
　　　　(6) DON'T KNOW
　　　　(7) REFUSED

156 (C12Q2C2)

你有沒有為(**"N" CHILD**)申請過政府醫療保險？{or _____[*state Medicaid name*]}
　　　　(1) YES　　　　　　　　**[SKIP TO #157** (C12Q2D2)]

<div align="right">

(2) NO   **[SKIP TO #158** (C12Q3)]

(6) DON'T KNOW   **[SKIP TO #158** (C12Q3)]

(7) REFUSED THIS QUESTION **[SKIP TO #158** (C12Q3)]

</div>

157   (C12Q2D2)

你最近一次申辦政府醫療保險是甚麼時候？{or _____[state Medicaid name]}for (**"N" CHILD**)?

      [ENTER NUMBER] _____

157A   (C12Q2d1) **[MARK PERIOD]**

☐ DAYS   ☐ YEAR(S)

☐ WEEK(S)   ☐ DON'T KNOW

☐ MONTH(S)   ☐ REFUSED

158

INTERVIEWER: FOR EACH STATE, THE SCHIP PLAN CAN BE EITHER A MEDICAID EXPANSION PLAN OR A STAND-ALONE PLAN. THIS HOUSEHOLD LIVES IN A STATE WHERE:

☐ **S-CHIP AND MEDICAID HAVE SAME NAME OR NO S-CHIP IN STATE. [SKIP TO #165b]**

☐ **S-CHIP AND MEDICAID <u>DO NOT</u> HAVE THE SAME**

158a   (C12Q3)

在今天以前，你曾聽說過_____[*state SCHIP name*]?

     (1) YES   **[SKIP TO #159** (C12Q3A)]

(2) NO   **[SKIP TO #165b]**

(6) DON'T KNOW   **[SKIP TO #165b]**

(7) REFUSED THIS QUESTION   **[SKIP TO #165b]**

⟹

> INTERVIEWER: MARK ANSWER TO THIS QUESTION IN **SECTION A** OF HELPSHEET.
> ALSO IF THE ANSWER TO THIS QUESTION WAS "YES", CIRCLE " HEARD OF SCHIP" FOR THIS CHILD IN **SECTION C** OF HELPSHEET. IF ANSWER WAS "NO", "DON'T KNOW", OR "REFUSED", CIRCLE "HAVE NOT HEARD OF SCHIP" FOR THIS CHILD IN **SECTION C** OF HELPSHEET.

(1) Very easy
(2) Somewhat easy
(3) Somewhat difficult
(4) Very difficult
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

⟹ Ⓗ **160**

(C12Q3B1)

("S" CHILD)曾經登記過_____[*state SCHIP name*]嗎？

(1) YES   **[SKIP TO #162** (C4Q3D_1)]
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

⟹ **161**

(C12Q3C_1)

你曾為**("S" CHILD)**申請_____[*state SCHIP name*]了嗎？
(1) YES   **[SKIP TO #162** (C4Q3D_1)]
(2) NO   **[SKIP TO #163]**
(6) DON'T KNOW   **[SKIP TO #163]**
(7) REFUSED THIS QUESTION   **[SKIP TO #163]**

162 (C12Q3D_1)

你上一次甚麼時候為 **("S" CHILD)**申請_____[*state SCHIP name*]的？

[ENTER NUMBER] _____

162A (C12Q3d1)
[MARK PERIOD]

☐ DAYS   ☐ YEAR(S)

☐ WEEK(S)   ☐ DON'T KNOW

☐ MONTH(S) ☐ REFUSED

Ⓗ **163** (C12Q3B2)

("N" CHILD)曾經登記過_____[*state SCHIP name*]嗎？

(1) YES   **[SKIP TO #165** (C12Q3D_2)**]**
(2) NO   **[SKIP TO #164** (C12Q3C_2)**]**
(6) DON'T KNOW   **[SKIP TO #164** (C12Q3C_2)**]**
(7) REFUSED THIS QUESTION **[SKIP TO #164** (C12Q3C_2)**]**

164

(C12Q3C_2)

你曾為(“N” CHILD)申請_____[*state SCHIP name*]了嗎？
    (1) YES   **[SKIP TO #165** (C12Q3D_2)]
    (2) NO   **[SKIP TO #165b** (C12Q4)]
    (6) DON'T KNOW   **[SKIP TO #165b** (C12Q4)]
    (7) REFUSED THIS QUESTION   **[SKIP TO #165b** (C12Q4)]

⇒ **165**   (C12Q3D_2)

你上一次甚麼時候為(“N” CHILD)申請_____[*state SCHIP name*]的？

    [ENTER NUMBER] _____

165A (C12Q3D1_2)
[MARK PERIOD]

☐ DAYS   ☐ YEAR(S)

☐ WEEK(S)   ☐ DON'T KNOW

☐ MONTH(S) ☐ REFUSED

165b   (NO DATA)

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #152 "YES"?
    ☐ YES **[SKIP TO #166]**   ☐ NO **[SKIP TO #165c]**

165c

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #158a "YES"?
    ☐ YES **[SKIP TO #166]**   ☐ NO **[SKIP TO SECTION 11A (PINK)]**

166 (C12Q4)

INTERVIEWER: LOOK AT SECTION C OF HELP SHEET.

IF "HEARD OF MEDICAID" IS CIRCLED READ "OPTION 1" FOR REST OF SECTION.

IF "HEARD OF SCHIP" IS CIRCLED READ "OPTION 2" FOR REST OF SECTION.

IF RESPONDENT HAS HEARD OF BOTH, READ BOTH OPTIONS.

你甚麼時候第一次聽到關於：

OPTION 1: Medicaid **{or_____[***state Medicaid name***]}**，
OPTION 2: (AND) SCHIP **{or _____[***state SCHIP name***]}**?

> (01) RADIO, TV
> (02) NEWSPAPER, MAGAZINE
> (03) FLYER, POSTER
> (04) OUTREACH WORKER
> (05) WELFARE OFFICE/CASE WORKER
> (06) WIC
> (07) HEALTH CARE PROVIDER/CLINIC/HOSPITAL
> (08) CHILD'S SCHOOL
> (09) FRIEND OR FAMILY MEMBER
> (10) OTHER_____[RECORD VERBATIM RESPONSE]
> (96) DON'T KNOW
> (97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

167 (C12Q5_1)

據你所知關於… …
OPTION 1: Medicaid {**or**_____[*state Medicaid name*]}
OPTION 2: (AND) SCHIP {**or** _____[*state SCHIP name*]}?
… …你認為(**"S" CHILD**)現在合格嗎？

   (1) YES
   (2) NO
   (6) DON'T KNOW
   (7) REFUSED THIS QUESTION

168 (C12Q5_2)

據你所知關於… …
OPTION 1: Medicaid {**or**_____[*state Medicaid name*]}
OPTION 2: (AND) SCHIP {**or** _____[*state SCHIP name*]}?
… …你認為 (**"N" CHILD**)現在合格嗎？

   (1) YES
   (2) NO
   (6) DON'T KNOW
   (7) REFUSED THIS QUESTION

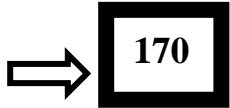**169** (C12Q6)

如果有人告訴你，說你的(**"S" CHILD OR "N" CHILD**)合格申請… …
OPTION 1: Medicaid {**or**_____[*state Medicaid name*]}
OPTION 2: (AND) SCHIP {**or** _____[*state SCHIP name*]}?
… …你要不要為(他/她)辦理申請登記呢？

(1) YES	**[SKIP TO #172]**
(2) NO	**[SKIP TO #170** (C12Q6A)]
(6) DON' T KNOW	**[SKIP TO #172** (C12Q7_1)]
(7) REFUSED THIS QUESTION	**[SKIP TO #172** (C12Q7_1)]

HELP BOX: A RESPONDENT MAY ANSWER THIS QUESTION WITH "I'M NOT SURE", OR "MAYBE". IF THIS OCCURS, CODE ANSWER AS "DON'T KNOW".

170 (C12Q6A)

你不願意為**("S" CHILD OR "N" CHILD)** 申請辦理… …
 OPTION 1: Medicaid {or_____[*state Medicaid name*]}
 OPTION 2: (OR) SCHIP {or _____[*state SCHIP name*]}?
的主要理由是甚麼呢？

(01) INSURANCE NOT NEEDED   **[SKIP TO #171]**

(02) COSTS TOO MUCH   **[SKIP TO #171]**

(03) DON'T LIKE PEOPLE AT APPLICATION OFFICE   **[SKIP TO #171]**

(04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN   **[SKIP TO #171]**

(05) HEARD BAD THINGS ABOUT PROGRAM   **[SKIP TO #171]**

(06) TAKES TOO MUCH TIME TO APPLY   **[SKIP TO #171]**

(07) DON'T WANT TO MEET PROGRAM REQUIREMENTS   **[SKIP TO #171]**

(08) DON'T WANT WELFARE/ PUBLIC ASSISTANCE   **[SKIP TO #171]**

(09) WORRIES ABOUT CITIZENSHIP   **[SKIP TO #171]**

(10) OTHER_____[RECORD VERBATIM RESPONSE]
                                                               [SKIP TO #171]

(96) DON'T KNOW   **[SKIP TO #172** (C12Q7_1)]

(97) REFUSED THIS QUESTION   **[SKIP TO #172** (C12Q7_1)]

HELPBOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS MPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

171 (C12Q6B)

還有其他別的理由嗎？**[CIRCLE ALL THAT APPLY]**

(01) INSURANCE NOT NEEDED
(02) COSTS TOO MUCH
(03) DON'T LIKE PEOPLE AT APPLICATION OFFICE
(04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN
(05) HEARD BAD THINGS ABOUT PROGRAM
(06) TAKES TOO MUCH TIME TO APPLY
(07) DON'T WANT TO MEET PROGRAM APPLICATION REQUIREMENTS
(08) DON'T ACCEPT WELFARE/ DON'T WANT TO BE IN PUBLIC PROGRAM
(09) WORRIES ABOUT CITIZENSHIP
(10) OTHER_____[RECORD VERBATIM RESPONSE]
(11) NO OTHER REASONS
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

172 (NO DATA)

INTERVIEWER: WAS THE ANSWER TO #152 <u>OR</u> #160 "YES"?

☐ **YES[SKIP TO SECTION 11A (PINK)]**   ☐ NO [CONTINUE]

173 (C12Q7_1)

你有沒有試試為**(CHILD)**申請… …
OPTION 1: Medicaid **{or**_____[*state Medicaid name*]**}**
OPTION 2: (AND) SCHIP **{or** _____[*state SCHIP name*]**}**?

   (1) YES
   (2) NO   **[SKIP TO #175]**
   (6) DON'T KNOW   **[SKIP TO #175]**
   (7) REFUSED THIS QUESTION   **[SKIP TO #175]**

174 (C12Q7A_1)

你 曾 為 **("S"CHILD)** 申 請 過 那 一 項 計 劃 ?

(OPTION 1)   (1) Medicaid {or _____[*state Medicaid name*]}

(OPTION 2)   (2) _____[*State SCHIP name*]

(OPTION 1 & 2)   (3) Both Medicaid {or _____[*state Medicaid name*] and_____[*state SCHIP name*]
                     (6) DON'T KNOW
                     (7) REFUSED THIS QUESTION

174b (C12Q7B_2)

你為甚麼沒有完成申請[this program/these programs]的手續呢？

(1) TOO CONFUSING OR COMPLICATED
(2) TOO TIME CONSUMING; FORMS TOO LONG
(3) LANGUAGE/COMPREHENSION/LITERACY PROBLEMS
(4) COULDN'T GET TO APPLICATION OFFICE WHEN OPEN
(5) TRANSPORTATION PROBLEMS GETTING TO OFFICE
(6) COULDN'T GET THROUGH ON TELEPHONE
(7) DIDN'T HAVE ALL THE PAPERS NEEDED TO ENROLL
(8) PEOPLE AT APPLICATION OFFICE NOT HELPFUL
(9) TOLD CHILD INELIGIBLE B/C INCOME TOO HIGH
(10) QUESTIONS TOO PERSONAL
(11) DON'T LIKE DOCS/PROVIDERS IN PLAN
(12) GOT INSURANCE SOME OTHER WAY
(13) OTHER_____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

175 (NO DATA)

INTERVIEWER: WAS THE ANSWER TO #155 OR #163 "YES"?

☐ YES [SKIP TO SECTION 11A (PINK)]　　☐ NO [CONTINUE]

176

⟹   (C12Q7_2)

你有沒有試試為 (**"N" CHILD**) 申請… …
  OPTION 1: Medicaid **{or**_____[*state Medicaid name*]**}**
  OPTION 2: (AND) SCHIP **{or** _____[*state SCHIP name*]**}**?

   (1) YES
   (2) NO   **[SKIP TO #179** (C11Q14)**]**
   (6) DON'T KNOW   **[SKIP TO #179** (C11Q14)
   (7) REFUSED THIS QUESTION   **[SKIP TO #179** (C11Q14)**]**

⟹ **177**
        (C12Q7A_2)

   你曾為(**"N" CHILD**)申請過那一項計劃？

   (OPTION 1)   (1) Medicaid {or _____[*state Medicaid name*]}

   (OPTION 2)   (2) _____[*State SCHIP name*]

   (OPTION 1 & 2)   (3) Both Medicaid {or _____[*state Medicaid
                              name*] and _____[*state SCHIP name*]

                         (6) DON'T KNOW
                         (7) REFUSED THIS QUESTION

178   (C12Q7B_2)

   你為甚麼沒有完成申請[**this program/these programs**]的手續呢？

   (1) TOO CONFUSING OR COMPLICATED
   (2) TOO TIME CONSUMING; FORMS TOO LONG
   (3) LANGUAGE/COMPREHENSION/LITERACY PROBLEMS
   (4) COULDN'T GET TO APPLICATION OFFICE WHEN OPEN
   (5) TRANSPORTATION PROBLEMS GETTING TO OFFICE
   (6) COULDN'T GET THROUGH ON TELEPHONE
   (7) DIDN'T HAVE ALL THE PAPERS NEEDED TO ENROLL
   (8) PEOPLE AT APPLICATION OFFICE NOT HELPFUL
   (9) TOLD CHILD INELIGIBLE B/C INCOME TOO HIGH
   (10) QUESTIONS TOO PERSONAL
   (11) DON'T LIKE DOCS/PROVIDERS IN PLAN
   (12) GOT INSURANCE SOME OTHER WAY

(13) OTHER_____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

SECTION 11A. TELEPHONE LINE AND HOUSEHOLD INFORMATION

179 (NO DATA)

INTERVIEWER: LOOK ON FACE SHEET. WHAT IS LISTED AFTER **"Telephone Line/HH information"** ? ☐ YES – SKIP TO #188 ☐ NO - CONTINUE

179a (C11Q14)

下面的幾個問題是關於你家的電話號碼。除了

{AREA CODE AND TELEPHONE NUMBER CALLED}之外，家裡還有沒有

別的電話號碼?

(1) YES
(2) NO   **[SKIP TO #185** (C11Q20)]
(6) DON'T KNOW   **[SKIP TO #185** (C11Q20)]
(7) REFUSED THIS QUESTION   **[SKIP TO #185** (C11Q20)]

180 (C11Q15 (FAM.110)

這第二個號碼是專供家用的，或是專供生意用的，或家用與生意共用？

(1) 只是家用

(2) 商業專用   **[SKIP TO #182** (C11Q17)]

(3) 家庭與商業共用

(6) DON'T KNOW   **[SKIP TO #185** (C11Q17)]

(7) REFUSED THIS QUESTION **[SKIP TO #185** (C11Q17)]

181 (C11Q16)

這第二個號碼是電腦與傳真通訊專用的嗎？

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

182 (C11Q17)
除了你已經告訴我的這兩個電話號碼之外，你家裡還有第三個電話號碼嗎？

    (1) YES

    (2) NO   **[SKIP TO #185** (C11Q20)**]**

    (6) DON'T KNOW   **[SKIP TO #185** (C11Q20)**]**

    (7) REFUSED THIS QUESTION   **[SKIP TO #185** (C11Q20)**]**

183 (C11Q18)

這第三個電話號碼是專門家用，專門生意用，或是家用與生意共用？

    (1) 專門家用

    (2) 生意專用   **[SKIP TO #185** (C11Q20)**]**

    (3) 二者皆可

    (6) DON'T KNOW   **[SKIP TO #185** (C11Q20)**]**

    (7) REFUSED THIS QUESTION   **[SKIP TO #185** (C11Q20)**]**

184 (C11Q19)
第三個電話號碼是電腦與傳真通訊專用的嗎？

    (1) YES

    (2) NO

    (6) DON'T KNOW

    (7) REFUSED

185 (C11Q20)
在過去的 12 個月中，你家裡可有過一星期以上沒有電話服務？

    (1) YES

    (2) NO   **[SKIP TO #187** (C11Q22)**]**

    (6) DON'T KNOW   **[SKIP TO #187** (C11Q22)**]**

    (7) REFUSED   **[SKIP TO #187** (C11Q22)**]**

186a (C11Q21_A)

在最近的 12 個月中，你家裡沒有電話服務的時間有多久？

ENTER NUMBER _____

186b (C11Q21)

☐ DAYS ☐ YEAR(S)

☐ WEEK(S) ☐ DON'T KNOW

☐ MONTH(S) ☐ REFUSED THIS QUESTION

187 (C11Q22)

請告訴我你的郵遞區號。

_____ _____ _____ ____ _____ (00001-99995)
(99996) DON'T KNOW
(99997) REFUSED THIS QUESTION

188 (CWEND)

這些是我所有的問題。我代表疾病控制與預防中心謝謝你花費寶貴的時間與精神來
回答這些問題。如果你對這次的調查訪問有任何問題，歡迎你隨時打電話給我的督
導，我們的免費電話號碼是 1-800-290-1296。如果你有關於參與調查者的個人權益問
題，請你打電話給審核協會董事會主席，電話號碼是 1-800-223-8118，再一次感謝你。
[TERMINATE]