

**2005 LOS ANGELES COUNTY HEALTH SURVEY  
– Child Screener –  
(Adult Sample Follow-up)**

**SCREENING QUESTIONS**

TRANSFER FROM MAIN QUESTIONNAIRE:

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

May I speak with FIRST NAME OF PARENT? (IF NECESSARY:) I'm calling on behalf of the Los Angeles County Health Department. (IF NECESSARY:) We are conducting a survey among Los Angeles County parents about the health and health care needs of their children.

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

I'm \_\_\_\_\_ and I'm calling on behalf of the Los Angeles County Health Department, whose role is to promote and protect the health of all County residents. 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 and health care needs of your child or children. Just to confirm, are you the parent or legal guardian of a child under age 18 living in this household? Is now a good time?

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

IF NOT A PARENT OR GUARDIAN, SAY:

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

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

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

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

IF NOT A PARENT OR GUARDIAN, SAY:

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

IF NECESSARY, SAY:

- Hello. I'm \_\_\_\_\_ and I'm calling on behalf of the Los Angeles County Health Department, whose role is to promote and protect public health. We're doing an important telephone survey about the health care needs of children in Los Angeles County, 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.
- 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 public health 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 LANGUAGE DIFFICULTIES, SAY:

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

IF YES, ASK:

- PS2. RECORD LANGUAGE OR ASK: Which one?  
(IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED, RECORD APPLICABLE CODE)
- |                            |    |             |
|----------------------------|----|-------------|
| SPANISH.....               | 2  | } GO TO PS3 |
| MANDARIN.....              | 3  |             |
| CANTONESE .....            | 4  |             |
| CHINESE (UNSPECIFIED)..... | 5  |             |
| KOREAN .....               | 6  |             |
| VIETNAMESE .....           | 7  |             |
| ASIAN UNSPECIFIED .....    | 8  |             |
| ARMENIAN .....             | 9  |             |
| OTHER .....                | 11 | } GO TO PS4 |
| DON'T KNOW .....           | 88 |             |
| REFUSED .....              | 99 | → TERMINATE |

IF PS2 = 2, 3, 4, 5, 6, 7, 8 OR 9, 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 = 9 OR DON'T KNOW, SAY:

- PS4. We can only conduct the interview in English, Spanish, Mandarin, 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

- PS5. RECORD GENDER OF PARENT:
- MALE ..... 1  
FEMALE ..... 2

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

**2005 LOS ANGELES COUNTY HEALTH SURVEY  
– Child Screener –  
(Sample Augment)**

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. The Health Department is conducting an important survey among Los Angeles County parents about the health and health care needs of their children.

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 or your children in any way.
- This is a public health 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.

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

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

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

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

IF REFUSED, SAY:

B2. It is very important that we arrange a time to speak with the mother of the children living in this household. When would be a good time to call back?
CALLBACK OKAY ..... 1
REFUSED CALLBACK ..... 2

IF SOMEONE ELSE COMES TO THE PHONE, SAY:

PINTRO. 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. The Health Department is conducting an important survey among Los Angeles County parents about the health and health care needs of their children.

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 or your children in any way.
- This is a public health 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.

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

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

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

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

PS1. We can conduct the survey in any of the following languages – English, Spanish, Mandarin, Cantonese, Korean, Vietnamese or Armenian. Would you prefer to be interviewed in a language other than English?

YES .....1 (ASK PS2)  
 NO .....2 (GO TO PS5)

IF YES TO PS1, ASK:

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

SPANISH .....	2	}	(GO TO PS3)
MANDARIN.....	3		(GO TO PS3)
CANTONESE.....	4		(GO TO PS3)
CHINESE (UNSPECIFIED) ...	5		(GO TO PS3)
KOREAN.....	6		(GO TO PS3)
VIETNAMESE .....	7		(GO TO PS3)
ASIAN UNSPECIFIED.....	8		(GO TO PS3)
ARMENIAN.....	9		(GO TO PS3)
OTHER.....	11		(GO TO PS4)
DON'T KNOW.....	98		(GO TO PS4)
REFUSED.....	99		(TERMINATE)

IF PS2 = 2-9, SAY:

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

IF PS2 = 11 OR DK, SAY:

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

YES ..... 1 (ASK TO SPEAK WITH THAT PERSON)  
NO ..... 2 (TERMINATE)

PS5. RECORD GENDER OF PARENT: MALE ..... 1  
FEMALE ..... 2

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

**2005 LOS ANGELES COUNTY HEALTH SURVEY  
 – Child Questionnaire –  
 (Sample Augment)**

**CHILD IDENTIFICATION AND BACKGROUND**

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

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

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

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

P3a. How many children have the same birthday?	_____ CHILDREN REFUSED.....9
P3b. What are the names of each child? (IF REFUSED) What are the initials of each child?  SELECT NAME/INITIALS WHICH COMES FIRST IN ALPHABETIC ORDER.	NAME/INITIALS OF CHILD #1: _____ NAME/INITIALS OF CHILD #2: _____

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

P4a. What is NAME's age? (IF LESS THAN ONE, ENTER "0") (P4a) \_\_\_\_\_ YEARS OLD  
 REFUSED.....9

IF REFUSED, ASK:

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

P5. What is NAME's age in months? (P5 revised) (IF ANSWERS TO P4a/b AND P5 ARE INCONSISTENT, RE-ASK P4/5)	_____ MONTHS OLD (0-35) REFUSED..... 99
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P6. And, NAME is a (male) (female), is that correct? (P6) MALE .....1  
 FEMALE .....2

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

P7.	Are you <u>NAME</u> 's biological mother? (P7)	YES, BIOLOGICAL MOTHER .....1
		NO, OTHER .....2
		DON'T KNOW .....8
		REFUSED .....9

**INFANT QUESTIONS**

IF AGE 0-5, ASK:

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK:

P8.	Since the birth of <u>NAME</u> did you return to work or begin a new job? (INTERVIEWER: DO NOT COUNT SCHOOL AS A JOB)	YES .....1
		NO .....2
		DON'T KNOW .....8
		REFUSED .....9

IF YES, ASK:

P9.	How old was <u>NAME</u> when you first returned to work or began work? (RECORD ANSWER IN YEARS AND MONTHS) (IF LESS THAN 2 YEARS, RECORD ANSWER IN MONTHS)	_____ YEARS _____ MONTHS
		DON'T KNOW .....8 / 98
		REFUSED .....9 / 99

P10.	While you were pregnant with <u>NAME</u> , which of the following describes what you thought you would do with regard to breast-feeding <u>NAME</u> – (READ CATEGORIES)? (PRAMS, 2002 modified)	you knew you would breastfeed <u>NAME</u> .....1
		you thought you might breastfeed <u>NAME</u> .....2
		you knew you would not breastfeed <u>NAME</u> ..3
	-OR- you didn't know what to do about breastfeeding <u>NAME</u> .....4	
	DO NOT READ {	DON'T KNOW .....8
		REFUSED .....9

P11. The next questions ask about things that may have happened at the hospital where NAME was born. (READ ITEMS IN ORDER)

	YES	NO	DON'T KNOW	REF	NOT BORN IN HOSP.
a. Did you breastfeed <u>NAME</u> in the hospital .....	1	2	8	9	3
<b>(IF P11a = 3, NOT BORN IN HOSPITAL, SKIP TO P12)</b>					
b. Was <u>NAME</u> fed only breast milk at the hospital .....	1	2	8	9	
Did <u>NAME</u> stay in the same room with you at the					
c. hospital .....	1	2	8	9	
Did the hospital staff give you a gift pack with					
d. formula .....	1	2	8	9	
e. Did the hospital give you a telephone number to					
call for help with breastfeeding .....	1	2	8	9	

IF P11a AND P11b NOT YES, ASK:

P12.	Have you ever breast-fed <u>NAME</u> ? (P14)	YES, HAVE BREAST-FED .....1
		NO, HAVE NOT .....2
		DON'T KNOW .....8
		REFUSED .....9

IF P11a, P11b OR P12 = YES, ASK:

P13.	How old was <u>NAME</u> the first time (he/she) ate anything besides breast milk? (This includes formula, baby food, juice, cow's milk, sugar water or anything else you fed your baby.) (READ CATEGORIES)	less than 1 week .....	1
		1 week but less than 1 month.....	2
		1 month but less than 3 months .....	3
		3 months but less than 6 months .....	4
		at 6 months.....	5
		– or – have you not fed your baby anything besides breast milk .....	6
		MORE THAN 6 MONTHS AGO (VOLUNTEERED) ..	7
		DON'T KNOW .....	8
		REFUSED .....	9
		P14.	Are you currently breast-feeding <u>NAME</u> ? (P15)
NO .....	2		
DON'T KNOW .....	8		
REFUSED .....	9		

IF NO, ASK:

P15.	How old was <u>NAME</u> when you completely stopped breastfeeding (him/her)? (RECORD ANSWER IN MONTHS) (P16)	_____ MONTHS	
		DON'T KNOW .....	98
		REFUSED .....	99

IF P15 < 6 MONTHS, ASK:

P16.	Which of the following were reasons why you stopped breastfeeding... (READ ITEMS IN RANDOM ORDER)? Was this a reason? (Pregnancy Risk Assessment Monitoring System (PRAMS) 2002)					
			YES	NO	DON'T KNOW	REF
		( ) a. <u>NAME</u> had difficulty nursing.....	1	2	8	9
		( ) b. Breastmilk alone did not satisfy <u>NAME</u> .....	1	2	8	9
		( ) c. You thought <u>NAME</u> was not gaining enough weight.....	1	2	8	9
		( ) d. You felt you didn't have enough milk .....	1	2	8	9
		( ) e. You or <u>NAME</u> became sick and you could not breastfeed .....	1	2	8	9
		( ) f. Your nipples were sore, cracked or bleeding.....	1	2	8	9
		( ) g. You felt it was the right time to stop breastfeeding .....	1	2	8	9
		( ) h. You went back to work .....	1	2	8	9

IF P8 = YES, ASK:

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



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

P19.	During the time you were receiving these services, about how often did someone come to your home? Was it... (READ CATEGORIES)? (LACHS 2002 revised)	more than 2 times per week .....1 1 to 2 times per week .....2 1 to 2 times per month .....3 -or- less than once a month .....4 DON'T KNOW .....8 REFUSED.....9
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IF LESS THAN SIX MONTHS OLD, ASK:

P20.	What sleeping position do you usually put <u>NAME</u> at bedtime or naptime – on (his/her) back, stomach or side? (P29)	BACK.....1 STOMACH .....2 SIDE .....3 DON'T KNOW.....8 REFUSED.....9
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IF SIX MONTHS TO 5 YEARS OLD, ASK:

P21.	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? (P30)	BACK.....1 STOMACH .....2 SIDE .....3 DON'T KNOW.....8 REFUSED.....9
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IF BIOLOGICAL MOTHER, ASK:

P22.	While you were pregnant with <u>NAME</u> , did you participate in WIC (WICK), the supplemental nutrition program for Women, Infants and Children? (P36 revised)	YES .....1 NO .....2 DON'T KNOW.....8 REFUSED.....9
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P23.	Has <u>NAME</u> ever participated in the WIC (WICK) program? (IF NECESSARY: the supplemental nutrition program for Women, Infants and Children) (P35 revised)	YES .....1 NO .....2 DON'T KNOW.....8 REFUSED.....9
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**DAILY ACTIVITIES/FAMILY INTERACTION**

IF AGE 0-5, ASK:

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

P24.	Is <u>NAME'S</u> bedtime usually the same everyday or does it change from day to day?	SAME EVERY DAY .....1 CHANGES FROM DAY TO DAY .....2 DON'T KNOW.....8 REFUSED.....9
P25.	Are <u>NAME'S</u> mealtimes usually the same everyday or do they change from day to day?	SAME EVERY DAY .....1 CHANGES FROM DAY TO DAY .....2 DON'T KNOW.....8 REFUSED.....9

P26.	How many days in a typical week do you or other family members <u>read</u> to <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days or never? (P39 revised)	EVERY DAY .....	1
		3-6 DAYS.....	2
		1-2 DAYS.....	3
		NEVER.....	4
		DON'T KNOW.....	8
		REFUSED.....	9
P27.	How many days in a typical week do you or other family members <u>tell stories</u> to <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days or never? (2002 LACHS modified)	EVERY DAY .....	1
		3-6 DAYS.....	2
		1-2 DAYS.....	3
		NEVER.....	4
		DON'T KNOW.....	8
		REFUSED.....	9
P28.	How many days in a typical week do you or other family members <u>play music</u> or <u>sing</u> songs with <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days or never? (1999 LACHS modified P40) (NSECH 2000)	EVERY DAY .....	1
		3-6 DAYS.....	2
		1-2 DAYS.....	3
		NEVER.....	4
		DON'T KNOW.....	8
		REFUSED.....	9

P29.	How many days in a typical week does everyone in the household eat <u>a meal</u> together – every day, 3 to 6 days, 1 to 2 days or never?	EVERY DAY .....	1
		3-6 DAYS.....	2
		1-2 DAYS.....	3
		NEVER.....	4
		DON'T KNOW.....	8
		REFUSED.....	9

IF AGE 2-17, ASK:

P30.	How many days in a typical week does <u>NAME</u> eat breakfast – every day, 3 to 6 days, 1 to 2 days or never? (modified NSECH 2000)	EVERY DAY .....	1
		3-6 DAYS.....	2
		1-2 DAYS.....	3
		NEVER.....	4
		DON'T KNOW.....	8
		REFUSED.....	9
P31.	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? (P38)	YES .....	1
		NO .....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF AGE 6 MONTHS – 17 YEARS, ASK:

P32.	In a typical <u>day</u> , about how many hours does <u>NAME</u> spend watching TV and videos? (INTERVIEWER: DO NOT INCLUDE GAMES LIKE PLAYSTATION OR VIDEO GAMES)	_____ HOURS	
		DON'T KNOW.....	98
		REFUSED.....	99

IF AGE 6-17, ASK:

P33.	In a typical week, how many days does <u>name</u> participate in an organized sports activity after school or on the weekend? (P45) (LACHS 2002 modified)	_____ DAYS (0-7)	
		DON'T KNOW.....	8
		REFUSED.....	9

IF AGE 1-17, ASK:

P34.	Is there a park, playground or other safe place for <u>NAME</u> to play that you can get to easily? (P46)	YES .....	1
		NO .....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF AGE 0-5, ASK:

P35.	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	8	9		
( ) b.	that <u>NAME</u> does things that really bother you a lot .....	1	2	3	4	8	9		
( ) c.	that you were giving up too much of your life to meet <u>NAME'S</u> needs .....	1	2	3	4	8	9		
( ) d.	angry with <u>NAME</u> .....	1	2	3	4	8	9		

P36.	In general, how would you describe <u>NAME'S</u> health – excellent, very good, good, fair or poor? (P44)	EXCELLENT.....	1
		VERY GOOD.....	2
		GOOD.....	3
		FAIR.....	4
		POOR.....	5
		DON'T KNOW.....	8
		REFUSED.....	9

**SPECIAL HEALTH NEEDS/DISABILITIES**

P37.	Does <u>NAME</u> currently need or use medicine prescribed by a doctor (other than vitamins)?	YES.....	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES, ASK:

P38.	Is this because of <u>any</u> medical, behavioral or other health condition?	YES.....	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES, ASK:

P39.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ?	YES.....	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

P40.	Does <u>NAME</u> need or use more medical care, mental health or educational services than is usual for most children of the same age?	YES.....	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES, ASK:

P41.	Is this because of <u>any</u> medical, behavioral or other health condition?	YES.....	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF YES, ASK:

P42.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ?	YES.....	1
		NO.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

P43. Is NAME limited or prevented in any way in (his/her) ability to do the things most children of the same age can do? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

IF YES, ASK:

P44. Is this because of any medical, behavioral or other health condition? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

IF YES, ASK:

P45. Is this a condition that has lasted or is expected to last for at least 12 months? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

P46. Does NAME need or receive special therapy, such as physical, occupational or speech therapy? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

IF YES, ASK:

P47. Is this because of any medical, behavioral or other health condition? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

IF YES, ASK:

P48. Is this a condition that has lasted or is expected to last for at least 12 months? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

P49. Does NAME have any kind of emotional, developmental or behavioral problem for which (he/she) needs or receives treatment or counseling? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

IF YES, ASK:

P50. Is this a condition that has lasted or is expected to last for at least 12 months? YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

IF AGE 0-5 AND RESPONDENT IS BIOLOGICAL MOTHER, ASK:

P51. While you were pregnant with NAME, were you tested for HIV as part of your prenatal care? (P13 revised) YES .....1  
 NO .....2  
 DON'T KNOW .....8  
 REFUSED .....9

IF NO, ASK:

P52.	Which of the following was the main reason you weren't tested for HIV: Did you decline to be tested, was the test not offered to you, or were you not receiving prenatal care at the time?	DECLINED THE TEST.....1 NOT OFFERED THE TEST .....2 NOT RECEIVING PRENATAL CARE .....3 OTHER.....4 DON'T KNOW .....8 REFUSED TO ANSWER .....9
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**ASTHMA**

P55.	Has a doctor or other health professional ever told you that <u>NAME</u> had asthma? (P47)	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED .....9
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IF YES, ASK:

P56.	Does <u>NAME</u> still have asthma?	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED .....9
P57.	During the past 12 months, has <u>NAME</u> had an episode of asthma or an asthma attack? (P48)	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED .....9

IF YES TO EITHER P56 OR P57, ASK:

P59.	Has a doctor or other health professional ever given you and/or <u>NAME</u> 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 the doctor for advice, and when to go to the emergency room.) (INCLUDE NURSES AND ASTHMA EDUCATORS) (National Asthma Survey, 2003)	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED .....9
P58.	Has a doctor or other health professional ever talked to you about things you can do in your home to help keep <u>NAME'S</u> asthma under control (for example, putting a special cover over your child's mattress and pillow or vacuuming your carpets more often)?	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED .....9
P60.	Has a doctor or other health professional ever talked to you about the importance of keeping <u>NAME</u> away from cigarette and other tobacco smoke to help control (his/her) asthma?	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED .....9
P61.	During the past 12 months, how many days of daycare or school did <u>NAME</u> miss due to asthma? Just your best estimate. (CHIS Child Survey 2003, modified)	_____ NUMBER OF DAYS NOT APPLICABLE (CHILD NOT IN DAYCARE OR SCHOOL)..... 777 DON'T KNOW ..... 998 REFUSED ..... 999

P62.	How often does <u>NAME'S</u> asthma limit (his/her) physical activity- always, most of the time, sometimes, rarely, or never? (P51 revised)	ALWAYS.....1 MOST OF THE TIME.....2 SOMETIMES .....3 RARELY .....4 NEVER.....5 DON'T KNOW.....8 REFUSED.....9
P63.	Does <u>NAME</u> take prescription medicines (including inhalers) to control (his/her) asthma?	YES .....1 NO .....2 DON'T KNOW.....8 REFUSED.....9
IF CHILD 6-17 YEARS, ASK:		
P64.	Do you (IF CHILD 10-17 YEARS: or <u>NAME</u> ) ever check his/her peak flow level at home?	YES .....1 NO .....2 DON'T KNOW.....8 REFUSED.....9
P65.	During the past 12 months, did <u>NAME</u> visit an emergency room or urgent care center because of asthma? (P49 revised)	YES .....1 NO .....2 DON'T KNOW.....8 REFUSED.....9
IF YES, ASK:		
P66.	How many times during the past 12 months did <u>NAME</u> visit an emergency room or urgent care center because of asthma?	_____ TIMES DON'T KNOW.....8 REFUSED.....9
P67.	During the past 12 months, has <u>NAME</u> stayed overnight in a hospital because of (his/her) asthma? (National Survey of Children's Health, 2003)	YES .....1 NO .....2 DON'T KNOW.....8 REFUSED.....9

## CHILD CARE

IF AGE 0-5, ASK:

Next, some questions about childcare. The information you give will be used for county planning only, and your responses are totally confidential. By childcare, we mean any kind of arrangement where someone other than you or NAME's other parent takes care of NAME on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center. Do not include occasional babysitting.

P68. How many hours is NAME currently in any kind of childcare during a typical week? Just your best estimate. \_\_\_\_\_ HOURS PER WEEK  
 (IF NECESSARY:) Do not include kindergarten or care provided by you or NAME's other parent. (P68a revised)

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

IF 0 HOURS PER WEEK, ASK:

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

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

IF >0 HOURS PER WEEK, ASK:

P70. Which of the following types of childcare do you use for NAME on a regular basis? (READ ITEMS, ASKING:) Do you use this type of childcare for NAME on a regular basis? (IF NECESSARY: We don't need to know where, but are just interested in the type of program.) (P68b revised)

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

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

P71. Is this person a <u>licensed</u> family or home day care provider? (P68c)	YES .....	1	NO .....	2	DON'T KNOW.....	8	REFUSED.....	9
P72. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair? (P68d)	RELATIVE.....	1	NON-RELATIVE.....	2	DON'T KNOW.....	8	REFUSED.....	9

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

P73. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair? (P68d)	RELATIVE.....	1
	NON-RELATIVE.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF MULTIPLE YES ANSWERS IN P70, ASK:

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

DO NOT READ {

P75. Overall, how easy or difficult is it for you to get childcare for <u>NAME</u> on a regular basis when you need it – very easy, somewhat easy, somewhat difficult, or very difficult? (P66 revised)	VERY EASY.....	1
	SOMEWHAT EASY.....	2
	SOMEWHAT DIFFICULT.....	3
	VERY DIFFICULT.....	4
	DOES NOT NEED CHILDCARE.....	5
	DON'T KNOW.....	8
	REFUSED.....	9

IF VERY OR SOMEWHAT DIFFICULT, ASK:

P76. Which of the following are reasons why it is difficult to find or keep childcare for <u>NAME</u> on a regular basis... (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason? (P71 revised)		YES	NO	DON'T KNOW	REF
	( ) a. Child care costs too much.....	1	2	8	9
	( ) b. It is difficult to find a provider with space available.....	1	2	8	9
	( ) c. The hours and location don't fit your needs.....	1	2	8	9
	( ) d. The quality of the childcare is not satisfactory.....	1	2	8	9
	( ) e. The providers are unreliable (for example, they quit without notice or are late).....	1	2	8	9
	( ) f. <u>NAME</u> has a disability or other special needs.....	1	2	8	9

P77. Have you ever heard of the organization First 5 L-A?	YES.....	1
	NO.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF YES, ASK:

P78. From which of the following sources have you heard something about First 5 L-A: TV or radio, newspaper, your doctor, a social worker or other health professional, family or friends, school or community organizations, or some other place? (ANSWER CAN BE A MULTIPLE)	TV or radio.....	1
	newspaper.....	2
	your doctor, a social worker or other health professional,.....	3
	family or friends.....	4
	school or community organizations,.....	5
	–or – some other place.....	6
	DON'T KNOW.....	8

DO NOT READ {

REFUSED.....	9
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P79. Which of the following things do you associate with First 5 L-A? (READ ITEMS IN RANDOM ORDER)  
Do you associate this with First 5 L-A?

	YES	NO	DON'T KNOW	REF
( ) a. Children's Health Insurance .....	1	2	8	9
( ) b. Preschool .....	1	2	8	9
( ) c. Telephone help line .....	1	2	8	9
( ) d. Sporting goods .....	1	2	8	9
( ) e. Children's clothing .....	1	2	8	9
( ) f. Eating fruits and vegetables .....	1	2	8	9

P80. Have you ever heard of a telephone information line for parents called First Five L-A Connect?

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

IF YES, ASK:

<p>P81. From which of the following sources have you heard something about First Five L-A Connect... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE)</p>	<table border="0"> <tr> <td>TV or radio, .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>newspaper, .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>your doctor, a social worker or other health professional, .....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>family or friends .....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>school or community organizations, .....</td> <td style="text-align: right;">5</td> </tr> <tr> <td>–or – some other place .....</td> <td style="text-align: right;">6</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> <tr> <td>REFUSED .....</td> <td style="text-align: right;">9</td> </tr> </table>	TV or radio, .....	1	newspaper, .....	2	your doctor, a social worker or other health professional, .....	3	family or friends .....	4	school or community organizations, .....	5	–or – some other place .....	6	DON'T KNOW .....	8	REFUSED .....	9
TV or radio, .....	1																
newspaper, .....	2																
your doctor, a social worker or other health professional, .....	3																
family or friends .....	4																
school or community organizations, .....	5																
–or – some other place .....	6																
DON'T KNOW .....	8																
REFUSED .....	9																

DO NOT READ {

<p>P82. Have you yourself ever called First Five L-A Connect?</p>	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> <tr> <td>REFUSED .....</td> <td style="text-align: right;">9</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8	REFUSED .....	9
YES .....	1								
NO .....	2								
DON'T KNOW .....	8								
REFUSED .....	9								

## HEALTH INSURANCE

P83. Is NAME covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medi-Cal, Medicaid, Healthy Families or Healthy Kids, military programs such as Champus, Champ VA, or the Indian Health Service. (P85 revised)

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

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

P84. Is NAME currently covered for health insurance ... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)?

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

IF a-e ≠ YES, ASK:

f. through a <u>separate policy</u> that you or some other family member bought <u>directly from an insurance provider</u> .....	1	2	8	9
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IF NOT YES TO P84a-f, ASK:

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

IF NO, ASK:

P85. There are some types of coverage you may not have considered. Is NAME currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)?

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

IF a-e ≠ YES, ASK:

f. through a <u>separate policy</u> that you or some other family member bought <u>directly from an insurance provider</u> .....	1	2	8	9
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(IF ANY P84a-e = YES OR P84f NOT DK OR REF) OR (IF ANY P85a-f = YES), ASK:

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

IF P84b OR P85b = YES, ASK:

P87.	Is <u>NAME</u> 's Medi-Cal or Medicaid comprehensive coverage, or just for emergency services? ( <i>First Five Survey modified – Health Insurance/Awareness/Access to ESI, Jenny Kenny</i> )	COMPREHENSIVE.....	1
		EMERGENCY SERVICES.....	2
		DON'T KNOW.....	8
		REFUSED.....	9

IF NO, DK OR REF TO ALL INSURANCE QUESTIONS IN P84 AND P85, ASK:

P88.	Before today, had you ever heard of (READ ITEMS IN RANDOM ORDER)?				
		<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REF</u>
( ) a.	Medi-Cal or Medicaid.....	1	2	8	9
( ) b.	Healthy Families.....	1	2	8	9
( ) c.	Healthy Kids .....	1	2	8	9

IF P88a, b OR c = YES, ASK:

P89.	Based on what you know about (IF P88a = YES: Medi-Cal or Medicaid) (and) (IF P88b = YES: Healthy Families) (and) (IF P88c = YES: Healthy Kids), do you think that <u>NAME</u> is eligible now?	YES .....	1
		NO .....	2
		DON'T KNOW.....	8
		REFUSED.....	9
P90	If you were told that <u>NAME</u> was eligible for (IF P88a = YES: Medi-Cal or Medicaid) (or) (IF P88b = YES: Healthy Families) (or) (IF P88c = YES: Healthy Kids), would you want to enroll (him/her)?	YES .....	1
		NO .....	2
		DON'T KNOW.....	8
		REFUSED.....	9

**BARRIERS TO ACCESSING HEALTH CARE**

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

IF VERY OR SOMEWHAT DIFFICULT, ASK:

P92. How important are each of the following reasons why getting medical care for NAME is difficult? (READ ITEMS IN RANDOM ORDER) Is this a very important, somewhat important or not important reason why getting medical care for NAME is difficult?

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	DON'T KNOW	REF
( ) a. You cannot afford to pay .....	1.....	2.....	3.....	8.....	9.....
( ) b. The clinic, office or doctor's hours do not fit with your schedule .....	1.....	2.....	3.....	8.....	9.....
( ) c. You have difficulty getting an appointment or have to wait too long .....	1.....	2.....	3.....	8.....	9.....

IF NOT YES TO ANY ITEMS IN P84 OR P85, ASK:

( ) d. <u>NAME</u> has no health insurance.....	1.....	2.....	3.....	8.....	9.....
( ) e. You do not know where to go or who to call to get <u>NAME</u> health care .....	1.....	2.....	3.....	8.....	9.....
( ) f. You're afraid that it might affect your family's immigration status .....	1.....	2.....	3.....	8.....	9.....

P93. In the past year, was there ever a time when NAME needed (ITEM) but didn't get it because you could not afford it? (READ ITEMS IN RANDOM ORDER)

	YES	NO	DON'T KNOW	REF
( ) a. to see a doctor for a physical exam or well (IF AGE 0-2: baby) (IF AGE 3-17: child) check-up.....	1.....	2.....	8.....	9.....
( ) b. to see a doctor when <u>NAME</u> had an illness or other health problem ....	1.....	2.....	8.....	9.....
( ) c. prescription medicines.....	1.....	2.....	8.....	9.....
( ) d. IF AGE 3-17: dental care, including check-ups .....	1.....	2.....	8.....	9.....
( ) e. IF AGE 3-17: Mental health care or counseling .....	1.....	2.....	8.....	9.....

P94. 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.....	8
REFUSED.....	9

IF NON-ENGLISH LANGUAGE INTERVIEW, ASK:

P95. During the past year, was there ever a time when you had trouble talking to a doctor or health care provider about NAME because he or she did not speak your language? (P100 revised)

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

P96.	When did <u>NAME</u> last have a physical exam or a well (IF 0-2: baby) (IF 3-17: child) visit? (INTERVIEWER: DO NOT READ CATEGORIES, AFTER RESPONDENT ANSWERS VERIFY CATEGORY) (LACHS 2002 survey, revised)	IF AGE < 2 YEARS (P5 <24 MONTHS, P4a = 0,1):	
		WITHIN THE PAST 3 MONTHS .....1	
		3 MONTHS BUT LESS THAN 6 MONTHS AGO .....2	
		6 MONTHS BUT LESS THAN 12 MONTHS AGO ....3	
		12 MONTHS BUT LESS THAN 18 MONTHS AGO ..4	
		18 OR MORE MONTHS .....5	
		NEVER.....6	
		DON'T KNOW.....8	
		REFUSED.....9	
		IF AGE 2-5 (P5 = 24-35 MONTHS, P4a = 2-5 OR P4b = 3-5):	
		WITHIN THE PAST 6 MONTHS .....1	
		6 MONTHS BUT LESS THAN 1 YEAR AGO .....2	
		1 YEAR BUT LESS THAN 2 YEARS AGO .....3	
		2 OR MORE YEARS AGO .....4	
		NEVER.....5	
		DON'T KNOW.....8	
		REFUSED.....9	
		IF AGE 6-17 (P4a = 6-17, P4b = 6-11 OR 12-17):	
		WITHIN THE PAST 2 YEARS .....1	
		2 OR MORE YEARS AGO .....2	
		NEVER.....3	
		DON'T KNOW.....8	
		REFUSED.....9	

P97.	When <u>NAME</u> is sick or you want advice about (his/her) health, is there one particular place or health provider that you take (him) (her) to most often? (P93 revised)	YES .....1
		NO .....2
		DON'T KNOW.....8
		REFUSED.....9

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

P98.	Is that because you have more than one place to take <u>NAME</u> or is it because you have no regular place to take (him) (her)? (P94 revised)	MORE THAN ONE PLACE .....1
		NO PLACE TO GO.....2
		DON'T KNOW.....8
		REFUSED.....9

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

P99.	Is there a particular place that you take <u>NAME</u> more often than any other place? (P95)	YES .....1
		NO .....2
		DON'T KNOW.....8
		REFUSED.....9

IF REGULAR SOURCE OF CARE, ASK:

P100.	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?	YES .....1
		NO .....2
		DON'T KNOW.....8
		REFUSED.....9

P101. 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, somewhat dissatisfied or very dissatisfied? (IF NECESSARY: with NAME'S regular provider?) (P99 revised)

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	DK	REF
( ) a. Providing <u>NAME</u> with good health care.....	1	2	3	4	8	9
( ) b. Giving you guidance on how to care for <u>NAME</u> .....	1	2	3	4	8	9
( ) c. Helping you understand how <u>NAME</u> is growing and developing.....	1	2	3	4	8	9
( ) d. Being easy to contact by phone.....	1	2	3	4	8	9
( ) e. Listening to you carefully and answering your questions.....	1	2	3	4	8	9
( ) f. Scheduling appointments quickly when <u>NAME</u> is sick or injured.....	1	2	3	4	8	9

P102. Has NAME received care at a hospital emergency room in the past 12 months? YES .....1  
NO .....2  
DON'T KNOW.....8  
REFUSED.....9

P103. In the past year, has NAME received any medical services from Los Angeles County Health Department facilities, such as a public hospital, county or community clinic, health center, or from programs or clinics operated by the County? (Adult LACHS99, Q90) YES .....1  
NO .....2  
DON'T KNOW.....8  
REFUSED.....9

**PARENTAL SUPPORT**

IF AGE 0-5, ASK:

P104. How easy or difficult is it to find someone you can talk to when you need advice about how to raise NAME – very easy, somewhat easy, somewhat difficult or very difficult? (P52) VERY EASY .....1  
SOMEWHAT EASY.....2  
SOMEWHAT DIFFICULT .....3  
VERY DIFFICULT .....4  
DON'T KNOW.....8  
REFUSED.....9

IF HOUSEHOLD NOT INTERVIEWED AS PART OF ADULT SURVEY OR IF ADULT SURVEY RESPONDENT REFUSED AND CURRENT RESPONDENT IS DIFFERENT, ASK:

Thinking about your neighbors...

P105. How many of your neighbors do you know well enough to ask them to keep watch on your house or apartment? \_\_\_\_\_ NEIGHBORS  
DON'T KNOW.....8  
REFUSED.....9

P106. How many of your neighbors do you know well enough to ask for a ride? \_\_\_\_\_ NEIGHBORS  
DON'T KNOW.....8  
REFUSED.....9

P107. How many of your neighbors do you know well enough to talk with them about a personal problem? \_\_\_\_\_ NEIGHBORS  
DON'T KNOW.....8  
REFUSED.....9

P108. How many of your neighbors do you know well enough to ask for their assistance in making a repair? \_\_\_\_\_ NEIGHBORS  
DON'T KNOW.....8  
REFUSED.....9

P109. Please tell me the extent to which you agree or disagree with the following statements... (READ ITEMS IN RANDOM ORDER, ASKING:) – do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree?

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE	DK	REF
( ) a. You are interested in knowing what your neighbors are like .....	1	2	3	4	5	8	9
( ) b. You enjoy meeting and talking with your neighbors .....	1	2	3	4	5	8	9
( ) c. Your neighbors always borrow things from you or your family .....	1	2	3	4	5	8	9
( ) d. It's easy to become friends with your neighbors .....	1	2	3	4	5	8	9

**PARENT'S MENTAL HEALTH AND HEALTH RISK BEHAVIORS**

P110. Next I am going to read a list of the ways you might feel. For each, please tell me how often you have felt this way during the past month. During the past month, how often did you... (READ ITEM) – rarely, some of the time, often times or most of the time?

	RARELY	SOME OF THE TIME	OFTEN TIMES	MOST OF THE TIME	DK	REF
a. feel depressed .....	1	2	3	4	8	9
b. feel lonely .....	1	2	3	4	8	9
c. have crying spells .....	1	2	3	4	8	9
d. feel sad.....	1	2	3	4	8	9

P110e. Are you currently receiving counseling from a mental health professional, such as a psychiatrist, psychologist, psychotherapist, social worker or counselor for any reason? YES .....1  
NO .....2  
DON'T KNOW.....8  
REFUSED.....9

P110f. Have you ever been told by a doctor or other health professional that you have depression or some other depressive disorder (IF NECESSARY: such as bipolar disorder or manic depression)? YES .....1  
NO .....2  
DON'T KNOW.....8  
REFUSED.....9

IF YES, ASK:

P110g. Are you currently taking medication prescribed by a doctor or psychiatrist for this disorder?	YES .....1
	NO .....2
	DON'T KNOW.....8
	REFUSED.....9

**SMOKING**

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

P111. Have you smoked at least 100 cigarettes in your entire life?	YES .....1
	NO .....2
	DON'T KNOW.....8
	REFUSED.....9

IF YES, DK OR REF, ASK:

P112. Do you currently smoke cigarettes, cigars, a pipe or chew smokeless tobacco? (IF YES:) Which ones? (ANSWER CAN BE A MULTIPLE) (P122)	NO, NOT A TOBACCO USER .....1
	YES, CIGARETTES .....2
	YES, CIGARS.....3
	YES, A PIPE.....4
	YES, SMOKELESS TOBACCO .....5
	DON'T KNOW.....8
	REFUSED.....9

IF P112 = 2, 3 OR 4, ASK:

P113. During the past 7 days, on how many days did you smoke <u>in your home</u> ?	_____ DAYS
	DON'T KNOW.....8
	REFUSED.....9

### SECOND-HAND SMOKE

P114. On how many of the past 7 days was <u>NAME</u> exposed to cigarette, cigar or pipe smoke <u>in your home</u> ?	_____ DAYS
	DON'T KNOW.....8
	REFUSED.....9

P115. Which of the following best describes the rules that apply to smoking inside your home (READ CATEGORIES)? <i>(American Legacy Foundation) (California Tobacco Survey 1999) (Used question from the 2003 LGBT CATSI and the response categories from 2001 BRFSS)</i>	Smoking is <u>not</u> allowed anywhere or at any time inside your home.....1
	Smoking is allowed only in some places or at some times,.....2
	Smoking is allowed anywhere or at any time inside the home.....3
	DON'T KNOW.....8
	REFUSED.....9

### CHILD DEMOGRAPHICS

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

P116. Is <u>NAME</u> Latino or of Hispanic origin (IF NECESSARY: such as Mexican-American, Latin American, South American, or Spanish-American)? <i>(P104 revised)</i>	YES.....1
	NO.....2
	DON'T KNOW.....8
	REFUSED.....9

IF YES, HISPANIC, ASK:

P117. Is <u>NAME</u> 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:

P118. Which of the following best describes <u>NAME</u> 's (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) <i>(P105 revised)</i>	Salvadoran.....1
	Guatemalan.....2
	Costa Rican.....3
	Honduran.....4
	Nicaraguan.....5
	Panamanian.....6
	South American.....7
	Spanish-American.....8
	Cuban.....9
	Puerto Rican.....10
	Other (SPECIFY) _____ .11
	DON'T KNOW.....98
	REFUSED.....99

DO NOT READ {



P119. 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) (P106)

- 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

DO NOT READ {

IF ASIAN OR PACIFIC ISLANDER, ASK:

P120. Which of the following best describes NAME's Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (Q73)

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

DO NOT READ {

P121. Was NAME born in Los Angeles County, in some other place in California, in some other state in the U.S. or outside the United States? (P108 revised)

- LOS ANGELES COUNTY.....1
- OTHER CALIFORNIA.....2
- OTHER U.S. STATE .....3
- OUTSIDE THE U.S. ....4
- DON'T KNOW.....8
- REFUSED.....9

IF OUTSIDE THE U.S., ASK:

P122. How many years has NAME lived in the U.S.?

- \_\_\_\_\_ YEARS
- DON'T KNOW.....8
  - REFUSED.....9

P123. Is NAME currently a U.S. citizen or not? (P110)

- U.S. CITIZEN.....1
- NOT A U.S. CITIZEN.....2
- DON'T KNOW.....8
- REFUSED.....9

## PARENT DEMOGRAPHICS

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

P124. What is your age? (P111)	_____ YEARS
	REFUSED..... 99

IF REFUSED, ASK:

P125. We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)? (P112 revised)	18-24.....1
	25-29.....2
	30-39.....3
	40-44.....4
	45-49.....5
	50-59.....6
	60-64.....7
	65 OR OLDER .....8
	REFUSED.....9

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

P126. Are you of Latino or Hispanic origin? (IF NECESSARY: such as Mexican-American, Latin American, South American, or Spanish-American)? (Q70 revised)	YES, HISPANIC .....1
	NO, NON-HISPANIC.....2
	DON'T KNOW.....8
	REFUSED.....9

IF YES, ASK:

P127a. 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:

Q127b. 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
	DON'T KNOW.....98
	REFUSED.....99

DO NOT READ {

P128a. 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) (Q72)	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:

P128b. Which of the following best describes your Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (Q73)	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	

**ACCULTURATION QUESTIONS**

P129. 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 LANGUAGE .....	13
DON'T KNOW.....	98	
REFUSED.....	99	
P130. Were you born in California, in some other state in the U.S. or outside the United States? (P113)	CALIFORNIA .....	1
	OTHER U.S. STATE .....	2
	OUTSIDE THE U.S. ....	3
	DON'T KNOW.....	8
	REFUSED.....	9

IF OUTSIDE THE U.S., ASK:

P131. In which country were you born? (P114) (SEE CODES)	COUNTRY CODE.....	<input type="text"/>
	OTHER (SPECIFY) _____	77
	DON'T KNOW.....	98
	REFUSED.....	99
P132. How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0") (P116)	_____ YEARS	
	DON'T KNOW.....	8
	REFUSED.....	9
P133. Are you currently a U.S. citizen or not? (P115)	U.S. CITIZEN.....	1
	NOT A U.S. CITIZEN.....	2
	DON'T KNOW.....	8
	REFUSED.....	9

P134. 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? (P117 revised)	8TH GRADE OR LESS.....1 GRADES 9-12 .....2 HIGH SCHOOL GRADUATE.....3 SOME COLLEGE/TRADE SCHOOL/ASSOCIATE DEGREE .....4 (4-YEAR) COLLEGE GRADUATE.....5 POST GRADUATE DEGREE .....6 DON'T KNOW.....8 REFUSED.....9
P135. What is your marital status? Are you... (READ CATEGORIES)? (P118)	married .....1 not married but living together .....2 widowed .....3 divorced .....4 separated .....5 never married .....6 DON'T KNOW.....8 REFUSED.....9
P136. Are you currently working for pay full-time (at least 35 hours or more), part-time, or not at all?	FULL-TIME .....1 PART-TIME.....2 NOT AT ALL .....3 DON'T KNOW.....8 REFUSED.....9

DO NOT READ {

**EMPLOYMENT OF OTHER PARENT**

IF DIFFERENT RESPONDENT AND MARRIED OR LIVING TOGETHER FROM P135, OR  
IF SAME RESPONDENT AND MARRIED OR LIVING TOGETHER FROM Q158, ASK:

(IF SAME RESPONDENT AND MARRIED OR LIVING TOGETHER FROM Q158, SAY: Thinking about the employment situation of your (spouse) (partner)...)

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

**OTHER HOUSEHOLD INFORMATION**

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

P155. Including yourself, how many people currently live in your household?	_____
IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:	
P156. (Including yourself,) how many are adults age 65 or older?	_____
P156x. (Including yourself,) how many are adults between the ages of 18 and 64?	_____
P157. How many are teens between the ages of 12 and 17?	_____
P158. How many are children between the ages of 6 and 11?	_____
P159. How many are children between the ages of 0 and 5?	_____

IF RESPONDENT IS DIFFERENT FROM ADULT SURVEY AND DATA WAS NOT OBTAINED OR HOUSEHOLD NOT INTERVIEWED AS PART OF ADULT SAMPLE, ASK:

P166.	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..... DK REFUSED.....REF
P167.	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:		
P168.	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
P169.	In what city or town do you live?	CITY CODE..... <input type="text"/> <input type="text"/> <input type="text"/> OTHER (SPECIFY) _____ DON'T KNOW..... DK REFUSED.....REF
P170.	What is your current zip code? (ALL ZIP CODES MUST BEGIN WITH "9")	ZIP CODE ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DK REFUSED.....REF

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

P138a.	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? (P129)	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:		
P138b.	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) (P130)	LESS THAN 200% FPL .....1 MORE THAN 200% FPL .....2 DON'T KNOW.....8 REFUSED.....9
IF APPLICABLE, ASK:		
P138c.	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) (P131)	LESS THAN 100% FPL .....1 MORE THAN 100% FPL .....2 DON'T KNOW.....8 REFUSED.....9

IF APPLICABLE OR IF P138a = "DON'T KNOW" OR "REFUSED," ASK:

P138d. (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) (P132)	LESS THAN 300% FPL.....1
	MORE THAN 300% FPL .....2
	DON'T KNOW.....8
	REFUSED.....9

**FOLLOW-UP SURVEY CONSENT**

IF MAIN SURVEY RESPONDENT AND ELIGIBLE FOR LGBT SURVEY FROM ADULT SURVEY, ASK:

P139. 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? (IF NECESSARY:) Your answers will be of great value to the County health department. (IF NECESSARY, SAY: It will only take about 10 or 15 minutes of your time.)

YES, OKAY TO CALL BACK.....1	→ GO TO CALL BACK SCRIPT (P140)
NO, DO NOT CALL BACK.....2	} GO TO END
RESPONDENT UNWILLING TO CONTINUE .....3	

IF CALL BACK, SAY:

P140. 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)

P141a. Just to confirm, (NAME) (you) can be reached at this telephone number: (READ BACK TELEPHONE NUMBER). Is this correct?

YES.....1
CHANGED PHONE NUMBER.....2
DON'T KNOW.....8
REFUSED.....9

IF CHANGED PHONE NUMBER, ASK:

P141b. INTERVIEWER: VERIFY AND ENTER TELEPHONE NUMBER. \_\_\_\_\_

P142a. Are there any other alternative phone numbers where (name) (you) can be reached?

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

IF YES, ALTERNATE NUMBER, ASK:

P142b. What is this number, area code first? AREA CODE: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

P143. When would be a good time to call back? ENTER PREFERRED DAY  
ENTER PREFERRED TIME

P144a. 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 Q144a, ASK:

P144b. 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 HOUSEHOLD NOT INTERVIEWED AS PART OF ADULT SAMPLE, ASK:

P146. 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. (Q178)	YES .....	1
	NO .....	2
	DON'T KNOW.....	8
	REFUSED.....	9

IF (HOUSEHOLD NOT INTERVIEWED AS PART OF ADULT SURVEY OR IF ADULT SURVEY RESPONDENT REFUSED AND CURRENT RESPONDENT IS DIFFERENT) AND NOT LGBT ELIGIBLE, ASK:

P145a. 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 Q145a, ASK:

P145b. 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 MAIN SURVEY RESPONDENT AND NOT LGBT ELIGIBLE, ASK:

P146x. 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. (Q178)	YES .....	1
	NO .....	2
	DON'T KNOW.....	8
	REFUSED.....	9

**END**

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