

**2007 LOS ANGELES COUNTY HEALTH SURVEY
– Child Screener –
(Adult Sample Follow-up)**

SCREENING QUESTIONS

TRANSFER FROM MAIN QUESTIONNAIRE:

- FIRST NAME, AGE, GENDER, PHONE #, ALTERNATIVE PHONE #S OF PARENT, AND LANGUAGE OF SURVEY

May I speak with FIRST NAME OF PARENT?

ONCE PARENT IS ON PHONE, IF CALLBACK TO THE SAME PERSON INTERVIEWED IN THE MAIN SURVEY, SAY:

I'm _____ and I'm calling on behalf of your Los Angeles County Department of Public Health, whose role is to promote and protect the health of everyone who lives in Los Angeles County. Recently you participated in an important telephone survey about health care for the Los Angeles County Department of Public Health. You said we could call back to ask you some questions about the health and health care needs of your child or children. Just to confirm, are you the parent or legal guardian of a child under age 18 living in this household?

(IF YES, RECORD GENDER OF PARENT (PS5) AND GO IMMEDIATELY TO P1a)

IF NOT A PARENT OR GUARDIAN, SAY:

May I speak with the mother of a child under age 18 who lives at this household? (IF NOT AVAILABLE, ASK FOR FIRST NAME OF MOTHER AND BEST TIME TO CALL BACK.)

ONCE PARENT IS ON PHONE, IF NOT THE SAME PERSON INTERVIEWED IN THE MAIN SURVEY, SAY:

I'm _____ and I'm calling on behalf of your Los Angeles County Department of Public Health, whose role is to promote and protect the health of everyone who lives in Los Angeles County. Recently a member of your household participated in an important telephone survey about health care for the Los Angeles County Department of Public Health. The Department of Public Health is now asking parents of Los Angeles County children to answer some questions about their children's health and health care needs. Just to confirm, are you the parent or legal guardian of a child under age 18 living in this household?

(IF YES, RECORD GENDER OF PARENT (PS5) AND GO IMMEDIATELY TO P1a)

IF NOT A PARENT OR GUARDIAN, SAY:

May I speak with the mother of a child under age 18 who lives at this household? (IF NOT AVAILABLE, ASK FOR FIRST NAME OF MOTHER AND BEST TIME TO CALL BACK.)

- I'm _____ and I'm calling on behalf of your Los Angeles County Department of Public Health, whose role is to promote and protect the health of everyone who lives in Los Angeles County. The Department of Public Health is conducting an important survey of the parents of children throughout the County. We'd like to speak to the mother of any child under age 18 who lives in this household.
- Your telephone number was randomly generated by a computer.
- We are definitely not selling anything or asking for money.
- The survey is absolutely confidential and the answers given will not be identified with your children or your household in any way.
- This is a public health survey sponsored by your Los Angeles County Department of Public Health. If you have any questions about the survey, you may contact the Los Angeles County Department of Public Health at (213) 240-7785.
- We are calling to collect information about the health of children to help the Department of Public Health to better serve the needs of all children living in Los Angeles County.

PS1. We can conduct the survey in any of the following languages – English, Spanish, Mandarin or Cantonese, Korean, or Vietnamese. Would you prefer to be interviewed in a language other than English? YES 1
 NO 2

IF YES, ASK:

PS2.	RECORD LANGUAGE OR ASK: Which one? (IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED, RECORD APPLICABLE CODE)	
	SPANISH.....	2
	MANDARIN.....	3
	CANTONESE.....	4
	CHINESE (UNSPECIFIED).....	5
	KOREAN.....	6
	VIETNAMESE.....	7
	ASIAN UNSPECIFIED.....	8
	OTHER.....	11
	DON'T KNOW.....	88
	REFUSED.....	99 → TERMINATE

} GO TO PS3

} GO TO PS4

IF PS2 = 2, 3, 4, 5, 6, 7 OR 8, SAY:

PS3.	An interviewer (fluent in _____) will call you back soon to conduct the interview in that language. We greatly appreciate your participation in this important survey when our interviewer calls back.	
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IF PS2 = DON'T KNOW, SAY:

PS4.	We can only conduct the interview in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese. Is there another adult in your household who speaks English or one of these languages?	
	YES.....	1 → ASK TO SPEAK WITH THAT PERSON AND RETURN TO INTRO
	NO.....	2 → TERMINATE

PS5. RECORD GENDER OF PARENT: MALE 1
 FEMALE 2

Before we begin, I need to tell you that this call may be monitored by my supervisor to ensure quality and courtesy.

2007 LOS ANGELES COUNTY HEALTH SURVEY
- Child Screener -
(Sample Augment)

Hello. I'm _____ and I'm calling on behalf of your Los Angeles County Department of Public Health, whose role is to promote and protect the health of everyone who lives in Los Angeles County. The Department of Public Health is conducting an important survey among Los Angeles County parents.

A. For this survey we are interested in speaking to parents of Los Angeles County children under age 18. Do any children under age 18 live in this household?

- YES..... 1 (CONTINUE)
- NO..... 2 (THANK AND TERMINATE)
- HOUSEHOLD NOT IN LOS ANGELES..... 3 (THANK AND TERMINATE)
- RETURN TO CONTACT SCREEN..... 4
- LANGUAGE PROBLEM..... 5 (GO TO PS1)
- REFUSED..... REF (CONTINUE)

B1. We would like to speak with the mother of any children under age 18 who live in this household. (IF FEMALE, ASK:) Is that you or someone else? (IF MALE OR OTHER, ASK:) Is that person available now?

- RESPONDENT IS MOTHER..... 1 (GO TO PS1)
- SOMEONE ELSE IS COMING TO PHONE..... 2 (GO TO PINTRO)
- MOTHER NOT AVAILABLE NOW..... 3 (ARRANGE CALLBACK)
- CHILD IN HOUSEHOLD, BUT MOTHER
DOES NOT LIVE IN THE HOUSEHOLD..... 4 (GO TO C)
- NO CHILDREN IN HOUSEHOLD..... 5 (TERMINATE)
- LANGUAGE PROBLEMS..... 6 (GO TO PS1)
- REFUSED..... REF (GO TO B2)

IF REFUSED, SAY:

B2. It is very important that we arrange a time to speak with the mother of the children living in this household. When would be a good time to call back?

- CALLBACK OKAY..... 1
- REFUSED CALLBACK..... 2

- Your telephone number was randomly generated by a computer.
- We are calling to collect information about the health of children to help the Department better serve the needs of all children in Los Angeles County.
- We are definitely not selling anything or asking for money.
- The survey is absolutely confidential and the answers given will not be associated with your children or your household in any way.
- This is a public health survey sponsored by your Los Angeles County Department of Public Health. If you have any questions about the survey, you may contact the Los Angeles County Department of Public Health at (213) 240-7785.

IF SOMEONE ELSE COMES TO THE PHONE, SAY:

PINTRO. Hello. I'm _____ and I'm calling on behalf of your Los Angeles County Department of Public Health, whose role is to promote and protect the health of everyone who lives in Los Angeles County. The Department of Public Health is conducting an important survey among Los Angeles County parents.

IF NECESSARY, SAY:

- Your telephone number was randomly generated by a computer.
- We are calling to collect information about the health of children to help the Department better serve the needs of children in Los Angeles County.
- We are definitely not selling anything or asking for money.
- The survey is absolutely confidential and the answers given will not be associated with your children or your household in any way.
- This is a public health survey sponsored by your Los Angeles County Department of Public Health. If you have any questions about the survey, you may contact the Los Angeles County Department of Public Health at (213) 240-7785.

CONTINUE 1 (GO TO C)
 LANGUAGE PROBLEMS 2 (GO TO PS1)
 REFUSED REF (GO TO B2)

IF CHILD IN HOUSEHOLD, BUT MOTHER DOES NOT LIVE IN THE HOUSEHOLD –OR- PINTRO = 1 (CONTINUE), ASK:

C. Are you the parent or legal guardian of any children under age 18 who live in this household? (IF PARENT IS NOT ON PHONE, ASK:) Is that person available now?

RESPONDENT IS MOTHER..... 1 (GO TO PS1)
 SOMEONE ELSE IS COMING TO PHONE..... 2 (GO TO PINTRO)
 MOTHER NOT AVAILABLE NOW 3 (ARRANGE CALLBACK)
 CHILD IN HOUSEHOLD, BUT MOTHER
 DOES NOT LIVE IN THE HOUSEHOLD 4 (GO TO C)
 NO CHILDREN IN HOUSEHOLD 5 (TERMINATE)
 LANGUAGE PROBLEMS 6 (GO TO PS1)
 REFUSED REF (GO TO B2)

PS1. We can conduct the survey in any of the following languages – English, Spanish, Mandarin, Cantonese, Korean or Vietnamese. Would you prefer to be interviewed in a language other than English?
 YES..... 1 (ASK PS2)
 NO 2 (GO TO PS5)

IF YES TO PS1, ASK:

PS2. RECORD LANGUAGE OR ASK: Which one?
 (IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED, RECORD APPLICABLE CODE)

SPANISH.....	2	} (GO TO PS3)
MANDARIN.....	3	
CANTONESE.....	4	
CHINESE (UNSPECIFIED).....	5	
KOREAN.....	6	
VIETNAMESE.....	7	
ASIAN UNSPECIFIED.....	8	
OTHER.....	11 (GO TO PS4)	
DON'T KNOW.....	98 (GO TO PS4)	
REFUSED.....	99 (TERMINATE)	

IF PS2 = 2-8, SAY:

PS3. An interviewer (fluent in _____) will call you back soon to conduct the interview in that language. We greatly appreciate your participation in this important survey when our interviewer calls back.

IF PS2 = 11 OR DK, SAY:

PS4. We can only conduct the interview in English, Spanish, Mandarin, Cantonese, Korean and Vietnamese. Is there another parent or legal guardian of a child under age 18 in your household who speaks English or one of these languages?

YES.....1 (ASK TO SPEAK WITH THAT PERSON)

NO.....2 (TERMINATE)

PS5. RECORD GENDER OF PARENT:

MALE.....1

FEMALE.....2

Before we begin I need to tell you that my supervisor periodically monitors these interviews to ensure quality and courtesy.

**2007 LOS ANGELES COUNTY HEALTH SURVEY
 – Child Questionnaire –
 (Sample Augment)**

CHILD IDENTIFICATION AND BACKGROUND

P1a. How many of your children are under age 18 and live with you _____
 in this household? (P1a)

IF ONLY ONE CHILD UNDER AGE 18 IN HOUSEHOLD, ASK:

P1b. So that we can refer to your child by name during the rest of the survey, what is his or her first name? (IF REFUSED) What are his or her initials? (P1b)	NAME/INITIALS OF CHILD: _____
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IF MORE THAN ONE CHILD UNDER AGE 18 IN HOUSEHOLD, ASK:

P2. To keep this interview short, we will only be asking questions about one of your children under age 18 in your household. As a way to select which child to discuss, I would like you to tell me which of your children under age 18 has had the most recent birthday. What is that child's first name? (IF REFUSED) What are his or her initials? (P2)	NAME/INITIALS OF CHILD WITH MOST RECENT BIRTHDAY: _____
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IF TWO OR MORE CHILDREN HAVE SAME BIRTHDAY, SAY:

P3a. How many children have the same birthday? (P3a)	_____ CHILDREN REFUSED9
P3b. What are the names of each child? (IF REFUSED) What are the initials of each child? (P3b)	NAME/INITIALS OF CHILD #1: _____ NAME/INITIALS OF CHILD #2: _____
SELECT NAME/INITIALS WHICH COMES FIRST IN ALPHABETIC ORDER.	

Most of the questions in this survey will be about the health and health care needs of (NAME).

P4a. What is NAME's age? (IF LESS THAN ONE, ENTER "0") (P4a) _____ YEARS OLD
 (LACHS 05, 02, 99, 97) REFUSED9

IF REFUSED, ASK:

P4b. Can you tell me generally if NAME is age (READ CATEGORIES)? (P4b) (LACHS 05, 02, 99, 97)	0 – 2 1 3 – 5 2 6 – 11 3 12 – 17 4 REFUSED 9 → TERMINATE
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IF P4a = 0-2 YEARS OR P4b = 0-2 YEARS, ASK:

P5. What is NAME's age in months? (P5) (IF ANSWERS TO P4a/b AND P5 ARE INCONSISTENT, RE-ASK P4/5) (LACHS 05, 02 MODIFIED)	_____ MONTHS OLD (0-35) REFUSED 99
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P6. And, NAME is a (male) (female), is that correct? (P6) MALE1
 (LACHS 05, 02, 99, 97) FEMALE2

IF RESPONDENT IS FEMALE AND CHILD IS 0-5 YEARS, ASK :

P7.	Are you <u>NAME</u> 's biological mother? (P7) (LACHS 05, 02, 99, 97)	YES, BIOLOGICAL MOTHER1 NO, OTHER2 DON'T KNOW8 REFUSED9
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INFANT QUESTIONS

IF AGE 0-5, ASK:

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK:

P8.	Before you got pregnant with <u>NAME</u> , did you receive information about any of the following that might help you prepare for pregnancy? (READ ITEMS IN RANDOM ORDER) (NEW LACHS 07, MCAH)	
		DON'T
		YES NO KNOW REF
() a.	multi-vitamin or folic (FAH-LIK) acid supplements	1..... 2..... 8..... 9
() b.	healthy weight for pregnancy	1..... 2..... 8..... 9
() c.	nutrition.....	1..... 2..... 8..... 9
() d.	the dangers of tobacco smoke exposure.....	1..... 2..... 8..... 9
() e.	taking care of your gums and teeth.....	1..... 2..... 8..... 9
() f.	genetic screening.....	1..... 2..... 8..... 9
P9.	Where did you get information on how to prepare for a healthy pregnancy -- from a doctor, nurse or other health professional, family or friends, the Internet, or from books or magazines? (ANSWER CAN BE A MULTIPLE) (NEW LACHS 07, MCAH)	DOCTOR, NURSE, OTHER HEALTH PROFESSIONAL1 FAMILY/FRIENDS2 THE INTERNET3 BOOKS OR MAGAZINES.....4 OTHER.....5 DON'T KNOW8 REFUSED9
P10.	Since the birth of <u>NAME</u> did you return to work or begin a new job? (INTERVIEWER: DO NOT COUNT SCHOOL AS A JOB) (P8) (LACHS 05, 02)	YES1 NO.....2 DON'T KNOW8 REFUSED9

IF YES, ASK:

P11.	How old was <u>NAME</u> when you first returned to work or began work? (RECORD ANSWER IN YEARS AND MONTHS) (IF LESS THAN 2 YEARS, RECORD ANSWER IN MONTHS) (P9) (LACHS 05, 02)	_____ YEARS _____ MONTHS DON'T KNOW 8 / 98 REFUSED 9 / 99
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P12. The next questions ask about things that may have happened at the hospital where NAME was born. (READ ITEMS IN ORDER) (P11a, b revised, c, d) (LACHS 05; PRAMS 2004 MODIFIED; BREASTFEEDING MODULE P29)

- | | YES | NO | DON'T KNOW | REF | NOT BORN IN HOSP |
|--|-----|----|------------|-----|------------------|
| a. Did you breastfeed <u>NAME</u> in the hospital | 1 | 2 | 8 | 9 | 3 |
| (IF "NOT BORN IN HOSPITAL," SKIP TO P13) | | | | | |
| | YES | NO | DK | REF | |
| b. Did hospital staff support breastfeeding by showing you how to breastfeed or provide information about breastfeeding (NEW LACHS 07) | 1 | 2 | 8 | 9 | |
| c. Was <u>NAME</u> fed only breast milk at the hospital | 1 | 2 | 8 | 9 | |
| d. Did the hospital give you a telephone number to call for help with breastfeeding | 1 | 2 | 8 | 9 | |

IF P12a OR P12c NOT YES, ASK:

- | | | |
|--|----------------------------|---|
| P13. Have you ever breast-fed <u>NAME</u> ? (P12) (LACHS 05, 02, 99) | YES, HAVE BREAST-FED | 1 |
| | NO, HAVE NOT | 2 |
| | DON'T KNOW | 8 |
| | REFUSED | 9 |

IF P12a OR P12c = YES OR P13 = YES, ASK:

- | | | |
|--|------------------|---|
| P14. Are you currently breast-feeding <u>NAME</u> ? (P14) (LACHS 05, 02, 99) | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | 8 |
| | REFUSED | 9 |

IF NO, ASK:

- | | | |
|--|------------------|----|
| P15. How old was <u>NAME</u> when you completely stopped breastfeeding (him/her)? (RECORD ANSWER IN MONTHS) (P15) (LACHS 05, 02, 99; NATIONAL SURVEY OF FAMILY GROWTH 1997; MARIN COUNTY HEALTH SURVEY 2002) | _____ MONTHS | |
| | DON'T KNOW | 98 |
| | REFUSED | 99 |

IF < 6 MONTHS, ASK:

- | | YES | NO | DON'T KNOW | REF |
|--|-----|----|------------|-----|
| () a. <u>NAME</u> had difficulty nursing | 1 | 2 | 8 | 9 |
| () b. Breast milk alone did not satisfy <u>NAME</u> | 1 | 2 | 8 | 9 |
| () c. You thought <u>NAME</u> was not gaining enough weight | 1 | 2 | 8 | 9 |
| () d. You felt you didn't have enough milk | 1 | 2 | 8 | 9 |
| () e. You or <u>NAME</u> became sick and you could not breastfeed | 1 | 2 | 8 | 9 |
| () f. Your nipples were sore, cracked or bleeding | 1 | 2 | 8 | 9 |
| () g. You felt it was the right time to stop breastfeeding | 1 | 2 | 8 | 9 |
| () h. You went back to work | 1 | 2 | 8 | 9 |

IF P10 = YES, ASK:

P17.	When you went back to work, did your workplace have accommodations for you to breastfeed? This includes giving you a break time and a place to pump milk or breastfeed your baby. (P17) (LACHS 05)	YES.....1
		NO.....2
		DON'T KNOW.....8
		REFUSED.....9

P18.	During <u>NAME'S</u> first year, did any professional visit your home to provide information about parenting <u>NAME</u> , such as a nurse, social worker, or lactation specialist? (P18) (LACHS 05, 02 MODIFIED)	YES.....1
		NO.....2
		DON'T KNOW.....8
		REFUSED.....9

IF YES, ASK:

P19.	During the time you were receiving these services, about how often did someone come to your home? Was it more than 2 times per week, 1 to 2 times per week, 1 to 2 times per month, or less than once a month?? (P19) (LACHS 05, 02 MODIFIED)	more than 2 times per week.....1
		1 to 2 times per week.....2
		1 to 2 times per month.....3
		-or- less than once a month.....4
		DON'T KNOW.....8
		REFUSED.....9

DAILY ACTIVITIES/FAMILY INTERACTION

IF AGE 0-5, ASK:

The next few questions are about day to day activities that may occur in your family.

P20.	How many days in a typical week do you or other family members <u>read</u> to <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days or never? (P26) (LACHS 05, 02; LACHS 99 MODIFIED; URBAN INSTITUTE'S NATIONALSURVEY OF AMERICA'S FAMILIES; NSECH 2000)	EVERY DAY.....1
		3-6 DAYS.....2
		1-2 DAYS.....3
		NEVER.....4
		DON'T KNOW.....8
		REFUSED.....9

P21.	How many days in a typical week do you or other family members <u>tell stories</u> to <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days or never? (P27) (LACHS 05)	EVERY DAY.....1
		3-6 DAYS.....2
		1-2 DAYS.....3
		NEVER.....4
		DON'T KNOW.....8
		REFUSED.....9

P22.	How many days in a typical week do you or other family members <u>play music or sing</u> songs with <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days or never? (P28) (LACHS 05, LACHS 99 MODIFIED; NSECH 2000; DAILY ROUTINES MODULE P44)	EVERY DAY.....1
		3-6 DAYS.....2
		1-2 DAYS.....3
		NEVER.....4
		DON'T KNOW.....8
		REFUSED.....9

P23.	How many days in a typical week does <u>NAME</u> eat breakfast – every day, 3 to 6 days, 1 to 2 days or never? (P30) (LACHS 05, NSECH 2000 MODIFIED; DAILY ROUTINES MODULE P41)	EVERY DAY.....1
		3-6 DAYS.....2
		1-2 DAYS.....3
		NEVER.....4
		DON'T KNOW.....8
		REFUSED.....9

FAST FOOD (NEW ITEM)

- P24. How often does NAME eat any food including meals and snacks from a fast food restaurant, like McDonald’s, Taco Bell, Kentucky Fried Chicken, or another similar type place—4 or more times per week, 1-3 times per week, less than once a week but more than once a month, or less than once a month? (NEW LACHS 07, AMERICAN JOURNAL OF HEALTH PROMOTION ARTICLE, MODIFIED)
- P25. On an average day, about how many sodas or sweetened drinks such as Gatorade, Red Bull or Sunny Delight does NAME drink? (Do not include diet sodas or sugar-free drinks. Please count a 12-ounce can, bottle or glass as one drink.) (NEW LACHS 07, NYCHS 2005, MODIFIED)
- P26. On an average day, how many hours does NAME watch television (IF AGE 6-17: or play video games)? Only include time when (he/she) is sitting and watching TV (IF AGE 6-17: or playing video games). (INTERVIEWER: CODE “NEVER” AS 0) (P32 REVISED) (NYCHS 2005)

4+ TIMES PER WEEK	1
1-3 TIMES PER WEEK	2
LESS THAN ONCE A WEEK.....	3
LESS THAN ONCE A MONTH	4
NEVER.....	5
DON'T KNOW.....	8
REFUSED.....	9

_____ NUMBER PER DAY	
RARELY/NEVER.....	97
DON'T KNOW.....	98
REFUSED.....	99

_____ HOURS	
LESS THAN 1 HOUR.....	77
DON'T KNOW.....	98
REFUSED.....	99

IF AGE 6-17 YEARS, ASK:

- P27. On an average day, how many hours does NAME spend using a computer for personal e-mail, searching the Internet or playing games? Do not include time spent using a computer at school. (NEW LACHS 07)

_____ MINUTES	
_____ HOURS	
NEVER.....	00
DON'T KNOW.....	98
REFUSED.....	99

PHYSICAL ACTIVITY

IF AGE 6-17, ASK:

- P28. Think about the last 7 days. On how many days did NAME do any of the following, not including school physical education classes? (READ ITEM) – never, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, or 7 days? (READ IN ORDER) (NEW LACHS 07, WORLD HEALTH ORGANIZATION, HEALTH BEHAVIOR IN SCHOOL-AGED CHILDREN, 1997-1998)

FOR EACH ANSWERED 1 OR MORE DAYS, ASK IMMEDIATELY:

- P29. On the days that NAME did this, about how much time did NAME spend doing this? (IF NECESSARY: Just your best estimate.) (NEW LACHS 07, WORLD HEALTH ORGANIZATION, HEALTH BEHAVIOR IN SCHOOL-AGED CHILDREN, 1997-1998)

	P28			P29			
	DAYS	DON'T KNOW	REF	MINUTES	HOURS	DON'T KNOW	REF
a. Walk, bike or skateboard to school	8		9	_____	_____	98	99
b. Play or practice a team sport such as volleyball, football, basketball, hockey, soccer or swim team	8		9	_____	_____	98	99
c. Participate in activities such as bicycling, rollerblading or skateboarding	8		9	_____	_____	98	99
d. Do other activities like physically interactive games such as Sony Eye Toy or Dance Dance Revolution (DDR)	8		9	_____	_____	98	99
e. Go to classes to do gymnastics, dance, karate or other similar activities	8		9	_____	_____	98	99

P30. How would you rate your community as a place for NAME to be physically active – very pleasant, somewhat pleasant, somewhat unpleasant, or very unpleasant? (NEW LACHS 07, AMERICAN JOURNAL OF HEALTH PROMOTION)

VERY PLEASANT.....	1
SOMEWHAT PLEASANT	2
SOMEWHAT UNPLEASANT	3
VERY UNPLEASANT	4
DON'T KNOW.....	8
REFUSED.....	9

P31. Is there a park, playground or other safe place for NAME to play that you can get to easily? (P34) (LACHS 05, 02, 99)

YES	1
NO.....	2
DON'T KNOW.....	8
REFUSED.....	9

IF YES TO P31, ASK:

P32. How many days in the past 2 weeks did NAME use _____ DAYS

the park, playground, or other safe place? (NEW LACHS 07)	1
DON'T KNOW.....	8
REFUSED.....	9

IF AGE 0-5, ASK:

P33. Thinking about the past month, how much of the time have you felt... (READ ITEMS IN RANDOM ORDER) – all of the time, most of the time, some of the time, or none of the time? (P35) (LACHS 05, LACHS 02 MODIFIED; LACHS 99; URBAN INSTITUTE NATIONAL SURVEY ON AMERICA'S FAMILIES 1999)

	ALL	MOST	SOME	NONE	DON'T KNOW	REF
() a. that <u>NAME</u> was much harder to care for than most children	1	2	3	4	8	9
() b. that <u>NAME</u> does things that really bother you a lot	1	2	3	4	8	9
() c. that you were giving up too much of your life to meet <u>NAME'S</u> needs.....	1	2	3	4	8	9
() d. angry with <u>NAME</u>	1	2	3	4	8	9

P34. In general, how would you describe NAME'S health – excellent, very good, good, fair or poor? (P36) (LACHS 05, 02, 99; NHIS; CHIS2001; CHIS2003)

EXCELLENT.....	1
VERY GOOD	2
GOOD.....	3
FAIR	4
POOR.....	5
DON'T KNOW.....	8
REFUSED.....	9

HEALTH CONDITIONS

The next few questions are about any health conditions NAME may have. . .

P35. Have you ever been told by a doctor or other health professional that NAME has... (READ ITEMS IN RANDOM ORDER)? (LACHS 05 ADULT MODIFIED)

	YES	NO	DON'T KNOW	REF
() a. attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)	1	2	8	9
() b. autism.....	1	2	8	9
() c. diabetes (DIE-AH-BE-TEES).....	1	2	8	9
() d. asthma	1	2	8	9

IF YES TO ATTENTION DEFICIT DISORDER, IMMEDIATELY ASK:

P36.	Is <u>NAME</u> currently taking medication prescribed by a doctor for ADD or ADHD? (LACHS 02)	YES	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9
P37.	Is <u>NAME</u> currently receiving individual or group therapy for ADD or ADHD? (LACHS 02)	YES	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES TO AUTISM, IMMEDIATELY ASK:

P38.	Is <u>NAME</u> currently receiving individual or group therapy for autism? (NEW LACHS 07)	YES	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES TO DIABETES, IMMEDIATELY ASK:

P39.	How old was <u>NAME</u> when (he/she) was diagnosed with diabetes (DIE-AH-BE-TEES)? (LACHS 02 ADULT MODIFIED; BRFS 2004, DIABETES MODULE Q1; CHIS 2003; NHANES 2001-02)	_____ YEARS	
		DON'T KNOW.....	98
		REFUSED.....	99
P40.	Does <u>NAME</u> have Type 1 Diabetes (DIE-AH-BE-TEES) or Type 2 Diabetes (DIE-AH-BE-TEES)? (NEW LACHS 07)	TYPE 1 DIABETES.....	1
		TYPE 2 DIABETES.....	2
		DON'T KNOW.....	8
		REFUSED.....	9
P41.	Is <u>NAME</u> now taking any medication for his or her diabetes (DIE-AH-BE-TEES) such as insulin or diabetes (DIE-AH-BE-TEES) pills? (IF YES, ASK:) Which one – insulin, pills, or both? (NEW LACHS 07; NHANES 2001-02 MODIFIED)	YES, TAKING INSULIN.....	1
		YES, TAKING DIABETES PILLS/ORAL AGENTS/ORAL HYPOGLYCEMIC AGENTS ..	2
		YES, TAKING BOTH	3
		NO.....	4
		DON'T KNOW.....	8
		REFUSED.....	9
P42.	Have any of <u>NAME'S</u> immediate family members such as brothers, sisters, parents or grandparents, been diagnosed with diabetes (DIE-AH-BE-TEES)? (NEW LACHS 07)	YES.....	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES TO ASTHMA, IMMEDIATELY ASK:

P43.	Does <u>NAME</u> still have asthma? (P56) (LACHS 05, 02; NHIS)	YES	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9
P44.	During the past 12 months, has <u>NAME</u> had an episode of asthma or an asthma attack? (P57) (LACHS 05, 02, 99; NHIS; 2003 CHIS CHILD SURVEY)	YES	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES TO EITHER P43 OR P44, ASK:

P45.	During the past 12 months, how many days of daycare or school did <u>NAME</u> miss due to asthma? Just your best estimate. (P61) (LACHS 05; CHIS CHILD SURVEY 2003 MODIFIED)	_____ NUMBER OF DAYS NOT APPLICABLE (CHILD NOT IN DAYCARE OR SCHOOL) 997 DON'T KNOW 998 REFUSED 999
P46.	How often does <u>NAME'S</u> asthma limit (his/her) physical activity- always, most of the time, sometimes, rarely, or never? (P62) (LACHS 05, 02; LACHS 99 MODIFIED)	ALWAYS 1 MOST OF THE TIME 2 SOMETIMES 3 RARELY 4 NEVER 5 DON'T KNOW 8 REFUSED 9
P47.	Does <u>NAME</u> take prescription medicines (including inhalers) to control (his/her) asthma? (P63) (LACHS 05, 02)	YES 1 NO 2 DON'T KNOW 8 REFUSED 9
P48.	How many times during the past 12 months did <u>NAME</u> visit an emergency room or urgent care center because of asthma? (P66) (LACHS 05, NATIONAL ASTHMA SURVEY 2003)	_____ TIMES DON'T KNOW 8 REFUSED 9
IF AGE 6-17 YEARS, ASK:		
P49.	Do you (IF CHILD 10-17 YEARS: or <u>NAME</u>) ever check his/her peak flow level at home? (P64) (LACHS 05, 02)	YES 1 NO 2 DON'T KNOW 8 REFUSED 9

IF P35d NOT YES, ASK:

P50.	During the last 2 years has <u>NAME</u> had repeated episodes where he/she had (READ ITEM)? (NEW LACHS 07, CRAIG JONES ASTHMA SCREENING QUESTION)				
	a. Trouble breathing.....	1.....	2.....	8.....	9.....
	b. Chest tightness	1.....	2.....	8.....	9.....
P51.	Does your child have episodes of cough, chest tightness, trouble breathing, or wheezing when playing or exercising? (NEW LACHS 07, CRAIG JONES ASTHMA SCREENING QUESTION)	YES 1 NO 2 DON'T KNOW 8 REFUSED 9			
P52.	In the past 4 weeks, has your child had episodes of cough, chest tightness, trouble breathing, or wheezing in the morning or during the daytime? (NEW LACHS 07, CRAIG JONES ASTHMA SCREENING QUESTION)	YES 1 NO 2 DON'T KNOW 8 REFUSED 9			

HPV

IF DIFFERENT RESPONDENT THAN PERSON WHO COMPLETED MAIN SURVEY ASK:

Human papilloma (PAP-ILL-OH-MAH) virus (VY-RUS), also called HPV, is a common sexually transmitted infection known to cause cervical cancer in women. A vaccine to prevent HPV infection is available for girls starting at age 9 and is called the cervical cancer vaccine, HPV shot or Gardasil (GARD-AH-SIL).

P53.	Before today, had you ever heard of a vaccine to prevent HPV and cervical cancer? (NEW LACHS 07, PROJECT CONNECT)	YES	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES, ASK:

P54.	Where did you hear about the HPV vaccine – from TV or radio, the Internet, in newspapers or magazines, from a doctor or health care provider, from family, friends or co-workers, or from another source? (ALLOW MULTIPLE RESPONSES) (NEW LACHS 07, PROJECT CONNECT)	TV/RADIO	1
		INTERNET	2
		NEWSPAPERS/MAGAZINES	3
		DOCTOR/HEALTH CARE PROVIDER.....	4
		FAMILY/FRIENDS/CO-WORKERS	5
		OTHER.....	6
		DON'T KNOW.....	8
		REFUSED.....	9

IF P53 = YES OR Q82 = YES AND FEMALE AGE 9+, ASK:

P55.	Has <u>NAME</u> received any HPV shots? (NEW LACHS 07, PROJECT CONNECT)	YES	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF P53 = YES OR Q82 = YES AND FEMALE AGE 9+ AND P55 NOT YES, ASK:

P56.	How likely is it that you will have <u>NAME</u> vaccinated against HPV – very likely, somewhat likely, not too likely or not at all likely? (NEW LACHS 07, PROJECT CONNECT)	VERY LIKELY	1
		SOMEWHAT LIKELY.....	2
		NOT TOO LIKELY.....	3
		NOT AT ALL LIKELY	4
		DON'T KNOW.....	8
		REFUSED.....	9

IF NOT TOO LIKELY, NOT AT ALL LIKELY, DK OR REFUSED, ASK:

P57.	Which of the following are reasons why you are not likely to vaccinate your daughter – (READ IN RANDOM ORDER)? (NEW LACHS 07, NIS, NSFG)					
			YES	NO	DON'T KNOW	REF
()	a. <u>NAME</u> 's doctor has not recommended the vaccine...	1.....	2.....	8.....	9	
()	b. you are concerned about the vaccine's side effects.....	1.....	2.....	8.....	9	
()	c. you are concerned that the vaccine will encourage <u>NAME</u> to have sex	1.....	2.....	8.....	9	
()	d. the vaccine costs too much or your insurance doesn't cover it.....	1.....	2.....	8.....	9	
()	e. the vaccine is not required	1.....	2.....	8.....	9	

CHILD CARE

IF AGE 0-5, ASK:

Next, some questions about childcare. By childcare, we mean any kind of arrangement where someone other than you or NAME's other parent takes care of NAME on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center. Do not include occasional babysitting.

P58. How many hours is NAME currently in any kind of childcare _____ HOURS PER WEEK during a typical week? Just your best estimate. (IF NECESSARY:) DON'T KNOW.....8
Do not include kindergarten or care provided by you or NAME's other parent. (P68) (LACHS 05, 02 MODIFIED, LACHS 99) REFUSED.....9

IF 0 HOURS PER WEEK, ASK:

P59. Which of the following is a reason why you do not use any childcare for NAME in a typical week? (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason? (P69) (LACHS 05, 02)

	YES	NO	DON'T KNOW	REF
() a. You or <u>NAME</u> 's other parent work at home.....	1.....	2.....	8.....	9
() b. You or <u>NAME</u> 's other parent work different hours in order to care for <u>NAME</u> yourselves.....	1.....	2.....	8.....	9
() c. You or <u>NAME</u> 's other parent are not working.....	1.....	2.....	8.....	9
() d. You prefer to stay at home with <u>NAME</u>	1.....	2.....	8.....	9
() e. Child care costs too much.....	1.....	2.....	8.....	9
() f. The child care you want is full or not available.....	1.....	2.....	8.....	9
() g. Transportation is a problem.....	1.....	2.....	8.....	9
() h. Your child has a disability or other special needs.....	1.....	2.....	8.....	9
() i. The program is offered only part of the day.....	1.....	2.....	8.....	9

IF >0 HOURS PER WEEK, ASK:

P60. Which of the following types of childcare do you use for NAME on a regular basis? (READ ITEMS, ASKING:) Do you use this type of childcare for NAME on a regular basis? (IF NECESSARY: We don't need to know where, but are just interested in the type of program.) (P70) (LACHS 05, 02 MODIFIED; LACHS 99)

	YES	NO	DON'T KNOW	REF
a1. Head Start (IF NECESSARY, SAY:) Head Start is a federally-sponsored childcare program.....	1.....	2.....	8.....	9
a2. a State Preschool program (IF NECESSARY, SAY:) State Preschools are funded by the state.....	1.....	2.....	8.....	9
b. A childcare center, preschool or nursery school (other than Head Start or a state pre-school program).....	1.....	2.....	8.....	9
c. Someone cares for <u>NAME</u> in <u>their</u> home.....	1.....	2.....	8.....	9
d. Someone cares for <u>NAME</u> in <u>your</u> home.....	1.....	2.....	8.....	9

IF YES TO "SOMEONE WHO CARES FOR NAME IN THEIR HOME," IMMEDIATELY ASK:

P61. Is this person a licensed family or home day care provider? (P71) (LACHS 05, 02, 99)

YES.....	1
NO.....	2
DON'T KNOW.....	8
REFUSED.....	9

P62. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair? (P72) (LACHS 02, 05)	RELATIVE.....	1
	NON-RELATIVE.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF YES TO "SOMEONE WHO CARES FOR NAME IN YOUR HOME," IMMEDIATELY ASK:

P63. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair? (P73) (LACHS 05, 02, 99)	RELATIVE.....	1
	NON-RELATIVE.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF MULTIPLE YES ANSWERS IN P60, ASK:

P64. You mentioned that you currently use the following types of childcare for <u>NAME</u> ... (READ BACK CATEGORIES ANSWERED "YES" FROM P70). Which of these do you use most for <u>NAME</u> ? (P74) (LACHS 05, 02)	Head Start	1
	a State Preschool program.....	2
	a child care center, preschool or nursery school.....	3
	someone cares for <u>NAME</u> in <u>their</u> home..	4
	someone cares for <u>NAME</u> in <u>your</u> home .	5
	NONE USED MOST.....	6
	DON'T KNOW.....	8
	REFUSED.....	9
	DO NOT READ	}

P65. Overall, how easy or difficult is it for you to get childcare for <u>NAME</u> on a regular basis when you need it – very easy, somewhat easy, somewhat difficult, or very difficult? (P75) (LACHS 05, 02)	VERY EASY	1
	SOMEWHAT EASY.....	2
	SOMEWHAT DIFFICULT	3
	VERY DIFFICULT	4
	DOES NOT NEED CHILDCARE	5
	DON'T KNOW.....	8
	REFUSED.....	9

IF VERY OR SOMEWHAT DIFFICULT, ASK:

P66. Which of the following are reasons why it is difficult to find or keep childcare for <u>NAME</u> on a regular basis... (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason? (P76) (LACHS 05, 02 MODIFIED; LACHS 99)					
		YES	NO	DON'T KNOW	
		REF			
	() a. Child care costs too much.....	1.....	2.....	8.....	9
	() b. It is difficult to find a provider with space available.....	1.....	2.....	8.....	9
	() c. The hours and location don't fit your needs	1.....	2.....	8.....	9
	() d. The quality of the childcare is not satisfactory.....	1.....	2.....	8.....	9
() e. The providers are unreliable (for example, they quit without notice or are late).....	1.....	2.....	8.....	9	
() f. <u>NAME</u> has a disability or other special needs	1.....	2.....	8.....	9	

IF AGE 0-5, ASK:

P67. Have you ever heard of the organization Los Angeles Universal Preschool? (NEW LACHS 07)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

P68. Have you ever heard of the organization First 5 LA? (P77) (LACHS 05; FIRST 5-LA 04)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF YES, ASK:

<p>P69. From which of the following sources have you heard something about First 5 L-A: TV or radio, newspaper, your doctor, a social worker or other health professional, family or friends, bus signs, pamphlets or flyers, school or community organizations, or some other place? (ANSWER CAN BE A MULTIPLE) (P78) (LACHS 05; FIRST 5-LA 04)</p>	<p>TV,1 radio,.....2 newspaper,..... 3 your doctor, a social worker or other health professional,4 family or friends,5 bus signs,6 pamphlets or flyers,.....7 school or community organizations,.... 8 -or - some other place9 DO NOT READ { DON'T KNOW..... 98 REFUSED..... 99</p>
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<p>P70. Which of the following things do you associate with First 5 LA? (READ ITEMS IN RANDOM ORDER) Do you associate this with First 5 LA? (P79) (LACHS 05; FIRST 5-LA 04)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DON'T KNOW</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() a. Children's Health Insurance.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() b. Preschool.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() c. Telephone help line.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() d. Sporting goods.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() e. Children's clothing.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() f. Eating fruits and vegetables.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> </table>		YES	NO	DON'T KNOW	REF	() a. Children's Health Insurance.....	1	2	8	9	() b. Preschool.....	1	2	8	9	() c. Telephone help line.....	1	2	8	9	() d. Sporting goods.....	1	2	8	9	() e. Children's clothing.....	1	2	8	9	() f. Eating fruits and vegetables.....	1	2	8	9
	YES	NO	DON'T KNOW	REF																																
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() f. Eating fruits and vegetables.....	1	2	8	9																																

<p>P71. Have you ever heard of a telephone information line for parents called the First 5 LA Parent Helpline? (P80) (LACHS 05 MODIFIED; FIRST 5-LA 04)</p>	<p>YES1 NO.....2 DON'T KNOW.....8 REFUSED.....9</p>
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IF YES, ASK:

<p>P72. From which of the following sources have you heard something about First 5 LA Parent Helpline... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE) (P81) (LACHS 05 MODIFIED; FIRST 5-LA 04)</p>	<p>TV,1 Radio,2 newspaper,.....3 your doctor, a social worker or other health professional,4 family or friends,5 Bus signs,6 Pamphlets or flyers,7 school or community organizations,....8 -or - some other place9 DO NOT READ { DON'T KNOW..... 98 REFUSED..... 99</p>
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<p>P73. Have you yourself ever called First 5 LA Parent Helpline? (P82) (LACHS 05 MODIFIED; FIRST 5-LA 04)</p>	<p>YES1 NO.....2 DON'T KNOW.....8 REFUSED.....9</p>
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PANDEMIC FLU

IF P60a1, a2 OR b = YES OR AGE 6-17, ASK:

Every year, the U.S. suffers through seasonal flu – usually in the winter months. You or someone close to you probably had it at least once. You can suffer from high fever, headache, dry cough and body aches that may take a week to recover from. However, every 50 years or so, a more severe flu occurs around the world that sickens and kills many people. This widespread and more deadly form is known as pandemic flu. Imagine that pandemic flu arrived in the U.S. and in your community. In order to keep it from spreading and to protect the safety of children, schools and daycare facilities may be closed for some period of time depending on how serious the pandemic is. (NEW LACHS 07)

P76.	If schools and daycare facilities were closed for <u>7-10 days</u> , how difficult would it be for you to care or arrange for care for <u>NAME</u> – very difficult, somewhat difficult, not too difficult, or not at all difficult? (NEW LACHS 07)	VERY DIFFICULT1 SOMEWHAT DIFFICULT2 NOT TOO DIFFICULT3 NOT AT ALL DIFFICULT4 DON'T KNOW8 REFUSED9
P77.	If schools and daycare facilities were closed for <u>one month</u> , how difficult would it be for you to care or arrange for care for <u>NAME</u> – very difficult, somewhat difficult, not too difficult, or not at all difficult? (NEW LACHS 07)	VERY DIFFICULT1 SOMEWHAT DIFFICULT2 NOT TOO DIFFICULT3 NOT AT ALL DIFFICULT4 DON'T KNOW8 REFUSED9

HEALTH INSURANCE

P78.	Is <u>NAME</u> covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medi-Cal, Medicaid, Healthy Families or Healthy Kids, military programs such as Champus, Champ VA, or the Indian Health Service. (P83) (LACHS 05, 02 MODIFIED, 99, 97)	YES1 NO2 DON'T KNOW8 REFUSED9
------	--	--

IF YES, DON'T KNOW, OR REFUSED, ASK:

P79.	Is <u>NAME</u> currently covered for health insurance ... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)? (P84a-g)	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> <td style="text-align: center;"><u>DK</u></td> <td style="text-align: center;"><u>REF</u></td> </tr> </table>		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>			
	a. through your own or some other family member's <u>employer, union, trade association, school or business</u> (LACHS 05, 02, 99, 97)	1.....2.....8.....9					
	b. under <u>Medi-Cal</u> or <u>Medicaid</u> (IF NECESSARY, SAY: the government's health insurance program for certain low-income children and their families, pregnant women, and certain persons who are disabled or who are seniors) (LACHS 05, 02 MODIFIED, 99, 97)	1.....2.....8.....9					
	c. under <u>Healthy Families</u> , a state program that pays for health insurance for some children up to age 19 (LACHS 05, 02 MODIFIED, 99)	1.....2.....8.....9					
	d. under <u>Healthy Kids</u> , the new insurance program in Los Angeles County for children who are not eligible for Medi-Cal, Medicaid or Healthy Families (LACHS 05).....	1.....2.....8.....9					
	e. under your own or some other family member's <u>military insurance program</u> (like Champus or VA coverage) (LACHS 05, 02, 99, 97).....	1.....2.....8.....9					
	IF a-e ≠ YES, ASK:						
	f. through a <u>separate policy</u> that you or some other family member bought <u>directly from an insurance provider</u> (LACHS 05, 02, 99, 97).....	1.....2.....8.....9					

IF NOT YES TO P79a-f, ASK:

g. What is the type or name of <u>NAME</u> 's insurance? (SPECIFY) _____ (LACHS 05, 02)	DON'T KNOW.....8
	REFUSED.....9

IF NO, ASK:

P80. There are some types of coverage you may not have considered. Is NAME currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)? (P85a-f)

	YES	NO	DK	REF
a. through your own or some other family member's <u>employer, union, trade association, school or business</u> (LACHS 05, 02).....	1.....	2.....	8.....	9
b. under <u>Medi-Cal</u> or <u>Medicaid</u> (the government's health insurance program for certain low-income children and their families, pregnant women, and certain persons who are disabled or who are seniors) (LACHS 05, 02 MODIFIED).....	1.....	2.....	8.....	9
c. under <u>Healthy Families</u> , a state program that pays for health insurance for some children up to age 19 (LACHS 05, 02 MODIFIED).....	1.....	2.....	8.....	9
d. under <u>Healthy Kids</u> , the new insurance program in Los Angeles County for children who are not eligible for Medi-Cal, Medicaid or Healthy Families (LACHS 05).....	1.....	2.....	8.....	9
e. under your own or some other family member's <u>military insurance program</u> (like Champus or VA coverage) (LACHS 05, 02).....	1.....	2.....	8.....	9

IF a-e ≠ YES, ASK:

f. through a <u>separate policy</u> that you or some other family member bought <u>directly from an insurance provider</u> (LACHS 05, 02).....	1.....	2.....	8.....	9
--	--------	--------	--------	---

(IF ANY P79a-e = YES OR P79f NOT DK OR REF) OR (IF ANY P80a-f = YES), ASK:

P81. During the past 12 months, has <u>NAME</u> had any periods when (he/she) had no health insurance, and was not covered under anyone else's plan or government program like Medi-Cal or Healthy Families? (P86) (LACHS 05, 02 ADULT MODIFIED)	YES.....1
	NO.....2
	DON'T KNOW.....8
	REFUSED.....9

IF P79b OR P80b = YES, ASK:

P82. Is <u>NAME</u> 's Medi-Cal or Medicaid comprehensive coverage, or just for emergency services? (P87) (LACHS 05; SAN MATEO FAMILY SURVEY 2004)	COMPREHENSIVE.....1
	EMERGENCY SERVICES.....2
	DON'T KNOW.....8
	REFUSED.....9

IF NO, DK OR REF TO ALL INSURANCE QUESTIONS IN P79 AND P80, ASK:

P83. Before today, had you ever heard of (READ ITEMS IN RANDOM ORDER)? (P88) (LACHS 05; FIRST FIVE SAN MATEO SURVEY 2004; SLAITS NATIONAL SURVEY OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN))

	YES	NO	DK	REF
() a. Medi-Cal or Medicaid	1.....	2.....	8.....	9
() b. Healthy Families.....	1.....	2.....	8.....	9
() c. Healthy Kids	1.....	2.....	8.....	9

IF P83a, b OR c = YES, ASK:

P84. Based on what you know about (IF P83a = YES: Medi-Cal or Medicaid) (or) (IF P83b = YES: Healthy Families) (or) (IF P83c = YES: Healthy Kids), do you think that <u>NAME</u> is eligible now? (P89) (LACHS 05; FIRST 5 SAN MATEO SURVEY 2004; SLAITS CSHCN)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9
P85. If you were told that <u>NAME</u> was eligible for (IF P83a = YES: Medi-Cal or Medicaid) (or) (IF P83b = YES: Healthy Families) (or) (IF P83c = YES: Healthy Kids), would you want to enroll (him/her)? (P90) (LACHS 05; FIRST 5 SAN MATEO SURVEY 2004; SLAITS CSHCN)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

BARRIERS TO ACCESSING HEALTH CARE

P86. Overall, how easy or difficult is it for <u>NAME</u> to get medical care when (he/she) needs it? Would you say it is very difficult, somewhat difficult, somewhat easy, or very easy? (P91) (LACHS 05, 02)	VERY DIFFICULT	1
	SOMEWHAT DIFFICULT	2
	SOMEWHAT EASY.....	3
	VERY EASY	4
	DON'T KNOW.....	8
	REFUSED.....	9

IF VERY OR SOMEWHAT DIFFICULT, ASK:

P87. How important are each of the following reasons why getting medical care for <u>NAME</u> is difficult? (READ ITEMS IN RANDOM ORDER) Is this a very important, somewhat important or not important reason why getting medical care for <u>NAME</u> is difficult? (P92) (LACHS 05, 02)		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	DON'T KNOW	REF
	() a. You cannot afford to pay	1	2	3	8	9
	() b. The clinic, office or doctor's hours do not fit with your schedule.....	1	2	3	8	9
	() c. You have difficulty getting an appointment or have to wait too long.....	1	2	3	8	9
IF NOT YES TO ANY ITEMS IN P79 OR P80, ASK:						
() d. <u>NAME</u> has no health insurance	1	2	3	8	9	
() e. You do not know where to go or who to call to get <u>NAME</u> health care	1	2	3	8	9	
() f. You're afraid that it might affect your family's immigration status	1	2	3	8	9	

P88. In the past year, was there ever a time when <u>NAME</u> needed (ITEM) but didn't get it because you could not afford it? (READ ITEMS IN RANDOM ORDER) (P93 revised) (LACHS 05, 02, 99; NHIS)	YES	NO	DK	REF	
	() a. to see a doctor for a physical exam or well (IF AGE 0-2: baby) (IF AGE 3-17: child) check-up	1	2	8	9
	() b. to see a doctor when <u>NAME</u> had an illness or other health problem.....	1	2	8	9
	() c. prescription medicines.....	1	2	8	9
	() d. IF AGE 0-17: dental care, including check-ups.....	1	2	8	9
() e. IF AGE 3-17: Mental health care or counseling.....	1	2	8	9	

P89.	About how long has it been since <u>NAME</u> last visited a dentist or dental clinic – never, less than 6 months ago, 6 months up to 1 year ago, 1 year up to 2 years ago, 2 years up to 5 years ago, or 5 or more years ago? Include dental hygienists and all types of dental specialists. (NEW LACHS 07, CHIS CHILD 2005)	LESS THAN 6 MONTHS AGO1 6 MOS. UP TO 1 YEAR AGO2 1 YEAR UP TO 2 YEARS AGO3 2 YEARS UP TO 5 YEARS AGO4 5+ YEARS AGO5 NEVER6 DON'T KNOW8 REFUSED9
P90.	Do you now have any type of insurance that pays for part or all of (<u>NAME</u>)'s dental care? (IF NEEDED:) Your insurance may be dental insurance, prepaid dental plans such as HMOs, or government programs such as Medi-Cal or Healthy Families. Do not include free programs. (NEW LACHS 07, CHIS CHILD 2005)	YES1 NO2 DON'T KNOW8 REFUSED9
P91.	During the past year, was there ever a time when transportation problems kept you from getting needed medical care for <u>NAME</u> ? (P94) (LACHS 05, 02, 99)	YES1 NO2 DON'T KNOW8 REFUSED9

IF NON-ENGLISH LANGUAGE INTERVIEW, ASK:

P92.	During the past year, was there ever a time when you had trouble talking to a doctor or health care provider about <u>NAME</u> because he or she did not speak your language? (P95) (LACHS 05, 02, 99 MODIFIED, 97)	YES1 NO2 DON'T KNOW8 REFUSED9
P93.	When <u>NAME</u> is sick or you want advice about (his/her) health, is there one particular place or health provider that you take (him) (her) to most often? (P97) (LACHS 05, 02, 99, 97)	YES1 NO2 DON'T KNOW8 REFUSED9

IF NO, DON'T KNOW, OR REFUSED, ASK:

P94.	Is that because you have more than one place to take <u>NAME</u> or is it because you have no regular place to take (him) (her)? (P98) (LACHS 05, 02, 99, 97)	MORE THAN ONE PLACE1 NO PLACE TO GO2 DON'T KNOW8 REFUSED9
------	---	--

IF MORE THAN ONE PLACE TO GO, DK OR REF, ASK:

P95.	Is there a particular place that you take <u>NAME</u> more often than any other place? (P99) (LACHS 05, 02, 99, 97)	YES1 NO2 DON'T KNOW8 REFUSED9
------	---	--

PARENTAL SUPPORT

IF AGE 0-5, ASK:

P96.	How easy or difficult is it to find someone you can talk to when you need advice about how to raise <u>NAME</u> – very easy, somewhat easy, somewhat difficult or very difficult? (P104) (LACHS 05, 02, 99)	VERY EASY1 SOMEWHAT EASY2 SOMEWHAT DIFFICULT3 VERY DIFFICULT4 DON'T KNOW8 REFUSED9
------	---	---

P97. Do you know where to go when you feel you need assistance in helping your young children learn? (NEW LACHS 07) (FIRST 5 LA)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

P98. Thinking about yourself... Do you have (READ ITEM)?
(NEW LACHS 07, THE MEDICAL OUTCOMES STUDY (MOS) SOCIAL SUPPORT SURVEY MODIFIED)

	YES	NO	DK	REF
() a. someone to take you to the doctor if you needed it	1	2	8	9
() b. someone to love you and make you feel wanted.....	1	2	8	9
() c. someone to have a good time with.....	1	2	8	9
() d. someone to confide in or talk to about yourself or your problems	1	2	8	9

PARENT'S MENTAL HEALTH AND HEALTH RISK BEHAVIORS

P99. Next I am going to read a list of the ways you might feel. For each, please tell me how often you have felt this way during the past month. During the past month, how often did you... (READ ITEM) – rarely, some of the time, often times or most of the time? (P110) (LACHS 05, CES-D DEPRESSION SCALE- SHORT FORM, JOURNAL OF AGING AND HEALTH MAY 1993)

	RARELY	SOME OF THE TIME	OFTEN TIMES	MOST OF THE TIME	DON'T KNOW	REF
a. feel depressed	1	2	3	4	8	9
b. feel lonely	1	2	3	4	8	9
c. have crying spells.....	1	2	3	4	8	9
d. feel sad.....	1	2	3	4	8	9

IF DIFFERENT RESPONDENT THAN PERSON WHO COMPLETED MAIN SURVEY, ASK:

P100. Are you currently receiving counseling from a mental health professional, such as a psychiatrist, psychologist, psychotherapist, social worker or counselor for any reason? (P110e) (LACHS 05, 02 ADULT)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9
P101. Have <u>you</u> ever been told by a doctor or other health professional that <u>you</u> have depression or some other depressive disorder (IF NECESSARY: such as bipolar disorder or manic depression)? (P110f) (LACHS 05, 02, 99 ADULT)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9
IF YES, ASK:		
P102. Are you currently taking medication prescribed by a doctor or psychiatrist for this disorder? (P110g) (LACHS 05, 02, 99 ADULT)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

SMOKING

IF DIFFERENT RESPONDENT THAN PERSON WHO COMPLETED MAIN SURVEY, ASK:

P103. Have you smoked at least 100 cigarettes in your entire life? (P111) (LACHS 05, 02)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

P104. Do you now smoke cigarettes every day, some days, or not at all? (NEW LACHS 07)	EVERY DAY1 SOME DAYS2 NOT AT ALL3 DON'T KNOW.....8 REFUSED9
P105. Do you currently smoke cigars, a pipe, a hookah or water pipe, or chew smokeless tobacco? (IF YES:) Which ones? (ANSWER CAN BE A MULTIPLE YES) (NEW LACHS 07)	NO.....1 YES, CIGARS2 YES, A PIPE.....3 YES, HOOKAH/WATER PIPE4 YES, SMOKELESS TOBACCO5 DON'T KNOW.....8 REFUSED9

SECOND-HAND SMOKE

P106. On how many of the past 7 days was <u>NAME</u> exposed to cigarette, cigar or pipe smoke <u>in your home</u> ? (P114) (LACHS 05, 02)	_____ DAYS DON'T KNOW.....8 REFUSED9
P107. Which of the following best describes the rules that apply to smoking inside your home? (READ CATEGORIES) (P115) (LACHS 05, AMERICAN LEGACY FOUNDATION; CA TOBACCO SURVEY 1999; QUESTION FROM 2003 LGBT CATSI AND RESPONSE CATEGORIES FROM 2001 BRFS)	Smoking is <u>not</u> allowed anywhere or at any time inside your home1 Smoking is allowed only in some places or at some times2 Smoking is allowed anywhere or at any time inside your home3 DON'T KNOW8 REFUSED.....9

CHILD DEMOGRAPHICS

The next few questions ask about NAME'S ethnic and racial background ...

P108. Is <u>NAME</u> Latino or of Hispanic origin (IF NECESSARY: such as Mexican-American, Latin American, Central or South American, or Spanish-American)? (P116 revised)	YES1 NO.....2 DON'T KNOW.....8 REFUSED9
--	--

IF YES, HISPANIC, ASK:

P109. Is <u>NAME</u> of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE) (P117)	MEXICAN1 OTHER.....2 DON'T KNOW.....8 REFUSED9
---	---

IF OTHER, ASK:

P110. Which of the following best describes <u>NAME'S</u> (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (P118)	Salvadoran	1
	Guatemalan.....	2
	Costa Rican.....	3
	Honduran.....	4
	Nicaraguan	5
	Panamanian	6
	South American.....	7
	Spanish-American.....	8
	Cuban.....	9
	Puerto Rican.....	10
	Other (SPECIFY) _____	11
DO NOT READ {	DON'T KNOW.....	98
	REFUSED.....	99

P111. For classification purposes, we'd like to know what <u>NAME'S</u> racial background is. Is (he/she) White, Black or African-American, Asian, Pacific Islander, American Indian or an Alaskan native, a member of another race or a combination of these? (ANSWER CAN BE A MULTIPLE) (P119)	WHITE	1
	BLACK/AFRICAN-AMERICAN	2
	ASIAN	3
	PACIFIC ISLANDER.....	4
	AMERICAN INDIAN/ALASKAN NATIVE	5
	HISPANIC/LATINO (VOLUNTEERED).....	6
	OTHER (SPECIFY) _____	7
	DON'T KNOW.....	8
	REFUSED.....	9

IF ASIAN OR PACIFIC ISLANDER, ASK:

P112. Which of the following best describes <u>NAME'S</u> Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (P120)	Chinese	1
	Korean	2
	Filipino	3
	Japanese.....	4
	Vietnamese	5
	Asian Indian.....	6
	Cambodian.....	7
	Hawaiian.....	8
	Guamanian.....	9
	Samoan.....	10
	Laotian/Hmong (Mong).....	11
	Other (SPECIFY) _____	12
DO NOT READ {	DON'T KNOW.....	98
	REFUSED.....	99

IF P111 = WHITE OR OTHER, ASK:

P113. Is <u>NAME</u> or are any of <u>NAME'S</u> ancestors from Armenia (AR-ME-NE-AH)? (NEW LACHS 07)	YES	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

P114. Was <u>NAME</u> born in Los Angeles County, in some other place in California, in some other state in the U.S. or outside the United States? (P121)	LOS ANGELES COUNTY.....	1
	OTHER CALIFORNIA.....	2
	OTHER U.S. STATE	3
	OUTSIDE THE U.S.	4
	DON'T KNOW.....	8
	REFUSED.....	9

IF OUTSIDE THE U.S., ASK:

P115.	How many years has <u>NAME</u> lived in the U.S.? (P122)	_____ YEARS	
		DON'T KNOW.....	8
		REFUSED.....	9
P116.	Is <u>NAME</u> currently a U.S. citizen or not? (P123)		
		U.S. CITIZEN.....	1
		NOT A U.S. CITIZEN.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

PARENT DEMOGRAPHICS

IF DIFFERENT RESPONDENT THAN PERSON WHO COMPLETED MAIN SURVEY, ASK:

P117.	What is your age? (P124)	_____ YEARS	
		REFUSED.....	99

IF REFUSED, ASK:

P118.	We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)? (P125)	18-24.....	1
		25-29.....	2
		30-39.....	3
		40-44.....	4
		45-49.....	5
		50-59.....	6
		60-64.....	7
		65 OR OLDER	8
		REFUSED.....	9

The next few questions ask about your ethnic and racial background...

P119.	Are you of Latino or Hispanic origin? (IF NECESSARY: such as Mexican-American, Latin American, Central or South American, or Spanish-American)? (P126 revised)	YES, HISPANIC	1
		NO, NON-HISPANIC.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES, ASK:

P120.	Are you of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE) (P127a)	MEXICAN	1
		OTHER.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF OTHER, ASK:

P121.	Which of the following best describes your (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (P127b)	Salvadoran	1
		Guatemalan.....	2
		Costa Rican.....	3
		Honduran.....	4
		Nicaraguan	5
		Panamanian	6
		South American.....	7
		Spanish-American.....	8
		Cuban.....	9
		Puerto Rican.....	10
		Other (SPECIFY) _____	11
		DON'T KNOW.....	98
		REFUSED.....	99

DO NOT READ {

P122. For classification purposes, we'd like to know what your racial background is. Are you White, Black or African-American, Asian, Pacific Islander, American Indian or an Alaskan native, a member of another race or a combination of these? (ANSWER CAN BE A MULTIPLE) (P128a)

WHITE	1
BLACK/AFRICAN-AMERICAN	2
ASIAN	3
PACIFIC ISLANDER.....	4
AMERICAN INDIAN/ALASKAN NATIVE	5
HISPANIC/LATINO (VOLUNTEERED).....	6
OTHER (SPECIFY)	7
DON'T KNOW.....	8
REFUSED.....	9

IF ASIAN OR PACIFIC ISLANDER, ASK:

P123. Which of the following best describes your Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (P128b)

Chinese	1
Korean	2
Filipino	3
Japanese.....	4
Vietnamese	5
Asian Indian.....	6
Cambodian.....	7
Hawaiian.....	8
Guamanian.....	9
Samoan	10
Laotian/Hmong.....	11
Other (SPECIFY)	12
DON'T KNOW.....	98
REFUSED.....	99

DO NOT READ {

P124. What languages are spoken in your home? (ANSWER CAN BE A MULTIPLE) (NEW LACHS 07) (PHRETS2004, MODIFIED)

ENGLISH	1
SPANISH	2
MANDARIN	3
CANTONESE	4
CHINESE (UNSPECIFIED).....	5
KOREAN	6
VIETNAMESE	7
TAGOLOG	8
ARMENIAN	9
RUSSIAN.....	10
JAPANESE	11
HMONG.....	12
OTHER (SPECIFY)	13
DON'T KNOW.....	98
REFUSED.....	99

IF MULTIPLE LANGUAGES, ASK:

P125. Which language is spoken most often? (NEW LACHS 07)	ENGLISH.....	1
	SPANISH.....	2
	MANDARIN.....	3
	CANTONESE.....	4
	CHINESE (UNSPECIFIED).....	5
	KOREAN.....	6
	VIETNAMESE.....	7
	TAGOLOG.....	8
	ARMENIAN.....	9
	RUSSIAN.....	10
	JAPANESE.....	11
	HMONG.....	12
	OTHER (SPECIFY) _____	13
DON'T KNOW.....	98	
REFUSED.....	99	

P126. Were you born in California, in some other state in the U.S. or outside the United States? (P130)	CALIFORNIA.....	1
	OTHER U.S. STATE.....	2
	OUTSIDE THE U.S.....	3
	DON'T KNOW.....	8
	REFUSED.....	9

IF OUTSIDE THE U.S., ASK:

P127. In which country were you born? (P131) (SEE CODES)	COUNTRY CODE.....	<input type="text"/>
	OTHER (SPECIFY) _____	77
	DON'T KNOW.....	98
	REFUSED.....	99
P128. How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0") (P132)	_____ YEARS	
	DON'T KNOW.....	8
	REFUSED.....	9
P129. Are you currently a U.S. citizen or not? (P133)	U.S. CITIZEN.....	1
	NOT A U.S. CITIZEN.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

P130. What is the highest level of school you have completed or the highest degree you have received? (IF HIGH SCHOOL, ASK:) What was the highest grade you completed? (P134)	8TH GRADE OR LESS.....	1
	GRADES 9-12.....	2
	HIGH SCHOOL GRADUATE.....	3
	SOME COLLEGE/TRADE SCHOOL/ ASSOCIATE DEGREE.....	4
	(4-YEAR) COLLEGE GRADUATE.....	5
	POST GRADUATE DEGREE.....	6
	DON'T KNOW.....	8
	REFUSED.....	9

P131. What is your marital status? Are you... (READ CATEGORIES)? (P135 MODIFIED)	married.....	1
	domestic partners.....	2
	not married but living together.....	3
	widowed.....	4
	divorced.....	5
	separated.....	6
	never married.....	7
	DON'T KNOW.....	8
	REFUSED.....	9

DO NOT READ {

IF MALE, ASK:

P132. For classification purposes, do you think of yourself as homosexual or gay (that is, sexually attracted only to men), heterosexual or straight (that is, sexually attracted only to women), bisexual (that is, sexually attracted to men and women), unsure (that is, uncertain or questioning), or something else? (NEW LACHS 07)	HOMOSEXUAL/GAY.....	1
	HETEROSEXUAL/STRAIGHT.....	2
	BISEXUAL	3
	SOMETHING ELSE.....	4
	UNSURE/QUESTIONING.....	8
	REFUSED.....	9

IF FEMALE, ASK:

P133. For classification purposes, do you think of yourself as homosexual, gay or lesbian (that is, sexually attracted only to women), heterosexual or straight (that is, sexually attracted only to men), bisexual (that is, sexually attracted to women and men), unsure (that is, uncertain or questioning), or something else? (NEW LACHS 07)	HOMOSEXUAL/GAY/LESBIAN	1
	HETEROSEXUAL/STRAIGHT.....	2
	BISEXUAL	3
	SOMETHING ELSE.....	4
	UNSURE/QUESTIONING.....	8
	REFUSED.....	9

P134. Are you currently working for pay full-time (at least 35 hours a week), part-time, or not at all? (P136) (LACHS 05)	FULL-TIME	1
	PART-TIME.....	2
	NOT AT ALL	3
	DON'T KNOW.....	8
	REFUSED.....	9

EMPLOYMENT OF OTHER PARENT

Thinking about the employment situation of your (spouse) (partner)...

IF DIFFERENT RESPONDENT AND MARRIED OR LIVING TOGETHER FROM P131, OR

IF SAME RESPONDENT AND MARRIED, DOMESTIC PARTNERS OR LIVING TOGETHER FROM Q161, ASK:

P135. Is your (spouse) (partner) currently working for pay full-time (at least 35 hours a week), part-time, or not at all? (P137) (LACHS 05)	FULL-TIME	1
	PART-TIME.....	2
	NOT AT ALL	3
	DON'T KNOW.....	8
	REFUSED.....	9

OTHER HOUSEHOLD INFORMATION

IF HOUSEHOLD NOT INTERVIEWED AS PART OF ADULT SAMPLE, ASK:

P136. Including yourself, how many people currently live in your household? (P155)	_____
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IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

P137. (Including yourself,) how many are adults age 65 or older? (P156)	_____
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P138. (Including yourself,) how many are adults between the ages of 18 and 64? (P156x)	_____
--	-------

P139. How many children under age 18 currently live in your household? (NEW LACHS 07)	_____
---	-------

IF >0 ASK:

P140.	How many are teens between the ages of 12 and 17? (P157)	_____
P141.	How many are children between the ages of 6 and 11? (P158)	_____
P142.	How many are children between the ages of 0 and 5? (P159)	_____

P143. Excluding cell phones and fax lines, does your household have more than one telephone number that I could have dialed to reach you? (P166)

YES1
 NO.....2
 DON'T KNOW.....8
 REFUSED.....9

P144. In the past three years, was there ever a time when your household was without basic telephone service for one month or longer? By this we mean you had no working phone lines coming into your home. Please do not include cell phones. (P167)

YES1
 NO.....2
 DON'T KNOW.....8
 REFUSED.....9

IF YES, ASK:

P145.	During this period, did you or did anyone else in your household have a cell phone? (P168)	YES1 NO.....2 DON'T KNOW.....8 REFUSED.....9
-------	--	---

P146. In what city or town do you live? (P169)

CITY CODE.....

OTHER (SPECIFY) _____

DON'T KNOW..... DK
 REFUSED.....REF

P147. What is your current zip code? (ALL ZIP CODES MUST BEGIN WITH "9") (P170)

ZIP CODE.....

DON'T KNOW..... DK
 REFUSED.....REF

Q148. We're interested in grouping respondents into geographic areas of the County. What is your address there? (IF NECESSARY, SAY: It will not be shared with anyone.) (P145a)

STREET ADDRESS: _____

CITY: _____

ZIP CODE:.....

REFUSED.....REF

IF REFUSES TO PROVIDE EXACT ADDRESS, ASK:

Q149.	Then can you give me the street that you live on and the closest street that crosses it? (DO NOT ENTER PARALLEL STREETS) (INTERVIEWER: ENTER COMPLETE STREET NAME, INCLUDING "ROAD," "BOULEVARD," "AVENUE," "STREET," ETC. FOLLOWING NAME) (AFTER ENTRY, CONFIRM BY SAYING: "And these two streets are cross-streets; that is, they cross each other? Is that correct?") (P145b revised)	STREET #1: _____ STREET #2: _____ REFUSED.....REF
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P150a. We don't need to know exactly, but just roughly could you tell me if your annual household income from all sources before taxes is less than \$10,000, between \$10,000 and \$20,000, between \$20,000 and \$30,000, between \$30,000 and \$40,000, between \$40,000 and \$50,000, between \$50,000 and \$75,000, between \$75,000 and \$100,000, between \$100,000 and \$150,000, or more than \$150,000? (Q138a)	LESS THAN \$10,000 1 \$10,000 - \$20,000 2 \$20,000 - \$30,000 3 \$30,000 - \$40,000 4 \$40,000 - \$50,000 5 \$50,000 - \$75,000 6 \$75,000 - \$100,000 7 100,000 - \$150,000 8 MORE THAN \$150,000 9 DON'T KNOW 98 REFUSED 99
---	--

IF APPLICABLE, ASK:

P150b. Was your total annual household income before taxes less than or more than \$_____? (READ INCOME THRESHOLD FOR 200% OF FEDERAL POVERTY LEVEL APPLICABLE TO HOUSEHOLD SIZE) (P138b)	LESS THAN 200% FPL 1 MORE THAN 200% FPL 2 DON'T KNOW 8 REFUSED 9
---	---

IF APPLICABLE, ASK:

P150c. Was your total annual household income before taxes less than or more than \$_____? (READ INCOME THRESHOLD FOR 100% OF FEDERAL POVERTY LEVEL APPLICABLE TO HOUSEHOLD SIZE) (P138c)	LESS THAN 100% FPL 1 MORE THAN 100% FPL 2 DON'T KNOW 8 REFUSED 9
---	---

IF APPLICABLE OR IF P150a = "DON'T KNOW" OR "REFUSED," ASK:

P150d. (Was) (Can you tell me whether) your total annual household income before taxes (was) less than or more than \$_____? (READ INCOME THRESHOLD FOR 300% OF FEDERAL POVERTY LEVEL APPLICABLE TO HOUSEHOLD SIZE) (P138d)	LESS THAN 300% FPL 1 MORE THAN 300% FPL 2 DON'T KNOW 8 REFUSED 9
---	---

P151. We may be conducting a follow-up survey in the coming year or so. Would it be alright if we called your household back at that time? (IF NECESSARY, SAY:) All answers are completely confidential. (Q146)	YES1 NO2 DON'T KNOW8 REFUSED9
---	--

END

These are all the questions I have. Thank you very much for participating in this important survey.