

**1999 LOS ANGELES COUNTY HEALTH SURVEY  
 — SCREENER —**

Hello. I'm \_\_\_\_\_ from Field Research Corporation, an independent public opinion research organization. We're doing an important research survey about health for the Los Angeles County Health Department. The survey is intended to help the county better meet the health needs of all Los Angeles County residents. We are definitely not selling anything.

IF NECESSARY, SAY:

- Your telephone number was selected at random by computer.
- The survey is totally anonymous. Your responses will be strictly confidential. If you prefer not to answer any question, please tell me and I will simply go on to the next question.
- If you have any questions about the survey, you may contact the Los Angeles County Health Department at (213) 240-7785.
- If you would like, we can have the County send you a summary of the survey results.

IF NO ENGLISH SPOKEN, CODE AS FOLLOWS:

- SPANISH ..... 1
- MANDARIN ..... 2
- CANTONESE ..... 3
- KOREAN ..... 4
- VIETNAMESE ..... 5
- ASIAN UNSPECIFIED ..... 6
- OTHER ..... 7

QS1. For this survey, it is important that we only interview people who currently live in Los Angeles County. Is your household located in Los Angeles County?

- YES ..... 1 (CONTINUE)
- NO ..... 2
- DON'T KNOW ..... DK } ASK QS2
- REFUSED ..... REF }

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

QS2. In what city or town do you live?

- CITY CODE .....
- DON'T KNOW ..... DK
  - REFUSED ..... REF

- IF CITY ON LIST, CONTINUE
- IF "OTHER," DON'T KNOW OR REFUSED CITY, TERMINATE AND SAY: I'm sorry but you are not eligible for this survey. We are only interviewing people who currently live in Los Angeles County. Thank you for your time.

So that all types of people will be represented in our survey, our research experts have randomly selected the person in your household for me to interview. (S3 OR S4 RANDOMLY ASSIGNED)

( ) QS3. (Then) Thinking of all the men age 18 or older who are currently at home now, may I please speak to the male whose birthday is coming up next? (ENTER ONE CODE)

- SPEAKING TO RANDOMLY SELECTED MALE ..... 1 → CONTINUE WITH QS5
- RANDOMLY SELECTED MALE COMES TO PHONE ..... 2 → REPEAT INTRO, THEN CONTINUE WITH QS5
- RANDOMLY SELECTED MALE IS NOT AVAILABLE/  
NO MALES 18 OR OLDER IN HOUSEHOLD..... 3 → GO TO QS4
- NO ADULT IN HOUSEHOLD AGE 18 OR OLDER..... 4 → TERMINATE
- DON'T KNOW.....DK → ASK TO SPEAK TO SOMEONE WHO MAY BE ABLE TO ANSWER THE QUESTION; ARRANGE CALLBACK, IF NECESSARY
- REFUSED .....REF → TERMINATE

( ) QS4. (Then) Thinking of all the women age 18 or older who are currently at home now, may I please speak to the female whose birthday is coming up next? (ENTER ONE CODE)

- SPEAKING TO RANDOMLY SELECTED FEMALE ..... 1 → CONTINUE WITH QS5
- RANDOMLY SELECTED FEMALE COMES TO PHONE ..... 2 → REPEAT INTRO, THEN CONTINUE WITH QS5
- RANDOMLY SELECTED FEMALE IS NOT AVAILABLE/  
NO FEMALES 18 OR OLDER IN HOUSEHOLD ..... 3 → GO TO QS3
- NO ADULT IN HOUSEHOLD AGE 18 OR OLDER..... 4 → TERMINATE
- DON'T KNOW.....DK → ASK TO SPEAK TO SOMEONE WHO MAY BE ABLE TO ANSWER THE QUESTION; ARRANGE CALLBACK, IF NECESSARY
- REFUSED .....REF → TERMINATE

QS5. 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?

- NO, CONTINUE IN ENGLISH ..... 1 → (CONTINUE WITH Q1)
- OTHER LANGUAGE ..... 2 → (ASK QS6)
- DON'T KNOW .....DK → (GO TO QS8)
- REFUSED .....REF →(TERMINATE)

IF YES, ASK:

QS6. RECORD LANGUAGE OR ASK: Which one?

(IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED, RECORD APPLICABLE CODE)

- SPANISH ..... 1
  - MANDARIN ..... 2
  - CANTONESE ..... 3
  - KOREAN ..... 4
  - VIETNAMESE ..... 5
  - ASIAN UNSPECIFIED ..... 6
  - OTHER ..... 7
  - DON'T KNOW ..... DK
  - REFUSED ..... REF → (TERMINATE)
- } GO TO QS7
- } GO TO QS8

IF QS6 = 1, 2, 3, 4 OR 5, SAY:

QS7 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 QS6 = 6, 7 OR DK OR QS5 = DK, SAY:

QS8 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)

**1999 LOS ANGELES COUNTY HEALTH SURVEY**  
**— MAIN ADULT QUESTIONNAIRE —**

First, a few questions about your health and general well-being. . .

- Q1. Would you say that in general your health is excellent, very good, good, fair or poor?  
 EXCELLENT ..... 1  
 VERY GOOD..... 2  
 GOOD ..... 3  
 FAIR ..... 4  
 POOR..... 5  
 DON'T KNOW .....DK  
 REFUSED .....REF
- Q2a. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?  
 \_\_\_\_\_ DAYS  
 DON'T KNOW .....DK  
 REFUSED .....REF
- Q2b. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?  
 \_\_\_\_\_ DAYS  
 DON'T KNOW .....DK  
 REFUSED .....REF
- Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?  
 \_\_\_\_\_ DAYS  
 DON'T KNOW .....DK  
 REFUSED .....REF
- Q4. During the past four weeks, how often have you felt sad, blue or depressed -- all of the time, most of the time, some of the time, a little of the time, or none of the time?  
 ALL OF THE TIME ..... 1  
 MOST OF THE TIME ..... 2  
 SOME OF THE TIME ..... 3  
 A LITTLE OF THE TIME ..... 4  
 NONE OF THE TIME ..... 5  
 DON'T KNOW .....DK  
 REFUSED .....REF
- Q6. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone?  
 YES..... 1  
 NO..... 2  
 DON'T KNOW .....DK  
 REFUSED .....REF
- Q5a. What is your age?  
 \_\_\_\_\_ YEARS OLD  
 REFUSED .....REF

IF REFUSED, ASK:

- Q5b. We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)?  
 18-24 ..... 1  
 25-29 ..... 2  
 30-39 ..... 3  
 40-49 ..... 4  
 50-59 ..... 5  
 60-64 ..... 6  
 65 OR OLDER ..... 72  
 REFUSED .....REF

IF REFUSED, ASK:

- Q5c. Well, can you tell me whether you are under age 65 or not?  
 YES, UNDER AGE 65 .....1  
 NO, AGE 65 OR OLDER .....2  
 REFUSED ..... REF - (TERMINATE)

- Q15. How tall are you?  
 \_\_\_\_\_ FEET  
 \_\_\_\_\_ INCHES  
 DON'T KNOW .....DK  
 REFUSED .....REF

- Q16. What is your weight?  
 \_\_\_\_\_ LBS  
 DON'T KNOW .....DK  
 REFUSED .....REF

IF UNDER AGE 65, ASK:

- Q17. Do you now consider yourself to be overweight, underweight, or about average for your height?  
 OVERWEIGHT ..... 1  
 UNDERWEIGHT..... 2  
 ABOUT AVERAGE ..... 3  
 DON'T KNOW .....DK  
 REFUSED.....REF

The next questions are about your employment situation and daily activities...

- Q12. What were you doing most of last week? Were you working, were you not at work but had a job, were you looking for work, keeping house, going to school, unable to work, retired, or what? (ACCEPT ONLY ONE RESPONSE)
- |                                  |                 |             |
|----------------------------------|-----------------|-------------|
| WORKING.....                     | 1 (ASK Q14)     |             |
| NOT AT WORK, BUT HAVE A JOB..... | 2               | } (ASK Q13) |
| LOOKING FOR WORK.....            | 3               |             |
| KEEPING HOUSE.....               | 4               |             |
| GOING TO SCHOOL.....             | 5               |             |
| UNABLE TO WORK.....              | 6 (SKIP TO Q18) |             |
| RETIRED.....                     | 7               | } (ASK Q13) |
| OTHER SITUATION.....             | 8               |             |
| DON'T KNOW.....                  | DK              |             |
| REFUSED.....                     | REF             |             |

IF NOT WORKING BUT ABLE TO WORK FROM Q12, ASK:

- |  |                 |             |                 |
|--|-----------------|-------------|-----------------|
| Q13. Did you do any work at all last week for pay or profit? (Do not count work around the house, but include unpaid work in a family farm or business.) | YES.....        | 1 (ASK Q14) |                 |
|  | NO.....         | 2           | } (SKIP TO Q18) |
|  | DON'T KNOW..... | DK          |                 |
|  | REFUSED.....    | REF         |                 |

IF EMPLOYED FROM Q12/13, ASK:

- |   |                   |
|---|-------------------|
| Q14. How many hours per week do you usually work? | _____ HOURS       |
|   | DON'T KNOW.....DK |
|   | REFUSED.....REF   |

- Q18. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work or anything else that causes large increases in breathing and heart rate? (INTERVIEWER: MAY INCLUDE WORK ACTIVITIES)
- |                 |     |
|-----------------|-----|
| YES.....        | 1   |
| NO.....         | 2   |
| DON'T KNOW..... | DK  |
| REFUSED.....    | REF |

IF YES, ASK:

- |  |                   |
|--|-------------------|
| Q19. How many days per week do you do such vigorous activities?  | _____ DAYS        |
|  | DON'T KNOW.....DK |
|  | REFUSED.....REF   |
| Q20. On an average day when you do these activities for at least 10 minutes at a time, how much <u>total</u> time do you spend doing these activities? (RECORD ANSWER IN MINUTES)<br>(INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED)<br>(INTERVIEWER: ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE) | _____ MINUTES     |
|  | DON'T KNOW.....DK |
|  | REFUSED.....REF   |

- Q21. In a usual week, do you walk for at least 10 minutes without stopping? This can be at work, for recreation, exercise, getting to and from places or for any other reason.
- |                 |     |
|-----------------|-----|
| YES.....        | 1   |
| NO.....         | 2   |
| DON'T KNOW..... | DK  |
| REFUSED.....    | REF |

IF YES, ASK:

- |   |                   |
|---|-------------------|
| Q22. On an average day when you walk for at least 10 minutes without stopping, how much <u>total</u> time do you spend walking (IF NECESSARY, SAY:) in stretches longer than 10 minutes? (RECORD ANSWER IN MINUTES)<br>(INTERVIEWER: ONLY ADD UP THE TIMES WHEN RESPONDENT WALKED FOR 10 MINUTES OR MORE) | _____ MINUTES     |
|   | DON'T KNOW.....DK |
|   | REFUSED.....REF   |

- Q23. In a usual week, do you do any activities designed to increase muscle strength or tone, such as lifting weights, pull-ups, push-ups or sit-ups?
- |                 |     |
|-----------------|-----|
| YES.....        | 1   |
| NO.....         | 2   |
| DON'T KNOW..... | DK  |
| REFUSED.....    | REF |

IF EMPLOYED FROM Q12/13 (Q12="WORKING" OR Q13="YES") AND UNDER AGE 65, ASK:

- |   |  |     |
|---|--|-----|
| Q24. When you are at work... are you mostly sitting or standing, are you mostly walking, or are you mostly performing heavy labor or physically demanding work? | SITTING/STANDING.....                      | 1   |
|   | WALKING.....                               | 2   |
|   | HEAVY LABOR/PHYSICALLY DEMANDING WORK..... | 3   |
|   | DON'T KNOW.....                            | DK  |
|   | REFUSED.....                               | REF |

IF UNDER AGE 65, ASK:

- |  |                   |
|--|-------------------|
| Q25. In a typical day, how many hours do you spend watching television or using a computer (IF EMPLOYED, ADD: while not at work) (IF GOING TO SCHOOL, ADD: while not at school)? | _____ HOURS       |
|  | DON'T KNOW.....DK |
|  | REFUSED.....REF   |

IF AGE 65 OR OLDER, ASK:

Q27. In the past 12 months, did you... (READ ITEMS IN RANDOM ORDER)?		YES	NO	DON'T KNOW	REF
[ ]	a. use a senior center for services such as meals, information, or group activities .....	1	2	DK	REF
[ ]	b. use special transportation for the elderly such as shuttle services .....	1	2	DK	REF
[ ]	c. have meals delivered to your home by an organization like Meals on Wheels .....	1	2	DK	REF
[ ]	d. use a home health aide, homemaker, friend, or relative who provided cleaning or cooking in your home .....	1	2	DK	REF
[ ]	e. receive help in your home with personal care needs, such as eating, bathing, dressing, or getting around the house .....	1	2	DK	REF
Q28. During the past 2 weeks, did you... (READ ITEMS)?		YES	NO	DON'T KNOW	REF
	a. get together with any relatives not including those living with you.....	1	2	DK	REF
	b. get together socially with friends or neighbors.....	1	2	DK	REF
	c. go to a show or movie, restaurant, sports event, club meeting, place of worship, class or other group event .....	1	2	DK	REF
	d. talk to friends, relatives or neighbors on the telephone .....	1	2	DK	REF
Q9.	During the past 12 months, have you been helped at home by any health or medical professionals such as a visiting nurse, private duty nurse, doctor, social worker, therapist or hospice worker?	YES.....	NO .....	DON'T KNOW .....	REFUSED.....
		1	2	DK	REF
Q10.	During the past 12 months, about how many times, if any, have you fallen and landed on the floor or hit an object?	_____ TIMES			
		DON'T KNOW .....	DK		
		REFUSED.....	REF		
IF 1 OR MORE TIMES, ASK:					
Q11.	Did (that) (any of those) fall(s) cause a broken bone, a serious injury or cause you to seek medical care?	YES.....	NO .....	DON'T KNOW .....	REFUSED.....
		1	2	DK	REF

Q29.	Thinking about nutrition... how many total servings of fruits and vegetables did you eat yesterday? (IF NECESSARY, SAY:) A serving would equal one medium apple, a handful of broccoli, or a cup of cut carrots.	_____	SERVINGS
		DON'T KNOW .....	DK
		REFUSED .....	REF
Q30.	How many total servings of fruits and vegetables do you think you should eat everyday for good health? That's a combined total of both fruits and vegetables.	_____	SERVINGS
		DON'T KNOW .....	DK
		REFUSED .....	REF
Q31.	Are you covered by health insurance or some other kind of health care plan? (IF NECESSARY, SAY:) This would include health insurance obtained through employment or purchased directly, or any government or military programs such as Medicare, Medi-Cal also known as Medicaid, ChampUS, ChampVA, and the Indian Health Service.	YES.....	NO .....
		1	2
		DON'T KNOW .....	DK
		REFUSED.....	REF

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

IF AGE 65 OR OLDER OR UNABLE TO WORK FROM Q12, ASK:

Q32.	Are you currently covered for health insurance under <u>Medicare</u> ? (IF NECESSARY, SAY:) Medicare is the government's health insurance program for the elderly and disabled.	YES.....	NO .....	DON'T KNOW .....	REFUSED.....
		1	2	DK	REF
Q33.	Are you covered for health insurance through your own or some other family member's current or former <u>employer</u> , <u>labor union</u> , <u>trade association</u> , <u>school</u> or <u>business</u> ?	YES.....	NO .....	DON'T KNOW .....	REFUSED.....
		1	2	DK	REF
Q34.	Are you currently covered for health insurance under your own or some other family member's <u>military insurance</u> program like ChampUS or VA coverage?	YES.....	NO .....	DON'T KNOW .....	REFUSED.....
		1	2	DK	REF
Q35.	Are you currently covered for health insurance through a <u>separate policy</u> that you or some other family member <u>bought directly from an insurance provider</u> ?	YES.....	NO .....	DON'T KNOW .....	REFUSED.....
		1	2	DK	REF

Q36. Are you currently covered for health insurance under Medi-Cal, also known as Medicaid, the government's health insurance program for people on public assistance or welfare? YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED..... REF

Q38. RECORD GENDER OF RESPONDENT: MALE ..... 1  
 FEMALE ..... 2

Q39. When was your last visit to see a health care provider - meaning a doctor, nurse, physician's assistant - or your last visit to a hospital emergency room or clinic. Please do not include visits to a dentist. What month and year was this?

Q40. a. ENTER MONTH: (IF NECESSARY, SAY:) Just your best estimate.  
 JANUARY ..... 1 SEPTEMBER ..... 9  
 FEBRUARY ..... 2 OCTOBER ..... 10  
 MARCH..... 3 NOVEMBER..... 11  
 APRIL ..... 4 DECEMBER..... 12  
 MAY ..... 5  
 JUNE ..... 6 NEVER ..... 13 (SKIP TO Q45)  
 JULY..... 7 DON'T KNOW ..... DK  
 AUGUST ..... 8 REFUSED..... REF (SKIP TO Q41)

b. ENTER YEAR (ENTER ALL 4 DIGITS):  
 DON'T KNOW ..... DK  
 REFUSED..... REF } GO TO Q41

IF 1997 OR LATER, "DON'T KNOW" OR "REFUSED", ASK:

The next questions are about any recent health education discussions you've had with a doctor or other health care provider.

Q41. During the past two years, has a doctor or other health professional talked to you about... (READ ITEMS IN RANDOM ORDER)?

	YES	NO	DON'T KNOW	REF
( ) a. diet or eating habits.....	1	2	DK	REF
( ) b. physical activity or exercise .....	1	2	DK	REF
( ) c. injury prevention (IF NECESSARY, SAY:) such as seat belt use, smoke detectors, how to safely lift heavy objects, or ways to prevent falling.....	1	2	DK	REF
( ) d. alcohol use .....	1	2	DK	REF
( ) e. how to prevent sexually transmitted diseases, AIDS, or HIV .....	1	2	DK	REF

Q42. How many times have you seen a health care provider in the past 12 months? Do not count telephone calls or hospital stays. \_\_\_\_\_ TIMES  
 DON'T KNOW ..... DK  
 REFUSED..... REF

Q43. About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional... (READ CATEGORIES)?  
 WITHIN THE PAST YEAR ..... 1  
 MORE THAN 1 UP TO 2 YEARS AGO.. 2  
 MORE THAN 2 UP TO 5 YEARS AGO.. 3  
 MORE THAN 5 YEARS AGO..... 4  
 NEVER ..... 5  
 DO NOT READ { DON'T KNOW ..... DK  
 REFUSED..... REF

Q44. About how long has it been since you last had your blood cholesterol checked... (READ CATEGORIES)?  
 WITHIN THE PAST 3 YEARS..... 1  
 MORE THAN 3 UP TO 5 YEARS AGO.. 2  
 MORE THAN 5 YEARS AGO..... 3  
 NEVER ..... 4  
 DO NOT READ { DON'T KNOW ..... DK  
 REFUSED..... REF

Q45. Have you ever been told by a doctor or other health professional that you have... (READ ITEMS)?

	<u>YES</u>	<u>NO</u>	<u>DON'T</u> <u>KNOW</u>	<u>REF</u>
a. arthritis .....	1	2	DK	REF
b. a heart problem, such as coronary heart disease, angina (an-jie-na), or had a heart attack .....	1	2	DK	REF
c. diabetes (die-ah-be-tees) or sugar in the blood (IF FEMALE, ADD: other than during pregnancy) .....	1	2	DK	REF
d. high blood pressure or hypertension .....	1	2	DK	REF
e. asthma .....	1	2	DK	REF
f. a chronic respiratory condition, such as emphysema (em-fah-zee-ma) or chronic bronchitis (By chronic, we mean a long-term condition lasting three months or longer.) .....	1	2	DK	REF
g. high blood cholesterol (co-les-ter-all) .....	1	2	DK	REF
h. depression or some other depressive disorder, such as bipolar disorder or manic depression .....	1	2	DK	REF
i. (IF AGE 50 OR OLDER:) osteoporosis (os-tee-oh-pair-oh-sis) or bone loss.....	1	2	DK	REF

IF YES TO ARTHRITIS, IMMEDIATELY ASK:

Q46. What type of arthritis did the doctor say you have... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE)	OSTEoarthritis (os-tee-oh-ar-thrie-tis) OR DEGENERATIVE ARTHRITIS ..... 1 RHEUMATOID (ru-mah-toid) ARTHRITIS .... 2 RHEUMATISM (ru-mah-tizm)..... 3 -OR- SOME OTHER TYPE..... 4 DON'T KNOW .....DK REFUSED .....REF
--	--

DO NOT READ {

IF YES TO DIABETES, IMMEDIATELY ASK:

Q47. How old were you when you were first told you had diabetes (die-ah-be-tees)?	DON'T KNOW ..... DK REFUSED ..... REF
Q48. Are you now taking insulin (in-sul-in)?	YES..... 1 NO..... 2 DON'T KNOW ..... DK REFUSED ..... REF
Q49a. About how often do you check your blood for glucose or sugar — less often than once a week, about once or twice a week, three to six times a week, once a day, twice a day, or more often than this? (Include times when checked by a family member or friend, but do not include times when checked by a health care professional.)	LESS THAN ONCE A WEEK ..... 1 1-2 TIMES A WEEK..... 2 3-6 TIMES A WEEK..... 3 ONCE A DAY ..... 4 TWICE A DAY ..... 5 MORE THAN TWICE A DAY..... 6 VARIES ..... 7 DON'T KNOW .....DK REFUSED .....REF
Q49b. Are you currently under a doctor's care for diabetes (die-ah-be-tees)?	YES..... 1 NO..... 2 DON'T KNOW ..... DK REFUSED ..... REF

IF YES TO HIGH BLOOD PRESSURE, IMMEDIATELY ASK:

Q50. Are you currently taking medication to lower your blood pressure?	YES..... 1 NO..... 2 DON'T KNOW .....DK REFUSED .....REF
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IF YES TO ASTHMA, IMMEDIATELY ASK:

Q51. Are you currently under a doctor's care for asthma?	YES..... 1 NO..... 2 DON'T KNOW ..... DK REFUSED ..... REF
Q52. During the past 12 months, have you had an episode of asthma or an asthma attack?	YES..... 1 NO..... 2 DON'T KNOW ..... DK REFUSED ..... REF

IF YES, ASK:

Q53. During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

IF YES TO A DEPRESSIVE DISORDER, IMMEDIATELY ASK:

Q54. Are you currently taking medication for this disorder?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF
Q55. Are you currently under a doctor's care for this disorder?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

IF FEMALE, ASK:

Q56. Have you had a hysterectomy (his-tor-ek-toe-me)? (IF NECESSARY, SAY:) That is, the surgical removal of the uterus (you-ter-us).	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

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

Q57. During the past two years, have you had a Pap smear? (IF NECESSARY, SAY:) That is a scraping from the cervix (sir-vix), administered to you by a doctor, nurse or other health professional.	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

Q58. During the past two years, have you had a physical breast exam administered to you by a doctor, nurse or other health professional?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

IF AGE 40 OR OLDER, ASK:

Q59a. During the past two years, have you had a breast X-ray called a mammogram?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

Q59b. Has a doctor or health professional ever discussed hormone replacement therapy with you to reduce symptoms and effects of menopause?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

IF YES, ASK:

Q59c. Are you currently taking hormone replacement supplements (IF NECESSARY, SAY:) such as estrogen (es-tra-jen)?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

IF EMPLOYED FROM Q12/13 (Q12="WORKING" OR Q13="YES") AND UNDER AGE 65, ASK:

Q60. In the past year, have you had a work-related injury or work-related illness that required medical attention?	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

IF AGE 40 OR OLDER, ASK:

Q61. Have you ever had a sigmoidoscopy (sig-moid-os-ko-pe) or colonoscopy (ko-lun-os-ko-pe)? (IF NECESSARY, SAY:) This is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems.	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF

Q62. Have you ever had a blood stool test? (IF NECESSARY, SAY:) This is a test that may use a special kit at home to determine whether the stool contains blood.	YES..... 1
	NO..... 2
	DON'T KNOW.....DK
	REFUSED.....REF



IF YES, ASK:

Q63. When did you last have such a blood stool test using a home kit? (READ CATEGORIES)	WITHIN THE PAST YEAR ..... 1 1-2 YEARS AGO ..... 2 3-5 YEARS AGO ..... 3 MORE THAN 5 YEARS AGO ..... 4 DON'T KNOW ..... DK REFUSED ..... REF
DO NOT READ {	

IF AGE 65 OR OLDER, ASK:

Q64. Have you ever had a pneumonia (new-mo-nee-ah) vaccination?	YES ..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
Q65. During the past 12 months, have you had a flu shot?	YES ..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
Q66. During the past month, have you taken or used any medicines for which a doctor's or dentist's prescription was needed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF

IF YES, ASK:

Q67. How many different types of prescription medicines have you taken or used in the past month?	_____ MEDICATIONS DON'T KNOW ..... DK REFUSED ..... REF
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Q68a. When was the last time you had your hearing tested by a health professional? (READ CATEGORIES)	WITHIN THE PAST YEAR ..... 1 1-2 YEARS AGO ..... 2 3-5 YEARS AGO ..... 3 MORE THAN 5 YEARS AGO ..... 4 NEVER ..... 5 DON'T KNOW ..... DK REFUSED ..... REF
DO NOT READ {	
Q68b. Do you usually wear a hearing aid?	YES ..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
Q69. Do you have trouble hearing (even when wearing a hearing aid)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF

Q74. Overall, how easy or difficult is it for you to get medical care when you need it? Would you say it is very difficult, somewhat difficult, somewhat easy, or very easy?	VERY DIFFICULT ..... 1 SOMEWHAT DIFFICULT ..... 2 SOMEWHAT EASY ..... 3 VERY EASY ..... 4 DON'T KNOW ..... DK REFUSED ..... REF
--	--

IF NON-ENGLISH INTERVIEW, ASK:

Q76. During the past year, was there ever a time when you had trouble talking to a doctor or health care provider because he or she did not speak your language?	YES ..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
--	---

Q77. Thinking about the past year, was there ever a time when you needed (READ ITEMS IN RANDOM ORDER) but didn't get it because you could not afford it?

	YES	NO	DON'T KNOW	REF
( ) a. prescription medicine .....	1	2	DK	REF
( ) b. mental health care or counseling .....	1	2	DK	REF
( ) c. dental care (including check-ups) .....	1	2	DK	REF
( ) d. eyeglasses.....	1	2	DK	REF
( ) e. to see a doctor for a health problem .....	1	2	DK	REF

Now I am going to ask you some questions about your usual source of care - this is the place you choose to go for all or most of your health care needs.

Q78. When you are sick or want advice about your health, is there one particular place or health provider to whom you go most often?  
 YES..... 1  
 NO ..... 2  
 DON'T KNOW .....DK  
 REFUSED.....REF } SKIP TO Q82

IF NO, ASK:

Q79. Is that because you have more than one place to go or is it because you have no regular place to go?  
 MORE THAN ONE PLACE . 1  
 NO PLACE TO GO ..... 2  
 DON'T KNOW .....DK  
 REFUSED.....REF } SKIP TO Q82

IF MORE THAN ONE PLACE TO GO FROM Q79, ASK:

Q80. Is there a particular place that you go more often than any other place (IF NECESSARY, SAY:) for your routine care?  
 YES..... 1 (SKIP TO Q82)  
 NO ..... 2 (SKIP TO Q93)  
 DON'T KNOW .....DK  
 REFUSED.....REF } SKIP TO Q82

IF NO PLACE TO GO FROM Q79, ASK:

Q81. I am going to read some reasons why people do not always have a regular place to go when they are sick. For each, please tell me whether this applies to you. (READ ITEMS IN RANDOM ORDER) Does this apply to you as a reason why you don't have a regular place to go?

	YES	NO	DON'T KNOW	REF
( ) a. I'm healthy and don't need a doctor.....	1	2	DK	REF
( ) b. I don't like or trust doctors.....	1	2	DK	REF
( ) c. I don't know where to go for care.....	1	2	DK	REF
( ) d. My previous doctor is no longer available to me.....	1	2	DK	REF
( ) e. (IF NON-ENGLISH INTERVIEW:) I don't know any doctors who can speak to me in my own language.....	1	2	DK	REF
( ) f. It costs too much to see a doctor regularly.....	1	2	DK	REF
( ) g. I don't have a way of easily getting to the doctor's .....	1	2	DK	REF

IF YES TO Q78 OR YES TO Q80 OR DK/REFUSED TO Q78, Q79, OR Q80, ASK:

Q82. Which of the following best describes the place you usually go when you are sick or want advice about your health — a private practice or doctor's office, a county or community clinic, a hospital outpatient clinic, an emergency room, a healer other than a medical doctor, or someplace else? (IF NECESSARY, SAY:) By healer, we mean a curandero (cue-ran-dair-oh), an acupuncturist, an herbalist, or some other type of healer.  
 DOCTOR'S OFFICE/KAISER/ANY HMO 1  
 COUNTY OR COMMUNITY CLINIC ..... 2  
 HOSPITAL OUTPATIENT CLINIC ..... 3  
 EMERGENCY ROOM ..... 4  
 A HEALER OTHER THAN AN M.D..... 5  
 OTHER PLACE ..... 6  
 DON'T KNOW .....DK  
 REFUSED.....REF } SKIP TO Q93

IF COUNTY OR COMMUNITY CLINIC, ASK:

Q83. What is the name of the clinic where you go?  
 PRE-CODE CATEGORIES HERE

Q88. When you go to this (doctor's office) (clinic) (hospital) (clinic) (hospital) (place), how long does it usually take you to get there?  
 \_\_\_\_\_ MINUTES  
 DON'T KNOW .....DK  
 REFUSED.....REF

IF UNDER AGE 65, ASK:

Q84. Do you go to this same (doctor's office) (clinic) (hospital) (clinic) (hospital) (place) when you need routine preventive care, such as a physical exam or check-up?  
 YES..... 1  
 NO..... 2  
 DON'T KNOW .....DK  
 REFUSED.....REF

Q86. The last time you needed medical care because you were sick or injured, did you go to your regular provider?  
 YES..... 1  
 NO..... 2  
 DON'T KNOW .....DK  
 REFUSED.....REF

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

Q87. Which of the following best describes the place you went the last time you saw a health care provider or medical doctor... (READ LIST)? (IF NECESSARY, SAY:) By healer we mean a curandero (cue-ran-dair-oh), an acupuncturist, an herbalist, or some other type of healer.  
 A DOCTOR'S OFFICE ..... 1  
 A COUNTY OR COMMUNITY CLINIC ... 2  
 A HOSPITAL OUTPATIENT CLINIC ..... 3  
 AN EMERGENCY ROOM ..... 4  
 A HEALER OTHER THAN AN M.D..... 5  
 OTHER (SPECIFY) ..... 6  
 DON'T KNOW .....DK  
 REFUSED.....REF

DO NOT READ {

Q93. How long has it been since you last visited a dentist or dental clinic for any reason? (READ CATEGORIES)

LESS THAN 1 YEAR .....	1
1-2 YEARS .....	2
3-4 YEARS .....	3
5 OR MORE YEARS.....	4
NEVER .....	5
DON'T KNOW .....	DK
REFUSED.....	REF

Q95. Do you have any kind of insurance coverage that pays for some or all of your routine dental care? (IF NECESSARY, SAY:) This would include dental insurance, prepaid plans such as HMO's or government plans such as Medi-Cal or Medicaid.

YES.....	1
NO .....	2
DON'T KNOW .....	DK
REFUSED.....	REF

Q89. In the past year have you received health care from... (READ IN RANDOM ORDER)?

	YES	NO	DON'T KNOW	REF
( ) a. a chiropractor .....	1	2	DK	REF
( ) b. a massage therapist.....	1	2	DK	REF
( ) c. an acupuncturist.....	1	2	DK	REF
( ) d. an herbalist (er-ba-list) or a naturopathic (nach-ur-oh-path-ic) or homeopathic (home-ee-oh-path-ic) practitioner .....	1	2	DK	REF

Q90. In the past year, have you ever been treated by or received any medical services from the Los Angeles County Health Department facilities, such as a public hospital, clinic, health center or program operated by the County?

YES.....	1
NO .....	2
DON'T KNOW .....	DK
REFUSED.....	REF

IF YES, RECEIVED COUNTY MEDICAL SERVICES, ASK:

Q91. Were the services for... (READ ITEMS)?

	YES	NO	DON'T KNOW	REF
a. shots or an immunization.....	1	2	DK	REF
b. emergency room care.....	1	2	DK	REF
c. treatment for some type of infection .....	1	2	DK	REF
d. a medical specialist.....	1	2	DK	REF

ASKED OF RANDOM SUBSAMPLE OF 1000 ADULTS:

Q92. The following are some of the programs and services that the Los Angeles County Health Department provides. Please tell me how effective you believe these programs and services are in your community. (READ ITEMS IN RANDOM ORDER AND ASK:) Do you believe these programs and services are very effective, somewhat effective, not too effective or not at all effective?

	VERY EFFECTIVE	SOMEWHAT EFFECTIVE	NOT TOO EFFECTIVE	NOT AT ALL EFFECTIVE	DON'T KNOW	REF
( ) a. assuring food safety, such as through grading restaurants or inspecting supermarkets and other places that sell food.....	1	2	3	4	DK	REF
( ) b. protecting the public from the spread of infectious (in-fek-shus) diseases, such as AIDS, hepatitis and tuberculosis.....	1	2	3	4	DK	REF
( ) c. collecting community health data, such as births, causes of death and monitoring health trends .....	1	2	3	4	DK	REF
( ) d. operating hospitals and health clinics.....	1	2	3	4	DK	REF

Next, two questions about food preparation in your home.

Q176. After handling raw meat or chicken in the kitchen, which of the following best describes what you usually do next? Do you... (READ CATEGORIES)?

CONTINUE COOKING.....	1
RINSE AND/OR WIPE YOUR HANDS, THEN CONTINUE COOKING.....	2
WASH YOUR HANDS WITH SOAP AND WATER, THEN CONTINUE COOKING .....	3
YOU DON'T HANDLE RAW MEAT OR CHICKEN.	4
OTHER.....	5
DON'T KNOW/NOT SURE .....	DK
REFUSED .....	REF

DO NOT READ {

Q177. After you have used a cutting board, counter top, or other surface for cutting raw meat or chicken, which of the following best describes what you usually do next? Do you... (READ CATEGORIES)?

CONTINUE USING THE SURFACE AS IT IS.....	1
RINSE AND/OR WIPE THE SURFACE, THEN CONTINUE COOKING .....	2
WASH THE SURFACE WITH SOAP OR BLEACH, THEN CONTINUE COOKING .....	3
YOU DON'T CUT RAW MEAT OR CHICKEN .....	4
OTHER.....	5
DON'T KNOW/NOT SURE .....	DK
REFUSED .....	REF

DO NOT READ {

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

Q70. Are you a Latino or of Hispanic origin, such as Mexican-American, Latin American, South American, or Spanish-American?	YES, HISPANIC .....	1
	NO, NON-HISPANIC.....	2
	DON'T KNOW .....	DK
	REFUSED.....	REF

IF YES, HISPANIC, ASK:

Q71. Which of the following best describes your Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	MEXICAN .....	1
	SALVADORAN.....	2
	GUATEMALAN.....	3
	COSTA RICAN.....	4
	HONDURAN .....	5
	NICARAGUAN.....	6
	PANAMANIAN.....	7
	SOUTH AMERICAN.....	8
	SPANISH-AMERICAN.....	9
	OTHER (SPECIFY) .....	10
	DO NOT READ { DON'T KNOW .....	DK
REFUSED.....	REF	

Q72. 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, or a member of another race? (ANSWER CAN BE A MULTIPLE)	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 .....	DK
	REFUSED.....	REF

IF ASIAN OR PACIFIC ISLANDER, ASK:

Q73. Which of the following best describes your Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	CHINESE.....	1
	KOREAN .....	2
	FILIPINO .....	3
	JAPANESE .....	4
	VIETNAMESE .....	5
	ASIAN INDIAN .....	6
	CAMBODIAN .....	7
	HAWAIIAN.....	8
	GUAMANIAN .....	9
	SAMOAN.....	10
	LAOTIAN.....	11
	OTHER (SPECIFY) .....	12
	DO NOT READ { DON'T KNOW.....	DK
REFUSED .....	REF	

IF HISPANIC (Q70="YES"), ASK:

Q96. In the past year, have you been to a curandero (cue-ran-dair-oh), a sobadora (so-ba-dor-ah) or other similar type of practitioner?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED.....	REF

IF YES, ASK:

Q97. Did you see him or her because you were sick or for some other reason?	SICK.....	1
	OTHER REASON .....	2
	DON'T KNOW .....	DK
	REFUSED.....	REF
Q98. Did he or she give you any medication?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED.....	REF
Q99. Did you visit him or her because you could not afford care from a medical doctor?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED.....	REF

Q100. In the past year, have you gone to Mexico or another country south of the border for medical or dental care?	YES .....	1
	NO .....	2
	DON'T KNOW.....	DK
	REFUSED .....	REF

Q101. Do you currently smoke cigarettes, cigars, a pipe or chew smokeless tobacco? (IF YES: Which one(s)?) (ANSWER CAN BE A MULTIPLE)	NO, NON-TOBACCO USER.....1	(SKIP TO Q102)
	YES, CIGARETTES.....2	(SKIP TO Q104)
	YES, CIGARS.....3	} (IF 3, 4 OR 5 ONLY, SKIP TO Q109)
	YES, PIPE.....4	
	YES, SMOKELESS TOBACCO..5	
	DON'T KNOW.....DK	
REFUSED.....REF		

IF NON-TOBACCO USER, ASK:

Q102. Have you smoked at least 100 cigarettes in your entire life?	YES..... 1
	NO ..... 2
	DON'T KNOW .....DK
	REFUSED.....REF
IF YES, ASK:	
Q103a. About how long has it been since you last smoked cigarettes regularly? (READ CATEGORIES)	LESS THAN 1 YEAR AGO ..... 1
	1-2 YEARS AGO..... 2
	3-5 YEARS AGO..... 3
	6-10 YEARS AGO..... 4
	11-19 YEARS AGO..... 5
	20 OR MORE YEARS AGO..... 6
	DON'T KNOW .....DK
	REFUSED.....REF
	DO NOT READ {
IF LESS THAN 1 YEAR AGO, ASK:	
Q103b. During the past year, did a doctor talk with you about quitting smoking?	YES..... 1
	NO ..... 2
	DON'T KNOW .....DK
	REFUSED.....REF

IF CURRENT CIGARETTE SMOKER, ASK:

Q104. How many cigarettes on average do you smoke per day? (IF NECESSARY, SAY:) Just your best estimate.	_____ PER DAY
	DON'T KNOW .....DK
	REFUSED.....REF
Q105. Do you smoke cigarettes every day or just some days?	EVERY DAY..... 1
	SOME DAYS..... 2
	DON'T KNOW .....DK
	REFUSED.....REF
Q106. During the past year, did a doctor talk with you about quitting smoking?	YES..... 1
	NO ..... 2
	DON'T KNOW .....DK
	REFUSED.....REF
Q107a. Did you try to quit smoking during the past year?	YES..... 1
	NO ..... 2
	DON'T KNOW .....DK
	REFUSED.....REF
IF YES, ASK:	
Q107b. How many times?	_____ TIMES
	DON'T KNOW .....DK
	REFUSED.....REF

IF YES TO Q107a OR Q103a = "LESS THAN ONE YEAR," ASK:

Q108. During the past year, did you use any of the following aids to help you quit (IF NECESSARY, SAY:) even if your quit attempt was not successful? (READ ITEMS)				
	YES	NO	DON'T KNOW	REF
a. group counseling.....	1	2	DK	REF
b. one-on-one counseling.....	1	2	DK	REF
c. self-help materials.....	1	2	DK	REF
d. a nicotine patch, nicotine gum or a nicotine inhaler.....	1	2	DK	REF
e. Zyban (zy-ban), Prozac, or other anti-depressant drug prescribed to you by a physician.....	1	2	DK	REF

Q109. How often are you around people who smoke <u>in your home</u> — all of the time, most of the time, only occasionally, or never?	ALL OF THE TIME..... 1
	MOST OF THE TIME..... 2
	ONLY OCCASIONALLY..... 3
	NEVER..... 4
	DON'T KNOW.....DK
	REFUSED.....REF

Q110. How often are you around people who smoke <u>outside your home</u> , such as at a work place, school or church — all of the time, most of the time, only occasionally, or never?	ALL OF THE TIME..... 1
	MOST OF THE TIME..... 2
	ONLY OCCASIONALLY..... 3
	NEVER..... 4
	DON'T KNOW.....DK
	REFUSED.....REF

ASKED OF RANDOM SUBSAMPLE OF 500 ADULTS:

T1. Next, I am going to read some statements about smoking. As I read each one think about how important you feel it is. How important do you feel it is to (READ ITEMS IN RANDOM ORDER) in Los Angeles County — very important, somewhat important, not too important, or not at all important?							
		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT	DON'T KNOW	REF
( ) a. Have smoke-free workplaces.....	1	2	3	4	DK	REF	
( ) b. Allow people to smoke wherever they want.....	1	2	3	4	DK	REF	
( ) c. Have smoke-free restaurants.....	1	2	3	4	DK	REF	
( ) d. Create separate areas in public places for people to smoke.....	1	2	3	4	DK	REF	
( ) e. Have smoke-free bars and nightclubs.....	1	2	3	4	DK	REF	
( ) f. Try to reduce or prevent smoking through public education campaigns.....	1	2	3	4	DK	REF	
( ) g. Prevent teens from smoking.....	1	2	3	4	DK	REF	
( ) h. Have smoke-free homes and apartment buildings.....	1	2	3	4	DK	REF	
T2. How much do you feel cigarette advertising influences minors to start smoking — a great deal, some, only a little or not at all?							
		A GREAT DEAL.....	SOME.....	ONLY A LITTLE.....	NOT AT ALL.....	DON'T KNOW.....DK	REFUSED.....REF
		1	2	3	4	DK	REF
T3. How much do you feel smoking by actors and actresses in the movies and on television influences minors to start smoking — a great deal, some, only a little or not at all?							
		A GREAT DEAL.....	SOME.....	ONLY A LITTLE.....	NOT AT ALL.....	DON'T KNOW.....DK	REFUSED.....REF
		1	2	3	4	DK	REF
T4. Do you think non-smoking laws are effective in preventing people from smoking in restaurants, workplaces, or other public places?							
		YES.....	NO.....	DON'T KNOW.....DK	REFUSED.....REF		
		1	2	DK	REF		
T5. Do you think current penalties on businesses that do not follow non-smoking laws should be made more strict, less strict, or kept as they are?							
		MORE STRICT.....	LESS STRICT.....	KEPT AS THEY ARE.....	DON'T KNOW.....DK	REFUSED.....REF	
		1	2	3	DK	REF	
T6. I am going to read several statements about tobacco companies and those who sell tobacco products. Please tell me whether you agree strongly, agree somewhat, disagree somewhat, or disagree strongly with each one. (READ ITEMS IN RANDOM ORDER) Do you agree strongly, agree somewhat, disagree somewhat or disagree strongly?							
		AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY	DON'T KNOW	REF
( ) a. The tobacco companies should have to pay for government health care costs that result from smoking-related illnesses.....	1	2	3	4	DK	REF	
( ) b. Tobacco industry contributions influence elected officials and the way they vote on tobacco policies.....	1	2	3	4	DK	REF	
( ) c. The tobacco companies deliberately market their products to minors.....	1	2	3	4	DK	REF	
( ) d. Merchants who knowingly sell tobacco products to minors should be fined.....	1	2	3	4	DK	REF	
( ) e. Local communities should strongly enforce laws which prohibit cigarette sales to minors.....	1	2	3	4	DK	REF	
( ) f. Store owners should be licensed to sell cigarettes in the same way that they are licensed to sell liquor and beer.....	1	2	3	4	DK	REF	
T7. Do you believe tobacco companies have paid their fair share for public health related costs associated with tobacco use?							
		YES.....	NO.....	DON'T KNOW.....DK	REFUSED.....REF		
		1	2	DK	REF		

T8. Since January 1, 1998, state law prohibits smoking in bars and nightclubs in California. Now that smoking is prohibited in bars and nightclubs, are you more likely to visit these establishments, less likely to visit them, or does the smoking ban have no effect on how often you visit them?

MORE LIKELY TO VISIT ..... 1  
 LESS LIKELY TO VISIT ..... 2  
 NO EFFECT ..... 3  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q111. If a drink is considered one can or bottle of beer, one glass of wine or cocktail or shot of liquor... during the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers or liquor?

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF YES, ASK:

Q112. During the past month, how often did you drink any alcohol on average? (READ CATEGORIES)

ALMOST EVERY DAY ..... 1  
 4-5 TIMES A WEEK ..... 2  
 2-3 TIMES A WEEK ..... 3  
 ONCE A WEEK ..... 4  
 2-3 TIMES A MONTH ..... 5  
 ONCE A MONTH ..... 6  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

DO NOT READ {

Q113. On the days that you drank alcohol during the past month, how many drinks did you have on average? (IF LESS THAN ONE, ENTER "0")

\_\_\_\_\_ DRINKS PER DAY  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q114. Considering all types of alcohol, how many times during the past month did you have 5 or more drinks on the same occasion? (By occasion, we mean at the same time or within a couple of hours of each other.)

\_\_\_\_\_ TIMES  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q115. During the past month, how many times have you driven when you've perhaps had too much to drink?

\_\_\_\_\_ TIMES  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q116. During the past month, how many times have you ridden with a driver (other than yourself) who has perhaps had too much to drink?

\_\_\_\_\_ TIMES  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q117. Has drinking had a harmful effect on you or a family member in the past two years? Include any harmful effect on your marriage or home life, friendships or social life, physical or mental health, financial status or employment opportunities.

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q118. Has drug use had a harmful effect on you or a family member in the past two years? (IF NECESSARY, SAY:) Include any harmful effect on your marriage or home life, friendships or social life, physical or mental health, financial status or employment opportunities.

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q119. During the past year, have you spent any money playing the lottery, bingo, on horse races, at a card club or at a casino?

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF YES, ASK:

Q120. About how many dollars have you spent in total on these activities over the past year? Just your best estimate. (READ CATEGORIES)

LESS THAN \$100 ..... 1  
 \$100 TO LESS THAN \$250 ..... 2  
 \$250 TO LESS THAN \$500 ..... 3  
 \$500 OR MORE ..... 4  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

DO NOT READ {

Q121. Have gambling activities had a harmful effect on you or a family member in the past two years? Include any harmful effect on your marriage or home life, friendships or social life, physical or mental health, financial status or employment opportunities.

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q122. How safe from crime do you consider your neighborhood to be — very safe, somewhat safe, somewhat unsafe, or not at all safe?

VERY SAFE ..... 1  
 SOMEWHAT SAFE ..... 2  
 SOMEWHAT UNSAFE ..... 3  
 NOT AT ALL SAFE ..... 4  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

- Q123. During daylight hours, how often are you afraid to do certain activities in your neighborhood, like exercising or walking outside — almost every day, on some days or never?
- ALMOST EVERY DAY ..... 1  
 ON SOME DAYS ..... 2  
 NEVER ..... 3  
 DOESN'T GO OUTSIDE ..... 4  
 DON'T KNOW ..... DK  
 REFUSED..... REF
- Q124. During the past 12 months, have you had any injuries due to physical violence that required treatment from an emergency room, hospital, doctor or other medical care facility?
- YES..... 1  
 NO ..... 2  
 DON'T KNOW .....DK  
 REFUSED..... REF
- Q125. Are you in a relationship in which you have been physically hurt or threatened with physical harm by your partner?
- YES..... 1  
 NO ..... 2  
 DON'T KNOW .....DK  
 REFUSED..... REF

The next questions are about firearms. Firearms include pistols, shotguns and rifles. Please do not include BB guns, starter pistols or guns that cannot fire ammunition.

- Q126. Have you ever been fired at by someone with a firearm or gun other than during military service?
- YES..... 1  
 NO ..... 2  
 DON'T KNOW .....DK  
 REFUSED..... REF
- Q127. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.
- YES..... 1  
 NO ..... 2  
 DON'T KNOW .....DK  
 REFUSED..... REF

IF YES, ASK:

- Q128. How often are these firearms kept loaded — all the time, some of the time, rarely or never?
- ALL THE TIME ..... 1  
 SOME OF THE TIME .... 2  
 RARELY ..... 3  
 NEVER ..... 4 (SKIP TO Q130)  
 DON'T KNOW .....DK  
 REFUSED.....REF
- Q129. When these guns are loaded, is there a trigger lock on each gun?
- YES, ALL.....1  
 YES, SOME BUT NOT ALL .....2  
 NO .....3  
 DON'T KNOW.....DK  
 REFUSED ..... REF
- Q130. How often are these firearms locked in a cabinet, box or other firearm container — all the time, some of the time, rarely or never?
- ALL THE TIME ..... 1  
 SOME OF THE TIME ..... 2  
 RARELY ..... 3  
 NEVER ..... 4  
 DON'T KNOW .....DK  
 REFUSED.....REF

IF UNDER AGE 65, ASK:

So that the County can help prevent the spread of AIDS and HIV, the virus that causes AIDS, we need to know about the sexual practices of the general public. Some of these questions are rather personal. If you prefer not to answer a question, please tell me and I will simply go on to the next question. We appreciate your cooperation in answering these questions.

- Q131. How many sex partners did you have during the past 12 months? \_\_\_\_\_ PARTNERS  
 DON'T KNOW .....DK  
 REFUSED.....REF

IF ONE OR MORE, ASK:

- Q132. In the past 12 months, did you or your partner(s) use a condom all the time, most of the time, some of the time, rarely, or never?
- ALL OF THE TIME ..... 1  
 MOST OF THE TIME ..... 2  
 SOME OF THE TIME ..... 3  
 RARELY ..... 4  
 NEVER ..... 5  
 DON'T KNOW .....DK  
 REFUSED.....REF
- Q133. In the past 12 months, have you had sex with... (READ ITEMS)?  
 (NOTE: IF Q131=1 ASK ABOUT OPPOSITE SEX PARTNER FIRST THEN, IF YES, SKIP SAME SEX PARTNER)
- |                  | YES | NO | DK | REF |
|------------------|-----|----|----|-----|
| a. A man.....    | 1   | 2  | DK | REF |
| b. A woman ..... | 1   | 2  | DK | REF |



Q134. Have you been tested for AIDS or HIV in the past two years?  
This would include saliva or blood tests.

YES..... 1  
NO ..... 2  
DON'T KNOW ..... DK  
REFUSED..... REF

IF YES, ASK:

Q135. How many times have you been tested in the past two years? \_\_\_\_\_ TIMES  
DON'T KNOW ..... DK  
REFUSED..... REF

Q136. Which of the following best describes where you got your most recent AIDS or HIV test... (READ CATEGORIES)?

A MOBILE TESTING UNIT ..... 1  
A FAMILY PLANNING CLINIC ..... 2  
A DOCTOR'S OFFICE OR LAB ..... 3  
A COUNTY OR COMMUNITY CLINIC... 4  
A HOME TEST ..... 5  
OTHER PLACE ..... 6  
DON'T KNOW ..... DK  
REFUSED..... REF

DO NOT READ {

Q137. Which of the following best describes the reason for your most recent AIDS or HIV test... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE)

I WAS DONATING BLOOD..... 1  
(IF FEMALE UNDER AGE 50) I WAS RECEIVING PRE-NATAL CARE ..... 2  
IT WAS REQUIRED FOR EMPLOYMENT, MILITARY SERVICE OR AN INSURANCE APPLICATION ..... 3  
A DOCTOR OR OTHER HEALTH PROFESSIONAL RECOMMENDED THE TEST..... 4  
I WAS CONCERNED ABOUT MY PERSONAL RISK ..... 5  
-OR- SOME OTHER REASON ..... 6  
DON'T KNOW ..... DK  
REFUSED..... REF

DO NOT READ {

Q138. Did you receive the results of your latest AIDS or HIV test?

YES, DID ..... 1  
NO, DID NOT ..... 2  
DON'T KNOW ..... DK  
REFUSED..... REF

Now, some questions about yourself for classification purposes.

Q140. 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?

8TH GRADE OR LESS ..... 1  
GRADES 9-12 ..... 2  
HIGH SCHOOL GRADUATE ..... 3  
SOME COLLEGE/TRADE SCHOOL..... 4  
(4-YEAR) COLLEGE GRADUATE ..... 5  
POST GRADUATE DEGREE..... 6  
DON'T KNOW ..... DK  
REFUSED..... REF

Q141. What is your marital status? Are you... (READ CATEGORIES)?

MARRIED ..... 1  
NOT MARRIED BUT LIVING TOGETHER..... 2  
WIDOWED..... 3  
DIVORCED ..... 4  
SEPARATED..... 5  
NEVER MARRIED ..... 6  
DON'T KNOW ..... DK  
REFUSED..... REF

DO NOT READ {

Q142. Including yourself, how many people currently live in your household? \_\_\_\_\_

IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

Q143. Including yourself, how many are adults age 18 or older? \_\_\_\_\_

Q144. How many are children or teens between the ages of 6 and 17? \_\_\_\_\_

Q145. How many are children between the ages of 0 and 5? \_\_\_\_\_

IF AGE 65 OR OLDER, ASK:

IF ONE OR MORE CHILDREN AGE 6-17 OR AGE 0-5 IN HOUSEHOLD, ASK:

Q146. Thinking of the ___ child(ren) under age 18 living in your household, what is the relationship of (this/these) child(ren) to you? (RECORD AS MANY AS APPLY) (READ CATEGORIES IF NECESSARY)	YOUR/YOUR SPOUSE'S GRANDCHILDREN . 1 YOUR/YOUR SPOUSE'S CHILDREN ..... 2 OTHER RELATIVE ..... 3 UNRELATED CHILD..... 4 DON'T KNOW .....DK REFUSED .....REF
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IF MORE THAN ONE ADULT IN HOUSEHOLD, ASK:

Q147. Thinking of the ___ other adult(s) age 18 or older living in your household, what is the relationship of (this/these) person(s) to you? (RECORD AS MANY AS APPLY) (READ CATEGORIES IF NECESSARY)	SPOUSE OR SIGNIFICANT OTHER..... 1 ADULT CHILDREN..... 2 ADULT GRANDCHILDREN ..... 3 OTHER RELATIVE ..... 4 HOME HEALTH AIDE/PERSONAL CARE ATTENDANT ..... 5 UNRELATED FRIEND/OTHER ..... 6 DON'T KNOW .....DK REFUSED .....REF
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Q148. Were you born in California, in some other state in the U.S. or outside the United States?	CALIFORNIA..... 1 OTHER U.S. STATE ..... 2 OUTSIDE THE U.S. .... 3 DON'T KNOW ..... DK } SKIP TO REFUSED..... REF
--	---

IF OUTSIDE THE U.S., ASK:

Q149. In which country were you born?	COUNTRY CODE ..... <input type="text"/> <input type="text"/> OTHER (SPECIFY) _____ DON'T KNOW .....DK REFUSED.....REF
Q151. How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0")	_____ YEARS DON'T KNOW .....DK REFUSED.....REF
Q150a. Are you currently a U.S. citizen or not?	U.S. CITIZEN ..... 1 NOT A U.S. CITIZEN ..... 2 DON'T KNOW .....DK REFUSED.....REF

IF NOT A U.S. CITIZEN, ASK:

Q150b. During the past year, was there ever a time that you did not get medical services because you were afraid it might affect your chances of becoming a citizen or your immigration status?	YES..... 1 NO ..... 2 DON'T KNOW .....DK REFUSED.....REF
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IF UNDER AGE 65, ASK:

Q153. Are you gay, (IF FEMALE, ADD: lesbian) or bisexual?	YES..... 1 NO ..... 2 DON'T KNOW .....DK REFUSED.....REF
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IF YES, ASK:

Q154. Is that (IF MALE, SAY: gay) (IF FEMALE, SAY: lesbian) or bisexual?	GAY MALE..... 1 LESBIAN FEMALE..... 2 BISEXUAL ..... 3 DON'T KNOW .....DK REFUSED.....REF
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Q155a. Excluding cell phones or telephone lines that are dedicated to fax machines or modems, does your household have any other different telephone numbers that I could have dialed to reach you?	YES..... 1 NO ..... 2 DON'T KNOW .....DK REFUSED.....REF
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Q156a. At any time during the past year, has your household not had a telephone?	YES..... 1 NO ..... 2 DON'T KNOW .....DK REFUSED.....REF
--	---

IF YES, ASK:

Q156b. For how many months did you not have telephone service during the past year? (IF LESS THAN ONE MONTH, ENTER "0")	_____ MONTHS DON'T KNOW .....DK REFUSED.....REF
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For classification purposes only...

Q157. In what city or town do you live? CITY CODE .....    
 OTHER (SPECIFY) \_\_\_\_\_  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q158. What is your current zip code? ZIP CODE .....       
 (ALL ZIP CODES MUST BEGIN WITH "9") DON'T KNOW ..... DK  
 REFUSED ..... REF

Q159. What is the closest intersection to your home? (IF NECESSARY, SAY:) This is where two major streets cross one another.  
 (IF NECESSARY, SAY:) We're only interested in identifying the general neighborhood where you live.  
 (DO NOT ENTER PARALLEL STREETS) STREET #1: \_\_\_\_\_  
 STREET #2: \_\_\_\_\_  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q161a. Since January of 1998, have you at any time received services or cash payments from the CalWorks program, which used to be called AFDC or Aid for Families with Dependent Children? YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF YES, ASK:

Q161b. Are you currently receiving services or cash payments from the CalWorks program? YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q161c. Are you currently receiving any other cash payments, food stamps, or other forms of public assistance from a federal, state or county agency other than Social Security, unemployment, or Worker's Compensation benefits? YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF YES, ASK:

Q161d. Are you currently receiving general relief or general assistance? YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

Q162. 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 or more than \$75,000? 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  
 MORE THAN \$75,000 ..... 7  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF APPLICABLE, ASK:

Q163. 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) LESS THAN 200% FPL ..... 1  
 MORE THAN 200% FPL ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF APPLICABLE, ASK:

Q164. 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) LESS THAN 100% FPL ..... 1  
 MORE THAN 100% FPL ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF APPLICABLE OR IF Q162 = "DON'T KNOW" OR "REFUSED", ASK:

Q165. (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) LESS THAN 300% FPL ..... 1  
 MORE THAN 300% FPL ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF FEMALE AND ANY TEENS OR CHILDREN UNDER AGE 18 IN HOUSEHOLD, ASK:

Q166a. Are you the parent or legal guardian of (the child) (any of the children) who live(s) in your household?

YES..... 1  
 NO..... 2  
 DON'T KNOW .....DK  
 REFUSED.....REF

IF RESPONDENT IS MOTHER/FEMALE LEGAL GUARDIAN, ASK:

Q166b. We would like to ask some additional questions about the health and health care needs of (your child) (one of your children).  
 (IF NECESSARY, SAY:) It is important for your answers to be included so that the survey will include a good cross-section of all Los Angeles County parents.

MOTHER AVAILABLE NOW ..... 1  
 MOTHER NOT AVAILABLE NOW — CALLBACK REQUIRED..... 2  
 MOTHER OF CHILD DOES NOT LIVE IN HOUSEHOLD ..... 3  
 RESPONDENT UNWILLING TO CONTINUE ..... 4

- ◆ IF RESPONDENT IS ABLE TO CONTINUE THE INTERVIEW, PROCEED IMMEDIATELY TO PARENT QUESTIONNAIRE.
- ◆ IF CALLBACK IS REQUIRED:
  - ASK FOR RESPONDENT'S FIRST NAME
  - CONFIRM TELEPHONE NUMBER
  - ASK WHEN WOULD BE GOOD TIME TO CALL BACK
  - SKIP TO END

IF RESPONDENT IS UNWILLING TO CONTINUE, SAY:

Q166b1 Is there another parent or legal guardian who can talk to us about the health and health care needs of the (child) (children) living in this household? May I speak with that person now?

RESPONDENT WILLING TO CONTINUE ..... 1  
 NEW PERSON COMES TO PHONE ..... 2  
 CALLBACK REQUIRED ..... 3  
 RESPONDENT UNWILLING TO TRANSFER CALL..... 4

- ◆ IF WILLING TO TRANSFER TO ANOTHER PERSON IN HOUSEHOLD:
  - ASK FOR FIRST NAME OF OTHER PERSON AND ASK TO SPEAK WITH HIM/HER
  - IF NOT AVAILABLE, ASK FOR BEST TIME TO CALL BACK
  - THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY AND SKIP TO END

IF MALE AND TEENS OR CHILDREN UNDER AGE 18 IN HOUSEHOLD, OR IF FEMALE OTHER THAN MOTHER/LEGAL GUARDIAN, SAY:

Q167. We would like to speak with the mother of (the child under age 18) (any of the children under age 18) who live(s) in this household about the health and health care needs of (the child) (the children). Is she at home now?  
 (IF NECESSARY, SAY:) It is important for her answers to be included so that the survey will include a good cross-section of all Los Angeles County parents.

MOTHER AVAILABLE NOW ..... 1  
 MOTHER NOT AVAILABLE NOW — CALLBACK REQUIRED..... 2  
 MOTHER OF CHILD DOES NOT LIVE IN HOUSEHOLD ..... 3  
 RESPONDENT UNWILLING TO CONTINUE ..... 4

- ◆ IF TRANSFERRED TO ANOTHER PERSON, PROCEED IMMEDIATELY TO PARENT QUESTIONNAIRE.
- ◆ IF NOT AVAILABLE NOW, ARRANGE FOR A CALLBACK BY SAYING:  
 We would like to call back your household to arrange an interview with the mother or legal guardian of (the child) (any of the children) under age 18 in the household. When would be a good time to call back?
  - ASK FOR PARENT'S FIRST NAME
  - CONFIRM TELEPHONE NUMBER
  - SKIP TO END
- ◆ IF RESPONDENT IS UNWILLING TO COOPERATE FURTHER:
  - THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY AND SKIP TO END

IF NOT ELIGIBLE FOR PARENT SURVEY AND INCOME IS LESS THAN 300% OF FEDERAL POVERTY LEVEL, SAY:

Q168. Your household is eligible to participate in an important follow-up survey about health that the County Health Department will be conducting over the next six months. We are prepared to pay your household 5 dollars to participate in this follow-up survey. Would it be alright if we called your household back at that time?

(IF NECESSARY, SAY:) All answers are completely confidential. YES .....1  
NO .....2  
DON'T KNOW ..... DK  
REFUSED ..... REF

IF YES, ASK:

In order to send you the 5 dollars, can I get your name and address? (IF NECESSARY, SAY:) This information will not be linked to any of the information you have provided in this survey.

Q169. What is your name?

(IF REFUSES, SAY:) We need this information, so we know who to ask to speak to when we call.

(IF REFUSES, SAY:) If you prefer, just your first name will do. (ALLOW "FIRST NAME" TO CONTINUE)

\_\_\_\_\_  
(FIRST NAME) (LAST NAME)

Q170. What is your street address including apartment number?

a. STREET \_\_\_\_\_

b. APARTMENT NUMBER \_\_\_\_\_

REFUSED..... REF (SKIP TO Q173)

Q171. In what city do you live?

CITY \_\_\_\_\_

Q172. What is your zip code? (ALL ZIP CODES MUST BEGIN WITH "9")

ZIP CODE \_\_\_\_\_

Q173. Just to confirm your telephone number. (READ BACK TELEPHONE NUMBER) Is this correct?

TELEPHONE NUMBER \_\_\_\_\_

Q174. Would you prefer we call you at another phone number? YES..... 1  
NO ..... 2

IF YES, ASK:

Q175. What is this number, area code first?

ALTERNATIVE TELEPHONE NUMBER \_\_\_\_\_

These are all the questions I have. Thank you very much.