

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

**TRANSFER FROM MAIN QUESTIONNAIRE:**

NAME OF PARENT: \_\_\_\_\_

May I speak with FIRST NAME OF PARENT?

IF A CALLBACK TO THE SAME PERSON INTERVIEWED IN THE MAIN SURVEY:

Hello. I'm \_\_\_\_\_ from Field Research Corporation, an independent public opinion research company. Recently you participated in an important telephone survey about health care for the Los Angeles County Health Department. You said we could call back to ask you some questions about the health care needs of the children living in your household. Is now a good time?  
 IF YES, RECORD GENDER OF PARENT (PS5) AND GO IMMEDIATELY P1A

IF NAME OF MOTHER (OR APPROPRIATE OTHER) IS SHOWN OR IS NOT THE SAME PERSON PREVIOUSLY INTERVIEWED, SAY:

Hello. I'm \_\_\_\_\_ from Field Research Corporation, an independent public opinion research company. We're doing an important telephone survey among parents about the health care needs of children. The survey is sponsored by the Los Angeles County Health Department. Are you the parent or legal guardian of a child under age 18 who lives with you at this household?  
 IF NOT A PARENT OR GUARDIAN:  
 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.)

IF NO NAME LISTED AND NOT THE SAME PERSON PREVIOUSLY INTERVIEWED, SAY:

Hello. I'm \_\_\_\_\_ from Field Research Corporation, an independent public opinion research company. We're doing an important telephone survey about the health care needs of children, sponsored by the Los Angeles County Health Department. We'd like to speak to the mother of any child under age 18 who lives in this household.

IF NECESSARY, SAY:

- We are definitely not selling anything.
- The survey is totally anonymous. Your responses will be strictly confidential and will not be identified with you in any way.
- This is a legitimate public opinion survey sponsored by the Los Angeles County Health Department. If you have any questions about the survey, you may contact the Los Angeles County Department of Health Services at (213) 240-7785.
- If you'd like, we can have the County send you a summary of the survey results.

IF LANGUAGE DIFFICULTIES, SAY:

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

IF YES TO PS1, ASK:

PS2. RECORD LANGUAGE OR ASK: Which one? (IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED, RECORD APPLICABLE CODE)	SPANISH..... 1 (GO TO PS3)
	MANDARIN..... 2 (GO TO PS3)
	CANTONESE..... 3 (GO TO PS3)
	KOREAN..... 4 (GO TO PS3)
	VIETNAMESE..... 5 (GO TO PS3)
	ASIAN UNSPECIFIED..... 6 (GO TO PS3)
	OTHER..... 7 (GO TO PS4)
	DON'T KNOW..... DK (GO TO PS4)
	REFUSED..... REF (TERMINATE)

IF PS2 = 1, 2, 3, 4, OR 5, 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 = 6, 7 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: FEMALE ..... 1  
 MALE ..... 2

**1999 LOS ANGELES COUNTY HEALTH SURVEY  
 — PARENT QUESTIONNAIRE —**

P1a. How many of your children are under age 18 and live with you in this household? \_\_\_\_\_

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?	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 in your household has had the most recent birthday. What is that child's first name? (IF REFUSED) What are his or her initials?	NAME/INITIALS OF CHILD WITH MOST RECENT BIRTHDAY: _____
--	---

IF TWO OR MORE CHILDREN HAVE SAME BIRTHDAY, SAY:

P3. What are the names of each child? (IF REFUSED) What are the initials of each child?	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") \_\_\_\_\_ YEARS OLD  
 REFUSED ..... REF

IF REFUSED, ASK:

P4b. Can you tell me generally if <u>NAME</u> is age (READ CATEGORIES)?	0-3.....1 -- (SKIP TO P06)
	4-5.....2
	6-11.....3
	12-17.....4
	REFUSED.....REF → TERMINATE

IF 0-2 YEARS, ASK:

P5. RECORD <u>NAME'S</u> AGE IN MONTHS.	_____ MONTHS OLD
	REFUSED ..... REF

P6. And, NAME is a (male) (female), is that correct? MALE..... 1  
 FEMALE..... 2

IF RESPONDENT IS FEMALE, ASK :

P7. Are you <u>NAME's</u> biological mother?	YES, BIOLOGICAL MOTHER..... 1
	NO, OTHER..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF RESPONDENT IS MALE, ASK:

P8. Are you <u>NAME's</u> biological father?	YES, BIOLOGICAL FATHER..... 1
	NO, OTHER..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF MULTIPLE CHILDREN IN HOUSEHOLD AND BIOLOGICAL PARENT, ASK:

P9. Is <u>NAME</u> your first-born child?	YES, FIRST-BORN..... 1
	NO, NOT FIRST-BORN..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF MULTIPLE CHILDREN IN HOUSEHOLD AND NOT BIOLOGICAL PARENT, ASK:

P10. Is <u>NAME</u> your oldest child?	YES, OLDEST CHILD..... 1
	NO, NOT OLDEST CHILD..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

P11. Is NAME's other parent or legal guardian also living in this household? YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF AGE 0-5, ASK:

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK:

P12. During your pregnancy with <u>NAME</u> , did you attend childbirth classes?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
P13. While you were pregnant with <u>NAME</u> , were you offered to take an AIDS or HIV test as part of your prenatal care?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
P14. Have you ever breast-fed <u>NAME</u> ?	YES, HAVE BREAST-FED..... 1 NO, HAVE NOT ..... 2 DON'T KNOW ..... DK REFUSED ..... REF

IF HAVE BREAST FED AND AGE 0-3, ASK:

P15. Are you currently breast-feeding <u>NAME</u> ?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
IF NO, ASK:	
P16. How old was <u>NAME</u> when you stopped breastfeeding (him/her)? (RECORD ANSWER IN MONTHS)	_____ MONTHS DON'T KNOW ..... DK REFUSED ..... REF

IF HAVE BREAST-FED AND AGE 4-5, ASK:

P17. How old was <u>NAME</u> when you stopped breastfeeding (him/her)? (RECORD ANSWER IN MONTHS)	_____ MONTHS DON'T KNOW ..... DK REFUSED ..... REF
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IF HAVE BREAST-FED (ANY AGE), ASK:

P18. Did you make the decision to breast-feed <u>NAME</u> before you became pregnant, while you were pregnant, or after <u>NAME</u> was born?	BEFORE PREGNANCY..... 1 DURING PREGNANCY ..... 2 AFTER BIRTH ..... 3 DON'T KNOW ..... DK REFUSED ..... REF
P19a. While you were in the hospital for the birth of <u>NAME</u> , did a doctor, nurse, or other health professional encourage you to breast-feed?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
P19b. After you left the hospital, how much support or encouragement to breast-feed <u>NAME</u> did you receive -- a lot of support, some support, a little support, or no support?	A LOT OF SUPPORT..... 1 SOME SUPPORT ..... 2 A LITTLE SUPPORT..... 3 NO SUPPORT..... 4 DON'T KNOW ..... DK REFUSED ..... REF

IF DID NOT BREAST-FEED, ASK:

P20. Did you make the decision not to breast-feed <u>NAME</u> before you became pregnant, while you were pregnant, or after <u>NAME</u> was born?	BEFORE PREGNANCY..... 1 DURING PREGNANCY ..... 2 AFTER BIRTH ..... 3 DON'T KNOW ..... DK REFUSED ..... REF
P21. While you were in the hospital for the birth of <u>NAME</u> , did a doctor, nurse, or other health professional encourage you to breast-feed?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
P22. Did you decide not to breast-feed <u>NAME</u> because of any of the following reasons? (READ ITEMS IN RANDOM ORDER)	
	DON'T
	YES NO KNOW REF
( ) a. You preferred to bottle-feed (him/her).....	1 2 DK REF
( ) b. You had job or scheduling difficulties.....	1 2 DK REF
( ) c. You had physical or medical difficulties .....	1 2 DK REF
( ) d. You didn't know how to breast-feed .....	1 2 DK REF

P23. During the first month after <u>NAME</u> was born, did a nurse or other health professional visit your home to give you any information about how to care for your newborn baby?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
P24. How important do you think it would be to have this service available to all new parents in your community -- very important, somewhat important or not important?	VERY IMPORTANT ..... 1 SOMEWHAT IMPORTANT..... 2 NOT IMPORTANT ..... 3 DON'T KNOW ..... DK REFUSED ..... REF

IF AGE 0-3, ASK:

P25. Is <u>NAME</u> currently using a bottle?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF YES, ASK:

P26. How often do you put <u>NAME</u> to bed with a bottle of milk, formula, or juice at bedtime or naptime -- always, most of the time, sometimes, rarely, or never? (DO <u>NOT</u> INCLUDE BOTTLES OF PLAIN WATER.)	ALWAYS .....	1
	MOST OF THE TIME .....	2
	SOMETIMES.....	3
	RARELY.....	4
	NEVER .....	5
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF NO, ASK:

P27. When <u>NAME</u> was using a bottle, how often did you put <u>NAME</u> to bed with a bottle of milk, formula, or juice at bedtime or naptime -- always, most of the time, sometimes, rarely, or never? (DO <u>NOT</u> INCLUDE BOTTLES OF PLAIN WATER.)	ALWAYS .....	1
	MOST OF THE TIME .....	2
	SOMETIMES.....	3
	RARELY.....	4
	NEVER .....	5
	NEVER USED A BOTTLE .....	6
	DON'T KNOW .....	DK
REFUSED .....	REF	

IF AGE 4-5, ASK:

P28. When <u>NAME</u> was using a bottle, how often did you put (him/her) to bed with a bottle of milk, formula, or juice at bedtime or naptime -- always, most of the time, sometimes, rarely, or never? (DO NOT INCLUDE BOTTLES OF PLAIN WATER.)	ALWAYS .....	1
	MOST OF THE TIME .....	2
	SOMETIMES.....	3
	RARELY.....	4
	NEVER .....	5
	NEVER USED A BOTTLE .....	6
	DON'T KNOW .....	DK
REFUSED .....	REF	

IF LESS THAN SIX MONTHS OLD, ASK:

P29. What sleeping position do you usually put <u>NAME</u> at bedtime or naptime -- on (his/her) back, stomach or side?	BACK .....	1
	STOMACH.....	2
	SIDE.....	3
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF SIX MONTHS - 5 YEARS, ASK:

P30. When <u>NAME</u> was less than six months old, in what sleeping position did you usually put (him/her) at bedtime or naptime -- on (his/her) back, stomach or side?	BACK .....	1
	STOMACH.....	2
	SIDE.....	3
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF 0-5 YEARS, ASK:

P31. Are you currently participating or have you ever participated in any parent education programs or parent support groups in your community?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

P32. How important do you think it would be to have these services available to all new parents in your community - very important, somewhat important or not important?	VERY IMPORTANT .....	1
	SOMEWHAT IMPORTANT.....	2
	NOT IMPORTANT .....	3
	DON'T KNOW .....	DK
	REFUSED .....	REF

P35. Has <u>NAME</u> ever participated in the supplemental food program for Women, Infants and Children or WIC (wick)?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF YES, ASK:

P36. Did you participate in WIC (wick) while you were pregnant with <u>NAME</u> ?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

The next few questions are about various day-to-day activities.

IF AGE 1-17, ASK:

P37. Yesterday, did <u>NAME</u> eat breakfast or a morning meal?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF AGE 2-17, ASK:

P38. Yesterday, were any of <u>NAME's</u> meals or snacks from a fast-food restaurant, like McDonald's, Taco Bell, Burger King, Kentucky Fried Chicken or another similar type of place?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF AGE 0-5, ASK:

P33. Does <u>NAME</u> drink cow's milk?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF YES, ASK:

P34. At what age did <u>NAME</u> first start drinking cow's milk?	LESS THAN 6 MONTHS .....	1
	6-8 MONTHS.....	2
	9-11 MONTHS .....	3
	12 MONTHS OR OLDER .....	4
	DON'T KNOW .....	DK
	REFUSED .....	REF

P39. How many days in the past week did you <u>read</u> to <u>NAME</u> - every day, most days, some days or none?	EVERY DAY.....	1
	MOST DAYS .....	2
	SOME DAYS.....	3
	NONE .....	4
	DON'T KNOW .....	DK
	REFUSED .....	REF

P40. How many days in the past week did you <u>sing or play music</u> with <u>NAME</u> - every day, most days, some days or none?	EVERY DAY.....	1
	MOST DAYS .....	2
	SOME DAYS.....	3
	NONE .....	4
	DON'T KNOW .....	DK
	REFUSED .....	REF

P42. About how many children's books do you have at home? (READ CATEGORIES IF NECESSARY)	NONE .....	1
	1-5 .....	2
	6-20 .....	3
	MORE THAN 20.....	4
	DON'T KNOW .....	DK
	DO NOT READ { REFUSED .....	REF

IF AGE 6 MONTHS – 17 YEARS, ASK:

P43. About how many hours does <u>NAME</u> watch television in a typical day? (READ CATEGORIES IF NECESSARY)	LESS THAN 1 HOUR .....	1
	1-2 HOURS.....	2
	3-4 HOURS.....	3
	MORE THAN 4 HOURS .....	4
	DON'T KNOW .....	DK
	DO NOT READ { REFUSED .....	REF

P44. In general, how would you describe <u>NAME's</u> health -- excellent, very good, good, fair or poor?	EXCELLENT .....	1
	VERY GOOD.....	2
	GOOD.....	3
	FAIR.....	4
	POOR.....	5
	DON'T KNOW .....	DK
REFUSED .....	REF	

IF AGE 3-17, ASK:

P45. In a typical week, how many days does <u>NAME</u> participate in an organized sports activity or in physical, recreational activities?	_____ DAYS/WEEK DON'T KNOW ..... DK REFUSED ..... REF
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IF AGE 1-17, ASK:

P46. Is there a park, playground or other safe place for <u>NAME</u> to play that you can get to easily?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
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P47. Has a doctor or other health professional ever told you that <u>NAME</u> had asthma?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
---	--

IF YES, ASK:

P48. During the past 12 months, has <u>NAME</u> had an episode of asthma or an asthma attack?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
---	--

IF YES, ASK:

P49. During the past 12 months, did <u>NAME</u> have to visit an emergency room or urgent care center because of asthma?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
--	--

P50. Does <u>NAME</u> have medication for asthma?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
---	--

P51. How often does <u>NAME'S</u> asthma condition limit (his/her) physical activity -- always, most of the time, sometimes, rarely, or never?	ALWAYS ..... 1 MOST OF THE TIME ..... 2 SOMETIMES ..... 3 RARELY ..... 4 NEVER ..... 5 DON'T KNOW ..... DK REFUSED ..... REF
--	--

P52. 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?	VERY EASY ..... 1 SOMEWHAT EASY ..... 2 SOMEWHAT DIFFICULT ..... 3 VERY DIFFICULT ..... 4 DON'T KNOW ..... DK REFUSED ..... REF
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P53. Is <u>NAME</u> limited in (his/her) daily activities because of a health problem or disability?	YES..... 1 NO ..... 2 DON'T KNOW ..... DK REFUSED ..... REF
--	--

IF AGE 0-5, ASK:

P54. Have you ever been told by a health provider or other professional that <u>NAME</u> has developmental delay, a learning problem, or has some other problem with (his/her) development?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF YES, ASK:

P55. Has <u>NAME</u> ever received special services for this condition?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF NO OR "DON'T KNOW" TO P54, ASK:

P56. Do you have or have you ever had concerns about <u>NAME's</u> learning or development?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF YES, ASK:

P57. Has <u>NAME</u> ever received a special evaluation from a health provider or other professional for a problem with (his/her) learning or development?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

P58. Has <u>NAME</u> ever received special services for a problem with (his/her) learning or development?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

P59. Have you ever been told by a health provider or other professional that <u>NAME</u> has a problem with (his/her) speech or ability to understand or communicate in (his/her) native language?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF YES, ASK:

P60. Has <u>NAME</u> ever received special services for this condition?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF NO OR "DON'T KNOW" TO P59, ASK:

P61. Are you concerned that <u>NAME</u> may have a problem with (his/her) speech or ability to understand or communicate in (his/her) native language?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF YES, ASK:

P62. Has <u>NAME</u> ever been tested for this problem?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

P63. Has <u>NAME</u> ever received special services for this problem?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

P64. Have you ever been told by a doctor, nurse or other professional that <u>NAME</u> has attention deficit hyperactivity disorder?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF YES, ASK:

P65. Is <u>NAME</u> taking medication for this condition?	YES..... 1
	NO ..... 2
	DON'T KNOW ..... DK
	REFUSED ..... REF

IF AGE 0-5, ASK:

Next, some questions about childcare. By childcare, we mean any kind of arrangement where someone not in your household takes care of NAME for more than 10 hours per week on a regular basis. This can include preschool and nursery school, but not kindergarten.

P67. Do you currently have any kind of childcare arrangement for NAME ?

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

IF YES, ASK:

P68a. How many hours is NAME currently in any kind of childcare during a typical week? (READ CATEGORIES)

	10 HOURS OR LESS ..... 1
	MORE THAN 10 UP TO 20 HOURS ..... 2
	MORE THAN 20 UP TO 30 HOURS ..... 3
	MORE THAN 30 HOURS ..... 4
	DON'T KNOW ..... DK
	REFUSED ..... REF

P68b. Which of the following types of childcare do you use for NAME for more than 10 hours per week on a regular basis? (READ ITEMS)

- |                             |  | <u>YES</u> | <u>NO</u> | <u>DON'T</u><br><u>KNOW</u> | <u>REF</u> |
|-----------------------------|--|------------|-----------|-----------------------------|------------|
| <input type="checkbox"/> a. | A Head Start or State Preschool program<br>(IF NECESSARY, SAY:) Head Start is a federally-sponsored childcare program, while State Preschools are funded by the state..... | 1          | 2         | DK                          | REF        |
| <input type="checkbox"/> b. | A childcare center, preschool or nursery school.....   | 1          | 2         | DK                          | REF        |
| <input type="checkbox"/> c. | Someone who cares for <u>NAME</u> in <u>their</u> home .....   | 1          | 2         | DK                          | REF        |
| <input type="checkbox"/> d. | Someone who cares for <u>NAME</u> in <u>your</u> home .....  | 1          | 2         | DK                          | REF        |

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

P68c. Is this person a licensed family or home day care provider?

	YES..... 1
	NO ..... 2
	DON'T KNOW ..... 3
	REFUSED ..... 4

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

P68d. Is this person a relative, such as a brother, sister or grandparent, or a non-relative, such as a friend, neighbor, nanny or au pair?

	RELATIVE ..... 1
	NON-RELATIVE ..... 2
	DON'T KNOW ..... 3
	REFUSED ..... 4

P69. How satisfied are you with the childcare arrangements that you now have for NAME -- very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

	VERY SATISFIED ..... 1
	SOMEWHAT SATISFIED ..... 2
	NEITHER SATISFIED NOR DISSATISFIED ..... 3
	SOMEWHAT DISSATISFIED ..... 4
	VERY DISSATISFIED ..... 5
	DON'T KNOW ..... DK
	REFUSED ..... REF

P66. Overall, how easy or difficult is it for you to get childcare for NAME when you need childcare on a regular basis -- very easy, somewhat easy, somewhat difficult, or very difficult?

	VERY EASY ..... 1
	SOMEWHAT EASY ..... 2
	SOMEWHAT DIFFICULT ..... 3
	VERY DIFFICULT ..... 4
	DOES NOT NEED CHILDCARE ..... 5
	DON'T KNOW ..... DK
	REFUSED ..... REF

P70. Has there ever been a time when you were unable to find childcare for a week or longer for NAME ? Remember, this only includes childcare for more than 10 hours per week on a regular basis.

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

IF YES, ASK:

P71. Which of the following were reasons why you were unable to find childcare for NAME at that time... (READ ITEMS IN RANDOM ORDER)?

- |                             |   | <u>YES</u> | <u>NO</u> | <u>DON'T</u><br><u>KNOW</u> | <u>REF</u> |
|-----------------------------|---|------------|-----------|-----------------------------|------------|
| <input type="checkbox"/> a. | You could not afford it .....                           | 1          | 2         | DK                          | REF        |
| <input type="checkbox"/> b. | You could not find a provider with space available..... | 1          | 2         | DK                          | REF        |
| <input type="checkbox"/> c. | The hours and location didn't fit your needs .....      | 1          | 2         | DK                          | REF        |
| <input type="checkbox"/> d. | The quality of the childcare was not satisfactory ..... | 1          | 2         | DK                          | REF        |



P72. Have you ever lost your childcare or had your childcare fall through? YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF YES, ASK:

P73. Was that because... (READ ITEMS IN RANDOM ORDER)?

	YES	NO	DON'T KNOW	REF
( ) a. The provider quit without notice.....	1	2	DK	REF
( ) b. The hours and location didn't fit your needs .....	1	2	DK	REF
( ) c. The quality of the childcare was not satisfactory .....	1	2	DK	REF
( ) d. It was too expensive.....	1	2	DK	REF

P74. During the past year, did you or anyone else in the household have to quit a job, not take a job, quit school, or not go to school because of problems finding or keeping childcare? YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

P75. Overall, how well do you feel you are coping with the demands of parenthood -- very well, somewhat well, not too well, or not at all well? VERY WELL ..... 1  
 SOMEWHAT WELL ..... 2  
 NOT TOO WELL ..... 3  
 NOT AT ALL WELL..... 4  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

P76. 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?

	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	DK	REF
( ) b. that <u>NAME</u> does things that really bother you a lot .....	1	2	3	4	DK	REF
( ) c. that you were giving up more of your life to meet <u>NAME's</u> needs than you ever expected.....	1	2	3	4	DK	REF
( ) d. angry with <u>NAME</u> .....	1	2	3	4	DK	REF

IF AGE 0-5, ASK:

P77. Do you have a pool or outdoor hot tub or spa at your place of residence? YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF YES, ASK:

P78. Do you have a barrier, such as a fence or gate, completely around your pool or spa? YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

P79. Do you have at least one working smoke detector on each floor of your home? Please include finished basements or attics as separate floors. YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

P80. When riding in a car, how often is NAME buckled in a (IF AGE 0-2: car safety seat) (IF AGE 3-5: car safety seat or seat belt) (IF AGE 6-17: seat belt) -- all of the time, most of the time, sometimes, rarely or never? ALL THE TIME..... 1  
 MOST OF THE TIME ..... 2  
 SOMETIMES..... 3  
 RARELY..... 4  
 NEVER ..... 5  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

IF AGE 6-17, ASK:

P81. Has <u>NAME</u> ridden a bike in the past year?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF YES, ASK:

P82. During the past year, how often has <u>NAME</u> worn a bicycle helmet when riding a bicycle, including one with training wheels -- all the time, most of the time, sometimes, rarely, or never?	ALL THE TIME.....	1
	MOST OF THE TIME .....	2
	SOMETIMES.....	3
	RARELY .....	4
	NEVER .....	5
	DON'T KNOW .....	DK
	REFUSED .....	REF

P83. Overall, how easy or difficult is it for <u>NAME</u> to get medical care when (he/she) needs it -- very easy, somewhat easy, somewhat difficult, or very difficult?	VERY EASY.....	1
	SOMEWHAT EASY .....	2
	SOMEWHAT DIFFICULT .....	3
	VERY DIFFICULT .....	4
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF AGE 3-17, ASK:

P84. Overall, how easy or difficult is it for <u>NAME</u> to get dental care, including check-ups -- very easy, somewhat easy, somewhat difficult, or very difficult?	VERY EASY .....	1
	SOMEWHAT EASY .....	2
	SOMEWHAT DIFFICULT .....	3
	VERY DIFFICULT.....	4
	DON'T KNOW .....	DK
	REFUSED .....	REF

P85. Is <u>NAME</u> 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, Healthy Families, ChampUS, ChampVA, and the Indian Health Service.	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

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

P86. Is <u>NAME</u> covered for health insurance through your own or some other family member's current or former <u>employer, labor union, trade association, school or business</u> ?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF
P87. Is <u>NAME</u> 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.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF
P88. Is <u>NAME</u> currently covered for health insurance through a <u>separate policy</u> that you or some other family member bought directly from an insurance provider?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF
P89. Is <u>NAME</u> currently covered for health insurance under <u>Medi-Cal</u> , also known as Medicaid, or under the new Healthy Families program? (IF NECESSARY, SAY:) Medi-Cal and Healthy Families are health insurance programs for low income children or for people on public assistance or welfare.	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF NOT INSURED, ASK:

P91. Are any of the following reasons why <u>NAME</u> does not currently have health insurance or coverage? (READ ITEMS IN RANDOM ORDER) Is this a reason why <u>NAME</u> does not currently have health insurance or coverage?					
		YES	NO	DON'T KNOW	REF
	( ) a. You or your spouse's job does not provide health insurance for <u>NAME</u> .....	1	2	DK.....	REF
	( ) b. <u>NAME</u> is not eligible for any health coverage programs.....	1	2	DK.....	REF
	( ) c. Health insurance is too expensive, you can't afford it .....	1	2	DK.....	REF
	( ) d. <u>NAME</u> doesn't need health insurance.....	1	2	DK.....	REF
	( ) e. You don't know where to go to get health insurance for <u>NAME</u> .....	1	2	DK.....	REF
	( ) f. You are afraid to apply for health insurance for <u>NAME</u> because it might affect your immigration status .....	1	2	DK.....	REF

P92. When was NAME's last visit to see a health care provider — meaning a doctor, nurse, physician's assistant — or NAME's last visit to a hospital emergency room or clinic. Please do not include visits to a dentist. What month and year was this?

a. ENTER MONTH: (IF NECESSARY) Just your best estimate.

JANUARY.....	1	AUGUST .....	8
FEBRUARY .....	2	SEPTEMBER .....	9
MARCH .....	3	OCTOBER .....	10
APRIL.....	4	NOVEMBER.....	11
MAY.....	5	DECEMBER.....	12
JUNE.....	6	NEVER.....	13 -- (SKIP TO P93)
JULY.....	7	DON'T KNOW.....	DK
		REFUSED.....	REF -- (SKIP TO P93)

b. ENTER YEAR (ENTER ALL 4 DIGITS):

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

P93. When NAME is sick or you want advice about (his/her) health, is there one particular place or health provider that you take (him/her) most often?

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

IF NO, ASK:

P94. Is that because you have more than one place to take <u>NAME</u> or because you have no regular place to take (him/her)?	MORE THAN ONE PLACE.....	1
	NO REGULAR PLACE .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF MORE THAN ONE PLACE, ASK:

P95. Is there a particular place that you take <u>NAME</u> more often than any other place?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF YES TO P93 OR YES TO P95 OR DK/REFUSED TO P93, P94, OR P95, ASK:

P96. Which of the following best describes the place you take <u>NAME</u> most often when (he/she) gets sick -- 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?	DOCTOR'S OFFICE/KAISER/ANY HMO .....	1
	COUNTY OR COMMUNITY CLINIC .....	2
	HOSPITAL OUTPATIENT CLINIC.....	3
	EMERGENCY ROOM .....	4
	A HEALER OTHER THAN MD .....	5
	OTHER (SPECIFY) _____	6
	DON'T KNOW .....	DK
	REFUSED .....	REF

P97. Is this the same place that <u>NAME</u> gets a physical examination or well (IF 0-2: baby) (IF 3-17: child) check-up?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

P98. Is this the same place that <u>NAME</u> gets (his/her) vaccination shots?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

P99. Overall, how satisfied are you with the care NAME receives from (his/her) regular provider in each of the following areas? (READ ITEMS IN RANDOM ORDER) Are you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

	VERY SAT.	SOME-WHAT SAT.	NEITHER	SOME-WHAT DISSAT.	VERY DISSAT.	DON'T KNOW	REF
( ) a. providing <u>NAME</u> with good health care.....	1	2	3	4	5	DK	REF
( ) b. giving you guidance on how to care for <u>NAME</u> .....	1	2	3	4	5	DK	REF
( ) c. helping you to understand how <u>NAME</u> is growing and developing.....	1	2	3	4	5	DK	REF
( ) d. being easy to contact by phone .....	1	2	3	4	5	DK	REF
( ) e. listening to you carefully and answering your questions .....	1	2	3	4	5	DK	REF

IF NON-ENGLISH INTERVIEW, ASK:

P100 During the past year, was there ever a time when you had trouble talking to <u>NAME's</u> doctor or health care provider because he/she did not speak your language?	YES.....	1
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

P101 During the past year, was there ever a time when transportation problems kept you from getting needed medical care for NAME ?

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

P102. During the past year, was there ever a time when NAME needed (READ ITEMS IN RANDOM ORDER) but didn't get it because you could not afford it?

	YES	NO	DON'T KNOW	REF
a. to see a doctor for a physical examination or well (IF 0-2: baby) (IF 3-17: child) check-up.....	1	2	DK	REF
b. to see a doctor when (he/she) had an illness or other health problem .....	1	2	DK	REF
c. prescription medicines .....	1	2	DK	REF
d. (IF AGE 3-17) dental care, including check-ups .....	1	2	DK	REF
e. (IF AGE 3-17) mental health care or counseling .....	1	2	DK	REF

Now, some questions about NAME for classification purposes.

P103. What is the highest level of schooling that you expect NAME to complete? Do you think (he/she) will complete some high school, will graduate from high school, will complete some college, will graduate from college, or will (he/she) go beyond a college degree?

LESS THAN HIGH SCHOOL (VOLUNTEERED)	1
SOME HIGH SCHOOL .....	2
GRADUATE HIGH SCHOOL .....	3
SOME COLLEGE.....	4
GRADUATE FROM (4-YEAR) COLLEGE.....	5
BEYOND COLLEGE .....	6
DON'T KNOW .....	DK
REFUSED .....	REF

P104. Is NAME a Latino or of Hispanic origin, such as Mexican-American, Latin American, South American, or Spanish-American?

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

IF YES, HISPANIC, ASK:

<p>P105. Which of the following best describes <u>NAME's</u> Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)</p>	<table style="width: 100%; border: none;"> <tr><td>MEXICAN.....</td><td>1</td></tr> <tr><td>SALVADORAN.....</td><td>2</td></tr> <tr><td>GUATEMALAN.....</td><td>3</td></tr> <tr><td>COSTA RICAN.....</td><td>4</td></tr> <tr><td>HONDURAN.....</td><td>5</td></tr> <tr><td>NICARAGUAN.....</td><td>6</td></tr> <tr><td>PANAMANIAN.....</td><td>7</td></tr> <tr><td>SOUTH AMERICAN.....</td><td>8</td></tr> <tr><td>SPANISH-AMERICAN .....</td><td>9</td></tr> <tr><td>OTHER (SPECIFY) _____.....</td><td>10</td></tr> <tr><td>DON'T KNOW .....</td><td>DK</td></tr> <tr><td>REFUSED .....</td><td>REF</td></tr> </table>	MEXICAN.....	1	SALVADORAN.....	2	GUATEMALAN.....	3	COSTA RICAN.....	4	HONDURAN.....	5	NICARAGUAN.....	6	PANAMANIAN.....	7	SOUTH AMERICAN.....	8	SPANISH-AMERICAN .....	9	OTHER (SPECIFY) _____.....	10	DON'T KNOW .....	DK	REFUSED .....	REF
MEXICAN.....	1																								
SALVADORAN.....	2																								
GUATEMALAN.....	3																								
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NICARAGUAN.....	6																								
PANAMANIAN.....	7																								
SOUTH AMERICAN.....	8																								
SPANISH-AMERICAN .....	9																								
OTHER (SPECIFY) _____.....	10																								
DON'T KNOW .....	DK																								
REFUSED .....	REF																								

DO NOT READ {

P106 For classification purposes, we'd like to know what NAME's 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)

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:

<p>P107 Which of the following best describes <u>NAME's</u> Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)</p>	<table style="width: 100%; border: none;"> <tr><td>CHINESE.....</td><td>1</td><td>CAMBODIAN .....</td><td>7</td></tr> <tr><td>KOREAN .....</td><td>2</td><td>HAWAIIAN.....</td><td>8</td></tr> <tr><td>FILIPINO .....</td><td>3</td><td>GUAMANIAN .....</td><td>9</td></tr> <tr><td>JAPANESE .....</td><td>4</td><td>SAMOAN .....</td><td>10</td></tr> <tr><td>VIETNAMESE.....</td><td>5</td><td>LAOTIAN.....</td><td>11</td></tr> <tr><td>ASIAN INDIAN.....</td><td>6</td><td>OTHER (SPECIFY) _____.....</td><td>12</td></tr> <tr><td colspan="2"></td><td>DON'T KNOW .....</td><td>DK</td></tr> <tr><td colspan="2"></td><td>REFUSED .....</td><td>REF</td></tr> </table>	CHINESE.....	1	CAMBODIAN .....	7	KOREAN .....	2	HAWAIIAN.....	8	FILIPINO .....	3	GUAMANIAN .....	9	JAPANESE .....	4	SAMOAN .....	10	VIETNAMESE.....	5	LAOTIAN.....	11	ASIAN INDIAN.....	6	OTHER (SPECIFY) _____.....	12			DON'T KNOW .....	DK			REFUSED .....	REF
CHINESE.....	1	CAMBODIAN .....	7																														
KOREAN .....	2	HAWAIIAN.....	8																														
FILIPINO .....	3	GUAMANIAN .....	9																														
JAPANESE .....	4	SAMOAN .....	10																														
VIETNAMESE.....	5	LAOTIAN.....	11																														
ASIAN INDIAN.....	6	OTHER (SPECIFY) _____.....	12																														
		DON'T KNOW .....	DK																														
		REFUSED .....	REF																														

DO NOT READ {

P108. Was NAME 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
REFUSED.....	REF

} (SKIP TO P110)

IF OUTSIDE THE U.S., ASK:

P109. In which country was <u>NAME</u> born?	COUNTRY CODE ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
	OTHER (SPECIFY) ....
	DON'T KNOW..... DK
	REFUSED..... REF

  

P110. Is <u>NAME</u> currently a U.S. citizen or not?	U.S. CITIZEN..... 1
	NOT A U.S. CITIZEN..... 2
	DON'T KNOW..... DK
	REFUSED..... REF

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

P111. What is your age? \_\_\_\_\_ YEARS

REFUSED..... REF

IF REFUSED, ASK:

P112. 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..... 7
	REFUSED..... REF

P113. 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
REFUSED.....	REF

} (SKIP TO P115)

IF OUTSIDE THE U.S., ASK:

P114. In which country were you born?	COUNTRY CODE ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
	OTHER (SPECIFY) ....
	DON'T KNOW..... DK
	REFUSED..... REF

  

P115. 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

P116. How many years have you lived in the United States? \_\_\_\_\_ YEARS

(IF LESS THAN ONE YEAR, ENTER "0")

DON'T KNOW..... DK

REFUSED..... REF

P117. 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

P118. 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 {

Thinking about your own employment situation and daily activities...

<p>P119. What were you doing <u>most</u> 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 <u>ONE</u> RESPONSE)</p>	WORKING .....	1 -- (ASK P121)
	NOT AT WORK, BUT HAVE A JOB.....	2
	LOOKING FOR WORK.....	3
	KEEPING HOUSE .....	4
	GOING TO SCHOOL .....	5
	UNABLE TO WORK.....	6 -- (SKIP TO P122)
	RETIRED.....	7
	OTHER SITUATION.....	8
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF NOT WORKING BUT ABLE TO WORK, ASK:

<p>P120. 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.)</p>	YES.....	1 -- (ASK P121)
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF EMPLOYED, ASK:

<p>P121. How many hours per week do you usually work?</p>	_____ HOURS	
	DON'T KNOW .....	DK
	REFUSED .....	REF

<p>P122. Do you currently smoke cigarettes, cigars, a pipe or chew smokeless tobacco? (IF YES: Which one(s)?) (ANSWER CAN BE A MULTIPLE)</p>	NO, NON-TOBACCO USER .....	1
	YES, CIGARETTES.....	2
	YES, CIGARS .....	3
	YES, PIPE .....	4
	YES, SMOKELESS TOBACCO.....	5
	DON'T KNOW .....	DK
REFUSED .....	REF	

<p>P123 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?</p>	ALL OF THE TIME.....	1
	MOST OF THE TIME .....	2
	ONLY OCCASIONALLY .....	3
	NEVER .....	4
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF OTHER PARENT/LEGAL GUARDIAN LIVING IN HOUSEHOLD (P11="YES") AND MARRIED OR LIVING TOGETHER (P118="MARRIED" OR "NOT MARRIED BUT LIVING TOGETHER" IF DIFFERENT RESPONDENT, OR Q141="MARRIED" OR "NOT MARRIED BUT LIVING TOGETHER" IF SAME RESPONDENT FROM MAIN), ASK:

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

<p>P126. What was (he/she) doing <u>most</u> of last week? Was (he/she) working, was (he/she) not at work but had a job, was (he/she) looking for work, keeping house, going to school, unable to work, retired, or what? (ACCEPT ONLY <u>ONE</u> RESPONSE)</p>	WORKING .....	1 -- (ASK P128)
	NOT AT WORK, BUT HAVE A JOB.....	2
	LOOKING FOR WORK .....	3
	KEEPING HOUSE .....	4
	GOING TO SCHOOL.....	5
	UNABLE TO WORK.....	6 -- (SKIP TO P129)
	RETIRED .....	7
	OTHER SITUATION .....	8
	DON'T KNOW.....	DK
	REFUSED.....	REF

IF NOT WORKING BUT ABLE TO WORK, ASK:

<p>P127 Did (he/she) 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.)</p>	YES.....	1 -- (ASK P128)
	NO .....	2
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF EMPLOYED, ASK:

<p>P128 How many hours per week does (he/she) usually work?</p>	_____ HOURS	
	DON'T KNOW .....	DK
	REFUSED .....	REF

IF CROSS STREET INFORMATION NOT OBTAINED FROM MAIN SURVEY AND DIFFERENT RESPONDENT, ASK:

P141. 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

IF INCOME INFORMATION NOT OBTAINED FROM MAIN SURVEY AND DIFFERENT RESPONDENT, ASK:

P129. 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:

P130. 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:

P131. 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 P129 = "DON'T KNOW" OR "REFUSED", ASK:

P132. (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 INCOME IS LESS THAN 300% OF FEDERAL POVERTY LEVEL, SAY:

P133. Your household is eligible to participate in an important follow-up survey that the County Health Department will be conducting over the next six months. We will 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.

P134. 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)

P135. What is your street address including apartment number?

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

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

REFUSED ..... REF (SKIP TO P138)

P136. In what city do you live?

CITY \_\_\_\_\_

P137. What is your zip code? (ALL ZIP CODES MUST BEGIN WITH "9")

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

P138. Just to confirm your telephone number. (READ BACK TELEPHONE NUMBER) Is this correct?

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

P139. Would you prefer we call you at another phone number?

YES..... 1

NO ..... 2

IF YES, ASK:

P140. What is this number, area code first?

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

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