

**2005 LOS ANGELES COUNTY HEALTH SURVEY
 – Adult Screener –**

SCREENING QUESTIONS

Hello. I'm _____ and I'm calling on behalf of the Los Angeles County Health Department, whose role is to promote and protect the health of all County residents. Your telephone number was generated randomly by computer. The Health Department is conducting an important research study to help the county better understand and meet the needs of Los Angeles County residents. The survey is totally confidential.

IF NECESSARY, SAY:

- We are definitely not selling anything.
- If you have any questions about the survey, you may contact the Los Angeles County Health Department at (213) 240-7785.

IF NO ENGLISH SPOKEN, CODE AS FOLLOWS:

SPANISH.....	2
MANDARIN.....	3
CANTONESE.....	4
CHINESE (UNSPECIFIED).....	5
KOREAN.....	6
VIETNAMESE.....	7
ASIAN UNSPECIFIED.....	8
ARMENIAN.....	9
OTHER.....	11

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	→ GO TO QS3
NO.....	2	} ASK QS2
DON'T KNOW.....	8	
REFUSED.....	9	

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

QS2. In what city or town do you live?	CITY CODE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DON'T KNOW..... 998 REFUSED..... 999	
<ul style="list-style-type: none"> • 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. 	

QS3. So that all types of people will be represented in our survey, I need to know how many adults live here. How many persons age 18 or older currently live in this household, including yourself?

# OF ADULTS: _____.....	1
DON'T KNOW.....	8 → ASK FOR SOMEONE WHO CAN ANSWER
REFUSED.....	9

IF QS3 = 1, ASK:

QS4. Is that you?	YES, SPEAKING WITH ADULT.....1 → CONTINUE NOT SPEAKING WITH ADULT.....2 → ASK TO SPEAK TO ADULT
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IF QS3 = 2 AND CATI RANDOMLY SELECTS RESPONDENT, ASK:

<p>QS5. We would like to continue the interview with you. Is now a good time?</p> <p>YES, CONTINUE1 → CONTINUE</p> <p>NO, ARRANGE CALLBACK2 → ARRANGE CALLBACK</p> <p>NO, REFUSED9 → TERMINATE</p>
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IF QS3 = 2 AND CATI RANDOMLY SELECTS OTHER ADULT, ASK:

<p>QS6. We would like to speak to the other adult who lives in your household. May I please speak with that person?</p> <p>YES, AND COMES TO PHONE1 → CONTINUE</p> <p>NO, NOT AVAILABLE NOW2 → ARRANGE CALLBACK</p> <p>NO, REFUSED9 → TERMINATE</p>

IF QS3 = 3 OR MORE AND CATI RANDOMLY SELECTS RESPONDENT, ASK:

<p>QS7. We would like to continue the interview with you. Is now a good time?</p> <p>YES, CONTINUE1 → CONTINUE</p> <p>NO, NOT AVAILABLE NOW2 → ARRANGE CALLBACK</p> <p>NO, REFUSED9 → TERMINATE</p>

IF QS3 = 3 OR MORE AND CATI DOES NOT SELECT RESPONDENT, SAY:

<p>QS8. In order to randomly select one of the other adults for the survey, please think of the adult besides yourself who has had the most recent birthday. May I please speak with that person?</p> <p>YES, AND COMES TO PHONE1 → CONTINUE</p> <p>NO, NOT AVAILABLE NOW2 → ARRANGE CALLBACK</p> <p>NO, REFUSED9 → TERMINATE</p>

(REPEAT INTRO, IF NECESSARY)

ONCE SELECTED RESPONDENT IS READY TO BEGIN, ASK:

<p>QS9. We can conduct the survey in any of the following languages – English, Spanish, Mandarin, Cantonese, Korean, Vietnamese, and Armenian (AR-MEEN-E-AN). Would you prefer to be interviewed in a language <u>other than</u> English?</p>	<p>NO, CONTINUE IN</p> <p>ENGLISH..... 1 → GO TO Q1</p> <p>OTHER LANGUAGE 2 → ASK QS10</p> <p>DON'T KNOW..... 8 → GO TO QS12</p> <p>REFUSED..... 9 → TERMINATE</p>
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IF YES, ASK:

<p>QS10. RECORD LANGUAGE OR ASK: Which one? (IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED, RECORD APPLICABLE CODE)</p> <p>SPANISH.....2</p> <p>MANDARIN.....3</p> <p>CANTONESE4</p> <p>CHINESE (UNSPECIFIED)5</p> <p>KOREAN6</p> <p>VIETNAMESE7</p> <p>ASIAN UNSPECIFIED8</p> <p>ARMENIAN9</p> <p>OTHER11</p> <p>DON'T KNOW98</p> <p>REFUSED99 → TERMINATE</p>	<p>} GO TO QS11</p> <p>} GO TO QS12</p>
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IF QS10 = 2, 3, 4, 5, 6, 7, 8 OR 9, SAY:

<p>QS11. 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.</p>

IF QS10 = 11 OR DON'T KNOW OR QS9 = DON'T KNOW, SAY:

QS12. We can only conduct the interview in English, Spanish, Mandarin or Cantonese, Korean, Vietnamese, and Armenian (AR-MEEN-E-AN). 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

Before we begin, I need to tell you that this call may be monitored by my supervisor to ensure quality and courtesy. If you prefer not to answer any question, please tell me and I will simply go on to the next question.

2005 LOS ANGELES COUNTY HEALTH SURVEY
– Adult Questionnaire –

OVERALL HEALTH STATUS

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? (LACHS02, 99, 97; BRFSS)	EXCELLENT.....1 VERY GOOD.....2 GOOD.....3 FAIR.....4 POOR.....5 DON'T KNOW.....8 REFUSED.....9
Q2.	Thinking about your <u>physical</u> health, which includes physical illness and injury, for how many days during the past 30 days was your <u>physical</u> health not good? (LACHS02, 99; BRFSS)	_____ DAYS DON'T KNOW..... 98 REFUSED..... 99
Q3.	Thinking about your <u>mental</u> health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your <u>mental</u> health not good? (LACHS02, 99; BRFSS)	_____ DAYS DON'T KNOW..... 98 REFUSED..... 99
Q4.	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? (LACHS02, 99; BRFSS)	_____ DAYS DON'T KNOW..... 98 REFUSED..... 99
Q5.	GENDER:	MALE.....1 FEMALE.....2
Q6a.	What is your age?	_____ YEARS OLD REFUSED..... 99

IF REFUSED, ASK:

Q6b.	We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)? (LACHS02; 99, MODIFIED)	18–24.....1 25–29.....2 30–39.....3 40–44.....4 45–49.....5 50–59.....6 60–64.....7 65 or older.....8 DO NOT READ → REFUSED.....9
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IF REFUSED, ASK:

Q6c.	Well, can you tell me whether you are under age 65 or not? (LACHS02)	YES, UNDER AGE 65.....1 NO, AGE 65 OR OLDER.....2 REFUSED.....9
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Q7.	How tall are you?	_____ FEET _____ INCHES DON'T KNOW..... 98 REFUSED..... 99
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Q8.	What is your weight?	_____ LBS.	
		DON'T KNOW.....	998
		REFUSED.....	999

IF UNDER AGE 65, ASK:

Q9.	Do you now consider yourself to be overweight, underweight, or about right for your height? (LACHS02, 99, 97, MODIFIED)	OVERWEIGHT.....	1
		UNDERWEIGHT	2
		ABOUT RIGHT.....	3
		DON'T KNOW.....	8
		REFUSED.....	9

HEALTH DEPARTMENT & NUTRITION SUBSAMPLE QUESTIONS HERE

Q10.	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. (INTERVIEWER: 6 OZ. OF 100% FRUIT JUICE COUNTS AS A SERVING.) (LACHS02, 99)	_____ SERVINGS	
		DON'T KNOW.....	98
		REFUSED.....	99
Q11.	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. (CALIFORNIA DIETARY PRACTICES SURVEY; LACHS02, 99)	_____ SERVINGS	
		DON'T KNOW.....	98
		REFUSED.....	99

ANTIBIOTICS

Q96.	To the best of your knowledge, are colds and flu caused by bacteria, viruses or both?	BACTERIA	1
		VIRUSES	2
		BOTH.....	3
		DON'T KNOW.....	8
		REFUSED.....	9
Q95.	To the best of your knowledge, are antibiotics such as penicillin (PEN-AH-SIL-IN) useful in treating bacteria, viruses or both? (LACHS02, SUB-SAMPLE)	BACTERIA	1
		VIRUSES	2
		BOTH.....	3
		DON'T KNOW.....	8
		REFUSED.....	9
Q97.	When you are sick with the cold or flu, how often do you typically call or see your health care provider to provide you with antibiotics – always, often, sometimes, rarely, or never? (LACHS02, SUB-SAMPLE)	ALWAYS.....	1
		OFTEN	2
		SOMETIMES	3
		RARELY	4
		NEVER.....	5
		DON'T KNOW.....	8
		REFUSED.....	9
Q98.	When you are prescribed an antibiotic, how often do you take them until all the medicine is gone – always, often, sometimes, rarely, or never? (LACHS02, SUB-SAMPLE)	ALWAYS.....	1
		OFTEN.....	2
		SOMETIMES	3
		RARELY	4
		NEVER.....	5
		DON'T KNOW.....	8
		REFUSED.....	9

HEALTH CONDITIONS

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

Q12. Have you ever been told by a doctor or other health professional that you have... (READ ITEMS)?

	YES	NO	DON'T KNOW	REF
a. arthritis (LACHS02, 99; BRFSS).....	1	2	8	9
b. a heart problem, such as coronary heart disease, angina (AN-JIE-NA), or had a heart attack (LACHS02, 99; NHIS).....	1	2	8	9
c. diabetes (DIE-AH-BE-TEES) or sugar diabetes (IF FEMALE, ADD: other than during pregnancy) (LACHS02, 99, 97; BRFSS; NHIS).....	1	2	8	9
d. high blood pressure or hypertension (IF FEMALE, ADD: other than during pregnancy) (LACHS02, MODIFIED; 99; MODIFIED BRFSS2004).....	1	2	8	9
e. asthma (LACHS02, 99; BRFSS; NHIS).....	1	2	8	9
f. high blood cholesterol (CO-LES-TER-ALL) (LACHS99; BRFSS2004).....	1	2	8	9
g. a chronic respiratory condition (such as emphysema (EM-FAH-ZEE-MA) or chronic bronchitis) that has lasted three months or longer (LACHS02, 99; NHANES).....	1	2	8	9
h. depression or some other depressive disorder (IF NECESSARY: such as bipolar disorder or manic depression) (LACHS02, 99).....	1	2	8	9

IF YES TO ARTHRITIS, IMMEDIATELY ASK:

Q13. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (BRFSS2004)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9
Q14. Thinking about your arthritis or joint symptoms, which of the following best describes you <u>today</u> ... (READ CATEGORIES)? (BRFSS2004)	I can do <u>everything</u> I would like to do	1
	I can do <u>most</u> things I would like to do	2
	I can do <u>some</u> things I would like to do	3
	I can <u>hardly do anything</u> I would like to do ..	4
DO NOT READ {	DON'T KNOW	8
	REFUSED.....	9

IF YES TO DIABETES, IMMEDIATELY ASK:

Q15. How old were you when you were told you have diabetes (DIE-AH-BE-TEES)? (BRFSS2004, DIABETES MODULE Q1; CHIS2003; NHANES2001-02)	_____ YEARS			
	DON'T KNOW.....	98		
REFUSED.....		99		
	Q16. Are you doing any of the following things to control your diabetes (DIE-AH-BE-TEES)? (READ ITEMS IN RANDOM ORDER, ASKING:) Are you doing this to control your diabetes? (LACHS02, MODIFIED)			
	YES	NO	DON'T KNOW	REF
() a. exercising regularly.....	1	2	8	9
() b. modifying your diet.....	1	2	8	9
() c. controlling your weight or trying to lose weight.....	1	2	8	9
Q17. Are you now taking insulin? (LACHS02, MODIFIED Q12; BRFSS2004, DIABETES MODULE Q2; CHIS2003; NHANES2001-02)	YES	1		
	NO	2		
	DON'T KNOW.....	8		
	REFUSED.....	9		

Q18.	Are you now taking diabetes (DIE-AH-BE-TEES) pills? (LACHS02, MODIFIED; BRFSS2004, Diabetes Module Q3; CHIS2003; NHANES2001-02)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
IF YES TO Q17 OR Q18, ASK:		
Q19.	In the past 12 months, was there a time when you went without your medicine? (LACHS02)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
Q20.	When was the last time you had an eye exam in which your pupils were dilated? This would have made you temporarily sensitive to bright light. Was it... (READ CATEGORIES)? (LACHS02, MODIFIED; BRFSS2004, DIABETES MODULE Q10)	less than one month ago,1 1 month but less than one year ago,2 1 year but less than 2 years ago,3 2 or more years ago, or4 never.....5 DO NOT READ { DON'T KNOW.....8 REFUSED.....9
Q21.	Has a doctor ever told you that diabetes (DIE-AH-BE-TEES) has affected your eyes or that you had retinopathy (RET-IN-AH-PATH-E)? (BRFSS2004, DIABETES MODULE Q11; NHANES2001-02)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
Q22.	Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (BRFSS2004, DIABETES MODULE Q6)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
Q23.	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (LACHS02 MODIFIED; BRFSS2004, DIABETES MODULE Q9)	_____ NUMBER OF TIMES (IF ≥ 76, ENTER "76") NONE2 DON'T KNOW..... 98 REFUSED..... 99
Q25.	Have you ever taken a course or class in how to manage your diabetes (DIE-AH-BE-TEES) yourself? (BRFSS2004, DIABETES MODULE Q12)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9

IF YES TO HIGH BLOOD PRESSURE, IMMEDIATELY ASK:

Q26.	Are you doing any of the following things to control your high blood pressure (or hypertension)? (READ ITEMS IN RANDOM ORDER, ASKING:) Are you doing this to control your high blood pressure (or hypertension)? (LACHS02, MODIFIED; NHANES2001-02)																															
		<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> <th>REF</th> </tr> </thead> <tbody> <tr> <td>() a. exercising regularly.....</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>() b. controlling your weight or trying to lose weight.....</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>() c. cutting down on your alcohol consumption.....</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>() d. cutting down on your salt and/or sodium intake.....</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>() e. taking medicine prescribed by a doctor.....</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	REF	() a. exercising regularly.....	1	2	8	9	() b. controlling your weight or trying to lose weight.....	1	2	8	9	() c. cutting down on your alcohol consumption.....	1	2	8	9	() d. cutting down on your salt and/or sodium intake.....	1	2	8	9	() e. taking medicine prescribed by a doctor.....	1	2	8	9
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IF YES TO ASTHMA, IMMEDIATELY ASK:

Q27.	Do you still have asthma? (LACHS02)	YES1 NO2 DON'T KNOW..... 98 REFUSED..... 99
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Q28.	During the past 12 months, have you had an episode of asthma or an asthma attack? (LACHS02, 99; BRFSS 2004, ADULT ASTHMA MODULE Q2; NHIS)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
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IF YES TO Q27 OR Q28, ASK:

Q29.	During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma? (LACHS02, 99, MODIFIED; BRFSS2004, ADULT ASTHMA MODULE Q3; NHIS)	_____ NUMBER OF TIMES NONE0 DON'T KNOW..... 98 REFUSED..... 99
Q30.	During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (LACHS02; BRFSS2004 ADULT ASTHMA MODULE Q6)	_____ DAYS (0-365) NONE0 DON'T KNOW..... 998 REFUSED..... 999
Q31.	During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say... (READ CATEGORIES)? (BRFSS2004 ADULT ASTHMA MODULE Q8)	none.....1 1 to 2 days.....2 3 to 4 days.....3 5 days.....4 6 to 10 days, or5 more than 10 days6 DO NOT READ { DON'T KNOW.....8 REFUSED.....9
Q32.	During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say... (READ CATEGORIES)? (BRFSS2004 ADULT ASTHMA MODULE Q9)	not at all1 once a week or less2 more than once a week but not every day .3 every day.....4 DO NOT READ { DON'T KNOW8 REFUSED9
Q33.	Has a doctor or other health professional ever given you an asthma management plan? (IF NEEDED, SAY: An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call a doctor for advice, and when to go to the emergency room.) (NAS2003, CHIS2003)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9

IF YES TO HIGH BLOOD CHOLESTEROL, IMMEDIATELY ASK:

Q34.	Are you doing any of the following things to lower your blood cholesterol (CO-LES-TER-ALL)? (READ ITEMS IN RANDOM ORDER, ASKING:) Are you doing this to lower your blood cholesterol (CO-LES-TER-ALL)? (NHANES2001-02)				
		<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REF</u>
	() a. modifying your diet (IF NECESSARY, SAY: e.g., eating fewer high fat or high cholesterol foods).....	1	2	8	9
	() b. controlling your weight or trying to lose weight.....	1	2	8	9
	() c. exercising regularly.....	1	2	8	9
	() d. taking prescribed medicine	1	2	8	9

IF YES TO DEPRESSIVE DISORDER, IMMEDIATELY ASK:

Q35. Are you currently taking medication prescribed by a doctor or psychiatrist for this disorder? (LACHS02, 99)	YES	1
	NO	2
	DON'T KNOW.....	98
	REFUSED.....	99

Q36. Are you currently receiving counseling from a mental health professional, such as a psychiatrist, psychologist, psychotherapist, social worker, or counselor for any reason? (LACHS02)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

MENTAL HEALTH QUESTIONS

Q145. The next questions are about how you have been feeling during the past 30 days. About how often during the past 30 days (READ ITEM) – all the time, most of the time, some of the time, a little of the time, or none of the time? (READ ITEMS IN ORDER) ([www.hcp.med.harvard.edu/ncs/K6-K10/Kessler K6](http://www.hcp.med.harvard.edu/ncs/K6-K10/Kessler%20K6))

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DK	REF
a. did you feel nervous?	1	2	3	4	5	8	9
b. did you feel hopeless?.....	1	2	3	4	5	8	9
c. did you feel restless or fidgety?	1	2	3	4	5	8	9
d. did you feel so depressed that nothing could cheer you up?	1	2	3	4	5	8	9
e. did you feel that everything was an effort?	1	2	3	4	5	8	9
f. did you feel worthless?	1	2	3	4	5	8	9

EMPLOYMENT AND DAILY ACTIVITIES

Q42. Next, we are asking about your current employment situation and daily activities. Please tell me all that apply to you... are you self-employed or working for a family owned business, are you employed for pay by some other organization, are you looking for work, are you a homemaker or keeping house, are you retired from the labor force, are you unable to work because of a disability, are you not looking for work, or are you a student? (ANSWER CAN BE A MULTIPLE) (FIELD RESEARCH – MANY SURVEYS, SEE DOCUMENTATION FILE) DO NOT READ	SELF-EMPLOYED/FAMILY BUSINESS	1
	EMPLOYED BY ORGANIZATION	2
	LOOKING FOR WORK	3
	HOMEMAKER/KEEPING HOUSE.....	4
	RETIRED	5
	DISABILITY	6
	NOT LOOKING FOR WORK	7
	STUDENT	8
	DON'T KNOW.....	98
	REFUSED.....	99

IF EMPLOYED (Q42 = 1 OR Q42 = 2), ASK:

Q43. How many hours do you work in a typical week (at all of your paying jobs)? (READ CATEGORIES IF NECESSARY)	less than 20 hours	1
	20-34 hours	2
	35 or more hours	3
	DO NOT READ { DON'T KNOW.....	8
	DO NOT READ { REFUSED.....	9
Q44. How many minutes does it usually take to get from home to work? (CENSUS2000, MODIFIED, Q24b)	_____ MINUTES	
	NONE	2
	DON'T KNOW.....	998
	REFUSED.....	999

PHYSICAL ACTIVITY

Q46. Do you feel you get as much exercise as you need, or less than you need? (CHICAGO COMMUNITY HEALTH SURVEY2002)	AS MUCH EXERCISE AS NEEDED	1
	LESS THAN NEEDED	2
	DON'T KNOW.....	8
	REFUSED.....	9

The next few questions are about vigorous exercises or activities, those that require hard physical effort and causes heavy sweating, and large increases in breathing and heart rate (for example, running or aerobics).

- Q48. In a usual week, do you do vigorous exercise or activities for at least 10 minutes at a time without stopping? This can include vigorous activity you do while at work. (LACHS02, 99)
- | | |
|-----------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW..... | 8 |
| REFUSED..... | 9 |

IF YES, ASK:

- Q49. How many days per week do you do such vigorous exercise or activities for at least 10 minutes without stopping? (LACHS02, 99)
- | | |
|------------------|---|
| _____ DAYS (1-7) | |
| DON'T KNOW..... | 8 |
| REFUSED..... | 9 |

- Q50. On an average day when you do these vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities? (RECORD ANSWER IN MINUTES) (LACHS02, 99)
- | | |
|-----------------|------|
| _____ MINUTES | |
| DON'T KNOW..... | 9998 |
| REFUSED..... | 9999 |

(INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED) (INTERVIEWER: ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE)

Next, we are asking about moderate exercises or activities, those that cause light sweating, and slight increases in breathing and heart rate (for example, walking, yard work or physical labor at work).

- Q51. In a usual week, do you walk or do moderate exercise or activities for at least 10 minutes at a time without stopping? This can include moderate activity at work or home, for recreation or exercise. (LACHS02)
- | | |
|-----------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW..... | 8 |
| REFUSED..... | 9 |

IF YES, ASK:

- Q52. How many days per week do you walk or do moderate exercise or physical activities for at least 10 minutes without stopping? (LACHS02)
- | | |
|------------------|---|
| _____ DAYS (1-7) | |
| DON'T KNOW..... | 8 |
| REFUSED..... | 9 |

- Q53. On an average day when you walk or do moderate exercise or physical activities for at least 10 minutes without stopping, how much total time do you spend doing these activities? (RECORD ANSWER IN MINUTES) (LACHS02)
- | | |
|-----------------|------|
| _____ MINUTES | |
| DON'T KNOW..... | 9998 |
| REFUSED..... | 9999 |

(INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED) (INTERVIEWER: ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE.)

ENVIRONMENT SUBSAMPLE QUESTIONS APPEAR HERE

CHILD POLICY SUBSAMPLE QUESTIONS APPEAR HERE

OTHER HEALTH RISKS

Thinking about your neighbors...

- Q54. How many of your neighbors do you know well enough to ask them to keep watch on your house or apartment? (LACHS02: PARENT SURVEY, P123a)
- | | |
|-----------------|----|
| _____ NEIGHBORS | |
| DON'T KNOW..... | 98 |
| REFUSED..... | 99 |

- Q55. How many of your neighbors do you know well enough to ask for a ride? (LACHS02: PARENT SURVEY, P123b)
- | | |
|-----------------|----|
| _____ NEIGHBORS | |
| DON'T KNOW..... | 98 |
| REFUSED..... | 99 |

Q56.	How many of your neighbors do you know well enough to talk with them about a personal problem? (LACHS02: PARENT SURVEY, P123c)	_____ NEIGHBORS DON'T KNOW..... 98 REFUSED..... 99																																			
Q57.	How many of your neighbors do you know well enough to ask for their assistance in making a repair? (LACHS02: PARENT SURVEY, P123d)	_____ NEIGHBORS DON'T KNOW..... 98 REFUSED..... 99																																			
Q59.	How safe from crime do you consider your neighborhood to be – very safe, somewhat safe, somewhat unsafe, or not at all safe? (LACHS02, 99; BRFS)	VERY SAFE1 SOMEWHAT SAFE.....2 SOMEWHAT UNSAFE3 NOT AT ALL SAFE4 DON'T KNOW.....8 REFUSED.....9																																			
Q60.	Now, thinking about you and your household, how prepared are you to deal with or manage after a catastrophic disaster such as an earthquake or terrorist attack – would you say completely, mostly, somewhat, not very, or not at all prepared? (PHRETS2004)	COMPLETELY PREPARED.....1 MOSTLY PREPARED2 SOMEWHAT PREPARED3 NOT VERY PREPARED4 NOT AT ALL PREPARED.....5 DON'T KNOW.....8 REFUSED.....9																																			
Q61.	There are many actions you can take to prepare for a disaster such as an earthquake, or a terrorist attack. Do you or does your household have... (READ ITEMS ONE AT A TIME IN RANDOM ORDER)? (PHRETS2004)																																				
		<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DON'T KNOW</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() a. A three-day supply of food and water.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() b. A battery-powered radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() c. A first aid kit.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() d. A flashlight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() e. Extra or spare batteries.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>() f. A family emergency plan where you and your family members would meet or call after a disaster.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> </table>		YES	NO	DON'T KNOW	REF	() a. A three-day supply of food and water.....	1	2	8	9	() b. A battery-powered radio.....	1	2	8	9	() c. A first aid kit.....	1	2	8	9	() d. A flashlight.....	1	2	8	9	() e. Extra or spare batteries.....	1	2	8	9	() f. A family emergency plan where you and your family members would meet or call after a disaster.....	1	2	8	9
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BIOTERRORISM-RELATED SUBSAMPLE QUESTIONS APPEAR HERE

Q63.	How confident are you that Los Angeles County's public health system can respond effectively to bioterrorism and other forms of terrorism to protect the health of the public – very confident, somewhat confident, not too confident, or not at all confident? (PHRETS2004)	VERY CONFIDENT.....1 SOMEWHAT CONFIDENT2 NOT TOO CONFIDENT3 NOT AT ALL CONFIDENT4 DON'T KNOW.....8 REFUSED.....9
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HEALTH INSURANCE

Q64.	Are <u>you yourself</u> covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medicare, Medi-Cal, Medicaid, Healthy Families, military programs such as Champus, Champ VA, or the Indian Health Service. (LACHS02, 99, 97)	YES, COVERED1 NO, NOT COVERED2 DON'T KNOW.....8 REFUSED.....9
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IF YES, DON'T KNOW, OR REFUSED, ASK:

Q65. Are you yourself currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)? (LACHS02 MODIFIED, 99, 97)

	YES	NO	DON'T KNOW	REF
AGE 65 OR OLDER OR DISABLED (Q42 = DISABILITY), ASK:				
a. under <u>Medicare</u> (IF NECESSARY, SAY: Medicare is the government's health insurance program for seniors and certain persons with disabilities)	1	2	8	9
b. through your own or some other family member's <u>employer, union, trade association, school or business</u>	1	2	8	9
c. under your own or some other family member's <u>military insurance program</u> (like Champus or VA coverage)	1	2	8	9
d. under <u>Medi-Cal</u> or <u>Medicaid</u> (IF NECESSARY, SAY: the government's health insurance program for certain low-income children and their families, pregnant women, and certain persons who are disabled or who are seniors)	1	2	8	9
IF NOT YES TO a-d, ASK:				
e. through a <u>separate policy</u> that you or some other family member bought <u>directly from an insurance provider</u>	1	2	8	9
IF a-e = NO, DON'T KNOW OR REFUSED, ASK:				
f. What is the type or name of your insurance? (SPECIFY) _____				
DON'T KNOW			8	
REFUSED				9

IF NO, NOT COVERED FROM Q64, ASK:

Q66. There are some types of coverage you may not have considered. Are you yourself currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)? (LACHS02)

	YES	NO	DON'T KNOW	REF
AGE 65 OR OLDER OR DISABLED (Q42 = DISABILITY), ASK:				
a. under <u>Medicare</u> (IF NECESSARY:) Medicare is the government's health insurance program for seniors and certain persons with disabilities	1	2	8	9
b. through your own or some other family member's <u>employer, union, trade association, school or business</u>	1	2	8	9
c. under your own or some other family member's <u>military insurance program</u> (like Champus or VA coverage)	1	2	8	9
d. under <u>Medi-Cal</u> or <u>Medicaid</u> (the government's health insurance program for certain low-income children and their families, pregnant women, and certain persons who are disabled or who are seniors)	1	2	8	9
IF NOT YES TO a-d, ASK:				
e. through a <u>separate policy</u> that you or some other family member bought <u>directly from an insurance provider</u>	1	2	8	9

(IF ANY Q65a-e = 1 OR Q65f NOT DK OR REF) OR (IF ANY Q66a-e = 1), ASK:

Q67. During the past 12 months, have you had any periods when you had no health insurance and you were not covered under anyone else's plan or government health insurance program, like Medicare or Medi-Cal? (LACHS02, 97)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

BARRIERS TO ACCESSING HEALTH CARE

Q68. 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? (LACHS02, 99, 97)	VERY DIFFICULT	1
	SOMEWHAT DIFFICULT	2
	SOMEWHAT EASY.....	3
	VERY EASY	4
	DON'T KNOW.....	8
	REFUSED.....	9

IF VERY OR SOMEWHAT DIFFICULT, ASK:

Q69. How important are each of the following reasons why getting medical care is difficult for you? (READ ITEMS IN RANDOM ORDER) Is this a very important, somewhat important or not important reason why getting medical care is difficult for you? (LACHS02)		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	DON'T KNOW	REF	
	() a. You cannot afford to pay	1	2	3	8	9	
	() b. The clinic/office/doctor's hours do not fit with your schedule.....	1	2	3	8	9	
	() c. You have difficulty getting an appointment or have to wait too long.....	1	2	3	8	9	
	IF UNINSURED (Q64 = NO, DK, OR REF; OR Q65a-f = NO, DK, OR REF), ASK:						
	() d. You have no health insurance	1	2	3	8	9	
() e. You do not know where to go or who to call	1	2	3	8	9		
() f. You're afraid that it might affect your immigration status	1	2	3	8	9		

Q71. In the past year, was there ever a time when you needed (ITEM) but didn't get (it)(them) because you could not afford it? (READ ITEMS IN RANDOM ORDER) (LACHS02, 99, 97)

	YES	NO	DON'T KNOW	REF
() a. prescription medicine	1	2	8	9
() b. mental health care or counseling.....	1	2	8	9
() c. to see a doctor for a health problem.....	1	2	8	9
() d. dental care (including check-ups).....	1	2	8	9
() e. eyeglasses.....	1	2	8	9

Q72. During the past year, was there ever a time when transportation problems kept you from getting needed medical care? (LACHS02)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF NON-ENGLISH LANGUAGE INTERVIEW, ASK:

Q73. 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? (LACHS02, 99, 97)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

- Q74. In the past year, have you received any medical services from Los Angeles County Health Department at facilities such as a public hospital, county or community clinic, health center or from programs or clinics operated by the County? (LACHS99, Q90; 97)
- YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9
- Q75. When you are sick or want advice about your health, is there one particular place or health provider to whom you go most often? (LACHS02, 99, 97)
- YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

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

- Q76. Is that because you have more than one place to go, or is it because you have no regular place to go? (LACHS02, 99, 97)
- MORE THAN ONE PLACE1
 NO PLACE TO GO.....2
 DON'T KNOW.....8
 REFUSED.....9

IF MORE THAN ONE PLACE TO GO, DON'T KNOW OR REFUSED, ASK:

- Q77. Is there a particular place that you go more often than any other place (IF NECESSARY: for your routine care)? (LACHS02, 99, 97)
- YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

IF Q76 = NO PLACE TO GO OR Q77 = NO, DON'T KNOW OR REFUSED, ASK:

- Q78. Which of the following is a reason why you don't have a regular source of care? (READ ITEMS IN RANDOM ORDER, ASKING:) Was this a reason (why you don't have a regular source of care)? (LACHS02, 99, 97)
- | | YES | NO | DON'T KNOW | REF |
|---|-----|----|------------|-----|
| () a. you're healthy and don't need a doctor | 1 | 2 | 8 | 9 |
| () b. you don't know where to go for care..... | 1 | 2 | 8 | 9 |
| () c. your doctor or clinic is no longer available to you..... | 1 | 2 | 8 | 9 |
| () d. it costs too much to see a doctor regularly | 1 | 2 | 8 | 9 |

IF HAS REGULAR SOURCE OF CARE (Q75 = 1, YES OR Q77 = 1, YES), ASK:

- Q79. Is the place where you get your regular care operated by the Los Angeles County Department of Health Services, such as a public hospital, county or community clinic, or health center?
- YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

- Q81. Did you go to a hospital emergency room in the past 12 months?
- YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

IF YES, ASK:

- Q82. During the past 12 months, was there a time when you went to an emergency room and left without being treated?
- YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

Q83.	About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional? Was it...(READ CATEGORIES)? (LACHS99, Q43 MODIFIED; NHANES2001-02)	less than 6 months ago1 6 months to 1 year ago.....2 more than 1 year to 2 years ago3 more than 2 years ago, or4 never.....5 DO NOT READ { DON'T KNOW.....8 REFUSED.....9
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Q84.	About how long has it been since you last had your blood cholesterol checked? Was it...(READ CATEGORIES)? (LACHS99, Q44 MODIFIED; NHANES2001-02, BRFSS2004; CHIS2001)	less than 12 months ago,1 1 year but less than 2 years ago,2 2 years but less than 5 years ago,3 5 or more years ago,.....4 – or – never5 DO NOT READ { DON'T KNOW.....8 REFUSED.....9
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IF FEMALE, ASK:

Q85.	How long has it been since you had your last Pap smear? (IF NECESSARY, SAY:) This is a scraping from the cervix (SIR-VIX) administered to you by a doctor, nurse or other health professional. Was it...(READ CATEGORIES)? (LACHS02, 99, 97 MODIFIED; BRFSS2004; CHIS2003)	less than 12 months ago,1 1 year but less than 2 years ago,2 2 years but less than 3 years ago,3 3 years but less than 5 years ago,4 5 or more years ago,.....5 – or – never6 DO NOT READ { DON'T KNOW.....8 REFUSED.....9
------	--	---

Q86.	Have you had a hysterectomy (HIS-TER-RECK-TA-ME)? (IF NECESSARY. A hysterectomy (HIS-TER-RECK-TA-ME) is an operation to remove the uterus (womb).) (LACHS99, MODIFIED; BRFSS2004)	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
------	---	--

IF UNDER AGE 50 AND Q86 = NO, DK, OR REF, ASK:

Q86x.	In the past year, were you planning or trying to get pregnant?	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
-------	--	--

IF AGE 40 OR OLDER, ASK:

Q87.	A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since your last mammogram? Was it...(READ CATEGORIES)? (BRFSS2004, MODIFIED; LACHS 02, 99, 97 MODIFIED)	less than 12 months ago,1 1 year but less than 2 years ago,2 2 years but less than 3 years ago,3 3 years but less than 5 years ago,4 5 or more years ago,.....5 – or – never6 DO NOT READ { DON'T KNOW.....8 REFUSED.....9
------	--	---

IF AGE 50 OR OLDER, ASK:

Q88.	How long has it been since you had your last sigmoidoscopy (SIG-MOID-OS-KO-PE) or colonoscopy (KO-LUN-OS-KO-PE)? Was it...(READ CATEGORIES)? (LACHS 02, 99, 97 MODIFIED)	less than 12 months ago,1 1 year but less than 2 years ago,2 2 years but less than 5 years ago,3 5 or more years ago,.....4 – or – never5 DO NOT READ { DON'T KNOW.....8 REFUSED.....9
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Q89.	When did you last have a blood stool test? This is a test that may use a special kit at home to determine whether the stool contains blood. Was it...(READ CATEGORIES)? (LACHS 02, 99, MODIFIED)	less than 12 months ago,1 1 year but less than 2 years ago,2 2 years but less than 5 years ago,3 5 or more years ago,4 – or – never5 DO NOT READ { DON'T KNOW8 REFUSED9
------	---	---

IF AGE 50 OR OLDER OR IF Q12b,c,e OR g = YES, ASK:

Q90. During the past 12 months, have you had a flu shot? (IF NECESSARY: We want to know if you had a flu shot injected in your arm. Do not include a flu vaccine sprayed in the nose.) (LACHS02, MODIFIED, 99)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF Q90 = YES, ASK:

Q92. Where did you go to get your most recent flu shot... (READ CATEGORIES)? (BRFSS2004, FLU MODULE; LACHS02 MODIFIED)	a private doctor's office, including an HMO or Kaiser	1
	a hospital or emergency room,.....	2
	a public health clinic or health department, 3	
	another type of health center or outpatient clinic,.....	4
	a senior, recreation, or community center, .5	
	a store or pharmacy,.....	6
	your workplace,.....	7
	– or – somewhere else	8
	DON'T KNOW.....	98
REFUSED.....	99	

IF Q90 = NO, DK, OR REFUSED, ASK

Q93. During the past 12 months, did you <u>try</u> to get a flu shot?	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF AGE 65+, ASK:

Q94. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. (IF NECESSARY: It is also called the pneumococcal (NEW-MO-CAH-CUL) vaccine.) (LACHS02, 99; BRFS)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

TOBACCO QUESTIONS

Q99. Have you smoked at least 100 cigarettes in your entire life? (LACHS02, 99)	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF YES, ASK:

Q100. How old were you when you first started to smoke cigarettes fairly regularly? (LACHS02, 99)	_____ YEARS OLD	
	NEVER SMOKED REGULARLY	97
	DON'T KNOW.....	98
	REFUSED.....	99

Q101. Do you currently smoke cigarettes, cigars, a pipe or chew smokeless tobacco? (IF YES: Which one(s)?) (ANSWER CAN BE A MULTIPLE "YES") (LACHS02, 99, 97)	NO, NON-TOBACCO USER	1
	YES, CIGARETTES	2
	YES, CIGARS	3
	YES, PIPE	4
	YES, SMOKELESS TOBACCO	5
	DON'T KNOW.....	8
REFUSED.....	9	

IF CURRENT SMOKER FROM Q101, ASK:

Q102.	During the past 7 days, on how many days did you smoke <u>in your home</u> ? (LACHS02, 99 MODIFIED, 97)	_____ DAYS	
		DON'T KNOW.....	98
		REFUSED.....	99
Q103.	During the past 7 days, on how many days were you around someone else's cigarette, cigar or pipe smoke <u>in your home</u> ? (LACHS02, 99 MODIFIED, 97)	_____ DAYS	
		DON'T KNOW.....	8
		REFUSED.....	9

IF NON-SMOKER FROM Q101, ASK:

Q104.	On how many of the past 7 days were you around someone else's cigarette, cigar or pipe smoke <u>in your home</u> ? (LACHS02, 99 MODIFIED, 97)	_____ DAYS	
		DON'T KNOW.....	98
		REFUSED.....	99

IF > 0, ASK:

Q105.	In the past week, about how long were you exposed to other people's tobacco smoke <u>in your home</u> ? Would you say 1-9 minutes, 10-29 minutes, 30 – 59 minutes, 1 to 3 hours, or more than 3 hours? (CA LGBT TOBACCO SURVEY 2004; AMERICAN LEGACY FOUNDATION)	1-9 MINUTES	1
		10-29 MINUTES	2
		30-59 MINUTES	3
		1 TO 3 HOURS	4
		MORE THAN 3 HOURS.....	5
		DON'T KNOW/NOT SURE	8
		REFUSED.....	9

IF SMOKES CIGARETTES FROM Q101, ASK:

Q106.	On how many of the past 30 days did you smoke a cigarette? (LACHS02, 99, 97)	_____ DAYS	
		DON'T KNOW.....	98
		REFUSED.....	99
Q107.	During the past 30 days, on the days that you smoked, about how many cigarettes did you smoke per day? (Q104 REVISED) (1 PACK = 20 CIGARETTES) (IF LESS THAN 1 PER DAY, ENTER 1. IF 95 OR MORE PER DAY, ENTER 95.) (LACHS02, 99, 97)	_____ CIGARETTES PER DAY	
		DON'T KNOW.....	98
		REFUSED.....	99
Q108.	On a typical day that you smoke, how soon after you wake up do you smoke? Would you say within 5 minutes, from 6 to 30 minutes, more than 30 minutes to an hour, or more than an hour? (LACHS02)	WITHIN 5 MINUTES	1
		FROM 6 TO 30 MINUTES	2
		FROM > 30 MINUTES TO AN HOUR	3
		MORE THAN AN HOUR	4
		DON'T KNOW.....	8
		REFUSED.....	9
Q109.	Would you <u>like</u> to stop smoking? (CA LGBT TOBACCO SURVEY 2004)	YES	1
		NO	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF Q109 = YES, DK OR REF, ASK:

Q110.	Are you thinking about quitting smoking in the next six months? (CA LGBT TOBACCO SURVEY 2004)	YES	1
		NO	2
		DON'T KNOW.....	8
		REFUSED.....	9
Q111.	Are you planning to quit smoking in the next 30 days? (CA LGBT TOBACCO SURVEY 2004)	YES	1
		NO	2
		DON'T KNOW.....	8
		REFUSED.....	9

Q112. During the past 12 months, have you cut down the number of cigarettes that you smoke? (LACHS02)

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

Q113. During the past 12 months, how many times have you stopped smoking for more than one day because you were trying to quit smoking? (IF HAVE NOT TRIED TO QUIT, ENTER "0") (LACHS02, 99)

_____ TIMES	
DON'T KNOW.....	98
REFUSED.....	99

IF >0, ASK:

Q114. (Among the times you tried quitting) In the past 12 months, what was the longest period of time for which you were able to stop smoking? (LACHS02)

_____ DAYS	
_____ WEEKS	
_____ MONTHS	
DON'T KNOW.....	998 / 98 / 98
REFUSED.....	999 / 99 / 99

Q115. During the past year, did you try to quit smoking cold turkey, without the help of any outside aids? (LACHS02)

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

Q116. During the past year, did you use any of the following aids to help you cut down or quit smoking, even if your quit attempt was not successful? (READ ITEMS, ASKING:) During the past year, did you (use) (do) this to help you cut down or quit smoking, even if your quit attempt was not successful? (LACHS02, 99)

	YES	NO	DON'T KNOW	REF
a. Group counseling.....	1	2	8	9
b. One-on-one counseling.....	1	2	8	9
c. Smokers' telephone helpline	1	2	8	9
d. Self-help materials	1	2	8	9
e. A nicotine patch, nicotine gum, or a nicotine inhaler	1	2	8	9
f. Zyban (ZY-BAN), Prozac (PRO-ZAK), or other anti-depressant drug prescribed to you by a physician.....	1	2	8	9

IF MORE THAN ONE YES TO a-f, ASK:

Q117. Which one of these aids do you feel was the most effective for you? (CATI PLAYS BACK CATEGORIES ANSWERED YES) (LACHS02)

GROUP COUNSELING	1
ONE-ON-ONE COUNSELING.....	2
SMOKERS' TELEPHONE HELPLINE	3
SELF-HELP MATERIALS.....	4
A NICOTINE PATCH, NICOTINE GUM, OR A NICOTINE INHALER.....	5
ZYBAN, PROZAC, OR OTHER ANTIDEPRESSANT DRUG PRESCRIBED TO YOU BY A PHYSICIAN ..	6
NONE/COLD TURKEY	7
DON'T KNOW.....	8
REFUSED.....	9

Q118. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (LACHS02, 99)

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

TOBACCO POLICY SUBSAMPLE QUESTIONS APPEAR HERE

ALCOHOL QUESTIONS

Q119. 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? (LACHS02, 99; BRFS/NIAAA)

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

IF YES, ASK:

Q120. During the past 30 days, on how many days have you had at least one drink of any alcoholic beverages? Just your best estimate. (LACHS02 MODIFIED, 99, 97; BRFS/NIAAA)	_____ DAYS	
	DON'T KNOW.....	98
	REFUSED.....	99
Q121. 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") (LACHS02, 99, 97; NIAAA)	_____ DRINKS PER DAY	
	DON'T KNOW.....	8
	REFUSED.....	9
Q122. Considering all types of alcohol, how many times during the past month did you have (IF MALE: 5) (IF FEMALE: 4) or more drinks on the same occasion? (LACHS02, 99; BRFS/NIAAA)	_____ TIMES	
	DON'T KNOW.....	8
	REFUSED.....	9
Q123. During the past month, how many times have you driven when you've perhaps had too much to drink? (LACHS02, 99; BRFS)	_____ TIMES	
	DON'T KNOW.....	8
	REFUSED.....	9

IF AGE 18-20, ASK:

Q124. Which of the following were ways in which you obtained beer, wine or alcohol in the past month? (READ LIST IN RANDOM ORDER, ASKING:) Did you obtain alcohol this way in the past month? (IF NECESSARY, SAY: Your answers are completely confidential.) (LACHS02)				
	YES	NO	DON'T KNOW	REF
() a. It was available at home or when you were at another private residence	1	2	8	9
() b. You bought beer, wine or alcohol from a store	1	2	8	9
IF b = YES, ASK:				
c. Were you asked for an ID or not? (MODIFIED)	1	2	8	9
() d. You bought beer, wine or alcohol from a restaurant, bar or club.....	1	2	8	9
IF d = YES, ASK:				
e. Were you asked for an ID or not? (MODIFIED)	1	2	8	9
() f. Somebody else <u>over age 21</u> bought or obtained beer, wine or alcohol for you	1	2	8	9

Q125. During the past month, how many times have you ridden with a driver (other than yourself) who has perhaps had too much to drink? (LACHS02, 99)

_____ TIMES	
DON'T KNOW.....	98
REFUSED.....	99

Q126. In the past year, have you smoked marijuana, even just one time? (LACHS02: YOUNG ADULT, Q43 MODIFIED)

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

Q128.	In the past year, have you used any form of <u>cocaine</u> even just one time? (IF NECESSARY, SAY: Such as powder, crack or freebase.) (LACHS02: YOUNG ADULT, Q46 MODIFIED)	YES	1
		NO	2
		DON'T KNOW.....	8
		REFUSED.....	9
Q130.	In the past year, have you used any form of <u>methamphetamines</u> (METH-AM-FET-AH-MEENS) or speed even just one time? (IF NECESSARY, SAY: Such as crystal, crank or ice.) (LACHS02: YOUNG ADULT, Q48 MODIFIED)	YES	1
		NO	2
		DON'T KNOW.....	8
		REFUSED.....	9
Q134.	Have you <u>ever</u> used needles to inject drugs not prescribed to you, such as heroin or cocaine, even just one time? (LACHS97, MODIFIED)	YES	1
		NO	2
		DON'T KNOW.....	8
		REFUSED.....	9

ALCOHOL POLICY SUBSAMPLE QUESTIONS APPEAR HERE

AIDS/HIV RISK

So that the County can help prevent the spread of 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. Your answers are completely confidential.

Q135.	How many sex partners did you have during the past 12 months? (LACHS02, 99 MODIFIED, 97 MODIFIED)	_____ PARTNERS	
		DON'T KNOW.....	998
		REFUSED.....	999

IF Q135 = DK OR ONE OR MORE PARTNERS, ASK:

Q136. In the past 12 months, have you had sex with... (READ ITEMS)? (NOTE: IF Q135 = 1 ASK ABOUT OPPOSITE SEX PARTNER FIRST THEN, IF YES, SKIP SAME SEX PARTNER) (LACHS02 MODIFIED, 99)					
		YES	NO	DON'T KNOW	REF
a.	a man.....	1	2	8	9
b.	a woman.....	1	2	8	9
IF RESPONDENT OR ONE OF THE PARTNERS IS MALE, ASK:					
Q137.	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? (LACHS02, 99 MODIFIED, 97 MODIFIED)	ALL OF THE TIME	1		
		MOST OF THE TIME.....	2		
		SOME OF THE TIME.....	3		
		RARELY	4		
		NEVER.....	5		
		DON'T KNOW.....	8		
		REFUSED.....	9		

Q138.	Not including blood donations, during the past 2 years, have you been tested for HIV, the virus that causes AIDS? (LACHS02, 99 MODIFIED; BRFS)	YES	1
		NO	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES, ASK:

Q139.	How many times in the past year have you been tested? (LACHS02 MODIFIED, 99)	_____ TIMES DON'T KNOW..... 998 REFUSED..... 999
Q140.	Which of the following best describes the main reason for your most recent HIV test... (READ CATEGORIES)? (LACHS02 MODIFIED, 99 MODIFIED)	
	(IF FEMALE UNDER AGE 50) You were pregnant.....	1
	It was required (IF NECESSARY: e.g., for employment, insurance, military service, or some other reason).....	2
	It was done as part of a routine medical check-up.....	3
	You were in a new relationship.....	4
	You were concerned about your personal risk.....	5
	– or – Some other reason.....	6
	DO NOT READ { DON'T KNOW.....	8
	REFUSED.....	9
Q141.	Which of the following best describes where you got your most recent HIV test... (READ CATEGORIES)? (LACHS02 MODIFIED, 99)	
	a family planning clinic.....	1
	a private doctor's office, lab or HMO.....	2
	a county or community clinic.....	3
	a van or mobile testing unit.....	4
	a prison or jail.....	5
	at home.....	6
	–or– some other place.....	7
	DO NOT READ { DON'T KNOW.....	8
	REFUSED.....	9
Q142.	After you were last tested, did you get the results back or not? (LACHS02, 99 MODIFIED)	YES, DID.....1 NO, DID NOT.....2 DON'T KNOW.....8 REFUSED.....9
Q143.	Did you receive any information or counseling about your risks for getting HIV when you were last tested? (LACHS02)	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9

AIDS/HIV POLICY SUBSAMPLE QUESTIONS APPEAR HERE

DEMOGRAPHIC QUESTIONS

Finally, some questions about yourself for classification purposes...

Q146.	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.....8 REFUSED.....9
-------	--	--

IF OUTSIDE THE U.S., ASK:

Q147.	In which country were you born? (SEE CODES)	COUNTRY CODE..... <input type="text"/> <input type="text"/> OTHER (SPECIFY)..... 97 DON'T KNOW..... 98 REFUSED..... 99
Q148.	How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0")	_____ YEARS DON'T KNOW.....8 REFUSED.....9

Q149. Are you currently a U.S. citizen or not?	U.S. CITIZEN	1
	NOT A U.S. CITIZEN.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

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

Q150. Are you of Latino or Hispanic origin? (IF NECESSARY:) such as Mexican-American, Latin American, South American, or Spanish-American?	YES, HISPANIC	1
	NO, NON-HISPANIC.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF YES, HISPANIC, ASK:

Q151. Are you of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE)	MEXICAN	1
	OTHER.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF OTHER, ASK:

Q152. Which of the following best describes your (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	Salvadoran	1
	Guatemalan.....	2
	Costa Rican.....	3
	Honduran	4
	Nicaraguan.....	5
	Panamanian.....	6
	South American	7
	Spanish-American	8
	Cuban.....	9
	Puerto Rican	10
	Other (SPECIFY) _____	11
DO NOT READ {	DON'T KNOW.....	98
	REFUSED.....	99

Q153. For classification purposes, we'd like to know what your racial background is. Are you White, Black or African-American, Asian, Pacific Islander, American Indian or an Alaskan native, a member of another race, or a combination of these? (ANSWER CAN BE A MULTIPLE)	WHITE	1
	BLACK/AFRICAN-AMERICAN	2
	ASIAN	3
	PACIFIC ISLANDER.....	4
	AMERICAN INDIAN/ALASKAN NATIVE	5
	HISPANIC/LATINO (VOLUNTEERED)	6
	OTHER (SPECIFY) _____	7
	DON'T KNOW.....	8
	REFUSED.....	9

IF ASIAN OR PACIFIC ISLANDER, ASK:

Q154. 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/Hmong.....	11
	Other (SPECIFY) _____	12
DO NOT READ {	DON'T KNOW.....	98
	REFUSED.....	99

Q155. What language is used most often in your home? (PHRETS2004, MODIFIED)	ENGLISH.....1 SPANISH.....2 MANDARIN.....3 CANTONESE.....4 CHINESE (UNSPECIFIED).....5 KOREAN.....6 VIETNAMESE.....7 TAGOLOG.....8 ARMENIAN.....9 RUSSIAN.....10 JAPANESE.....11 HMONG.....12 OTHER (SPECIFY).....13 DON'T KNOW.....98 REFUSED.....99
Q156. 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/ ASSOCIATES DEGREE.....4 (4-YEAR) COLLEGE GRADUATE.....5 POST-GRADUATE DEGREE.....6 DON'T KNOW.....8 REFUSED.....9
Q157. In a typical week, do you access the Internet, or the World Wide Web, through a computer?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9
Q158. 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.....8 REFUSED.....9
Q159a. Are you gay, (IF FEMALE, ADD: lesbian) or bisexual?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....9

DO NOT READ {

IF YES, ASK:

Q159b. Is that gay, (IF FEMALE, ADD: lesbian) or bisexual?	GAY.....1 LESBIAN.....2 BISEXUAL.....3 DON'T KNOW.....8 REFUSED.....9
--	---

IF NO, DK, OR REF ASK:

Q159c. Do you think of yourself as heterosexual or straight, something else, or are you not sure?	HETEROSEXUAL/STRAIGHT.....1 SOMETHING ELSE.....2 NOT SURE/DON'T KNOW.....8 REFUSED.....9
---	---

IF SOMETHING ELSE, ASK:

Q159d. Would you mind telling me what that is?

Q160. Including yourself, how many people currently live in your household? _____

IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

Q161. (Including yourself,) how many are adults age 65 or older? _____

Q162. (Including yourself,) how many are adults between the ages of 18 and 64? _____

IF Q161 + Q162 = Q160, ASK:

Q162x. Are there any children under age 18 currently living in your household?	YES	1	→ ASK Q163-Q165
	NO	2	→ SKIP TO Q166
	DON'T KNOW.....	8	} ASK Q163-Q165
	REFUSED.....	9	

Q163. How many are teens between the ages of 12 and 17? _____

Q164. How many are children between the ages of 6 and 11? _____

Q165. How many are children between the ages of 0 and 5? _____

Q166. Excluding cell phones and fax lines, does your household have more than one telephone number that I could have dialed to reach you?	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

Q167. In the past three years, was there ever a time when your household was without basic telephone service for one month or longer? By this we mean you had no working phone lines coming into your home. Please do <u>not</u> include cell phones.	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF YES, ASK:

Q168. During this period, did you or did anyone else in your household have a cell phone?	YES	1
	NO	2
	DON'T KNOW.....	8
	REFUSED.....	9

Q169. In what city or town do you live? (SEE CODES)	CITY CODE.....	<input type="text"/>
	DON'T KNOW.....	998
	REFUSED.....	999

Q170. What is your current zip code? (ALL ZIP CODES MUST BEGIN WITH "9")	ZIP CODE.....	<input type="text"/>
	DON'T KNOW.....	99998
	REFUSED.....	99999

Q171a. 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.....	8
	REFUSED.....	9

IF APPLICABLE, ASK:

Q171b. 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% FPL2 DON'T KNOW.....8 REFUSED.....9
--	--

IF APPLICABLE, ASK:

Q171c. 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% FPL2 DON'T KNOW.....8 REFUSED.....9
--	--

IF APPLICABLE OR IF Q171a = "DON'T KNOW" OR "REFUSED", ASK:

Q171d. (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% FPL2 DON'T KNOW.....8 REFUSED.....9
---	--

IF LESS THAN 300% OR UNCLASSIFIED, ASK:

The next questions are about the food eaten in your household.

Q172. In the last 12 months, did you or any other adults in your household ever have to cut the size of your meals or skip meals entirely because there wasn't enough money for food?	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
---	--

IF YES, ASK:

Q173. How often did this happen – almost every month, some months but not every month, or in only one or two months?	ALMOST EVERY MONTH1 SOME MONTHS BUT NOT EVERY MONTH.....2 ONLY ONE OR TWO MONTHS.....3 DON'T KNOW.....8 REFUSED.....9
--	---

Q174. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
--	--

Q175. In the last 12 months, were you ever hungry but didn't eat because you could not afford enough food?	YES1 NO2 DON'T KNOW.....8 REFUSED.....9
--	--

Q176. I am going to read two statements that people have made about the food situation at their household. For each, please tell me whether the statement was often, sometimes, or never true for you or other members of your household in the last 12 months. (READ STATEMENTS IN RANDOM ORDER) Was this often, sometimes, or never true for you or the other members of your household in the last 12 months?

	OFTEN	SOMETIMES	NEVER	DON'T KNOW	REF
() a. The food that was bought just didn't last, and we didn't have money to get more.....	1	2	3	8	9
() b. We couldn't afford to eat balanced meals	1	2	3	8	9

Q177. Are you currently receiving any cash payments or services from CalWORKs, food stamps, general relief, or other forms of public assistance from a federal, state or county agency other than Social Security, unemployment, or Worker's Compensation benefits?

YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

IF YES, ASK:

Q178. Are you currently receiving services or cash payments from the CalWORKs program?

YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

Q179. Are you currently receiving general relief or general assistance?

YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

Q180. Are you currently receiving food stamps?

YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

FOLLOW-UP SURVEY SCREENING QUESTIONS

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

Q181a. Are you the parent or legal guardian of (the child) (any of the children) under age 18 who live(s) in your household?

YES..... 1 → GO TO Q181b
 NO 2 → GO TO Q182a
 DON'T KNOW 8 } GO TO Q189a
 REFUSED 9 }

IF RESPONDENT IS MOTHER/FEMALE LEGAL GUARDIAN, ASK:

Q181b. We would like to ask some additional questions about the health and health care needs of (your child) (one of your children). May we continue?

MOTHER AVAILABLE NOW 1 → GO TO CHILD SURVEY
 MOTHER NOT AVAILABLE NOW – CALLBACK REQUIRED.... 2 → GO TO Q184
 RESPONDENT UNWILLING TO CONTINUE 9 → GO TO Q181c

IF RESPONDENT UNWILLING TO CONTINUE:

Q181c. Is there another parent or legal guardian who can talk to us about the health and health care needs of the children under age 18 who live in this household?

NEW PERSON COMES TO PHONE 1 → GO TO CHILD SURVEY INTRO
 NEW PERSON CALLBACK REQUIRED..... 2 → GO TO FQSE
 RESPONDENT UNWILLING TO TRANSFER CALL..... 9 → GO TO Q189a

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

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

Q182a. We would like to speak to the mother of the child(ren) under age 18 who live(s) in this household about the health and health care needs of her child(ren). Is she available now?

MOTHER AVAILABLE NOW 1 → GO TO CHILD SURVEY
INTRO
MOTHER NOT AVAILABLE NOW – CALLBACK REQUIRED 2 → GO TO FQSE
MOTHER OF CHILD DOES NOT LIVE IN HOUSEHOLD 3 → GO TO Q182b
RESPONDENT UNWILLING TO CONTINUE 9 → GO TO Q189a

- ◆ IF TRANSFERRED TO ANOTHER PERSON, PROCEED IMMEDIATELY TO CHILD 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 MOTHER'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 MOTHER OF CHILD DOES NOT LIVE IN HH, ASK:

Q182b. Are you the parent or legal guardian of the child(ren) under age 18 who live(s) in this household?

YES 1 → GO TO Q182c
NO, SOMEONE ELSE 2 → GO TO Q182d

IF YES, PARENT OR GUARDIAN, ASK:

Q182c. We would like to ask some additional questions about the health and healthcare needs of (one of) your (child) (children). May we continue?

CONTINUE 1 → GO TO CHILD SURVEY
CALLBACK REQUIRED 2 → GO TO Q184
RESPONDENT UNWILLING TO CONTINUE 9 → GO TO Q189a

IF SOMEONE ELSE, ASK:

Q182d. 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?

NEW PERSON COMES TO PHONE 1 → GO TO CHILD SURVEY
INTRO
CALLBACK REQUIRED 2 → GO TO FQSE
RESPONDENT UNWILLING TO TRANSFER CALL 9 → GO TO Q182e

IF NEW PERSON CALLBACK REQUIRED, SAY:

Q182e. We would like to ask some additional questions about the health and health care needs of (this child) (these children). May we call back to have (him) (her) participate in this follow-up study of parents?

YES 1 → GO TO FQSE
NO 2
DON'T KNOW 8 } GO TO Q189a
REFUSED 9

- ◆ IF WILLING TO TRANSFER OR AGREES TO CALLBACK TO OTHER PERSON IN HOUSEHOLD:
 - ASK FOR FIRST NAME OF OTHER PERSON
 - IF AVAILABLE, 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

FQSE. We can conduct the survey with the (mother) (parent or legal guardian) of (any of) the (child) (children) under age 18 who live in this household in any of the following languages – English, Spanish, Mandarin, Cantonese, Korean, Vietnamese or Armenian (AR-MEEN-E-AN). Would they prefer to be interviewed in a language other than English?

NO, CONTINUE IN
 ENGLISH..... 1 → GO TO Q184
 OTHER LANGUAGE 2 → ASK FQSF
 DON'T KNOW..... 8
 REFUSED..... 9

IF YES, ASK:

FQSF. RECORD LANGUAGE OR ASK: Which one?

SPANISH.....2
 MANDARIN.....3
 CANTONESE4
 CHINESE (UNSPECIFIED).....5
 KOREAN6
 VIETNAMESE7
 ASIAN UNSPECIFIED.....8
 ARMENIAN9
 OTHER 11
 DON'T KNOW 98
 REFUSED 99

IF LGB-ELIGIBLE FROM Q136a, Q136b OR Q159 = YES OR Q159c = SOMETHING ELSE AND NOT ELIGIBLE FOR CHILD SURVEY, ASK:

Q183. We would like to call you back in about a month or so to ask you some additional questions. Would it be all right if we called you back at that time? (IF NECESSARY, SAY:)
 Your answers will be of a great value to the County health department.

YES, OKAY TO CALL BACK...1 → GO TO Q184
 NO, DO NOT CALL BACK.....2 → GO TO Q189a

IF OKAY TO CALL BACK, SAY:

Q184. So that we know whom to ask for when we call back, can I please have the first name to ask for?
 (INTERVIEWER: ENTER FIRST NAME OR INITIALS OF PERSON TO ASK FOR) _____

Q185a. Just to confirm, (NAME) (you) can be reached at this telephone number: (READ BACK TELEPHONE NUMBER). Is this correct?

YES1
 CHANGED PHONE NUMBER.....2
 DON'T KNOW.....8
 REFUSED.....9

IF CHANGED PHONE NUMBER, ASK:

Q185b. INTERVIEWER: VERIFY AND ENTER TELEPHONE NUMBER. _____

Q186a. Are there any other alternative phone numbers where (name) (you) can be reached? YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

IF YES, ALTERNATE NUMBER, ASK:

Q186b. What is this number, area code first? AREA CODE: _____
 NUMBER: _____

Q187. When would be a good time to call back? ENTER PREFERRED DAY
 ENTER PREFERRED TIME

Q188a. We're interested in grouping respondents into geographic areas of the County. What is your address there? STREET ADDRESS: _____
 CITY: _____
 (IF NECESSARY, SAY: It will not be shared with anyone.) REFUSED.....REF

IF REFUSES TO PROVIDE ADDRESS FROM Q188a, ASK:

Q188b. Then can you give me the street that you live on and the closest street that crosses it? (DO NOT ENTER PARALLEL STREETS) STREET #1: _____
 STREET #2: _____
 REFUSED.....REF

IF DOES NOT WANT TO BE CALLED BACK, SAY:

Q189a. One final question... we're interested in grouping respondents into geographic areas of the County. What is your address there? (IF NECESSARY, SAY: It will not be shared with anyone.) STREET ADDRESS: _____
 CITY: _____
 REFUSED.....REF

IF REFUSES TO PROVIDE ADDRESS FROM Q189a, ASK:

Q189b. Then can you give me the street that you live on and the closest street that crosses it? (DO NOT ENTER PARALLEL STREETS) STREET #1: _____
 STREET #2: _____
 REFUSED.....REF

IF NOT ELIGIBLE, ASK:

Q190. Your household is eligible to participate in an important follow-up survey that will be conducted in the coming year or so. Would it be alright if we called your household back at that time? (IF NECESSARY, SAY:) All answers are completely confidential. YES1
 NO2
 DON'T KNOW.....8
 REFUSED.....9

Q191a. One final question... we're interested in grouping respondents into geographic areas of the County. What is your address there? (IF NECESSARY, SAY: It will not be shared with anyone.) STREET ADDRESS: _____
 CITY: _____
 REFUSED.....REF

IF REFUSES TO PROVIDE ADDRESS FROM Q191a, ASK:

Q191b. Then can you give me the street that you live on and the closest street that crosses it? (DO NOT ENTER PARALLEL STREETS) STREET #1: _____
 STREET #2: _____
 REFUSED.....REF

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