

2007 LOS ANGELES COUNTY HEALTH SURVEY
– Adult Screener –

SCREENING QUESTIONS

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

- We are calling to collect information about the health of County residents to help the Department better serve you.
- Your telephone number was randomly generated by computer.
- We are definitely not selling anything or asking for money.
- The survey is absolutely confidential and the answers given will not be identified with your household in any way.
- If you have any questions about the survey, you may contact the Los Angeles County Department of Public Health 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
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: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" 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

IF QS3 = 2 AND CATI RANDOMLY SELECTS RESPONDENT, ASK:

<p>QS5. We would like to continue the interview with you.</p> <p>CONTINUE..... 1 → CONTINUE</p> <p>ARRANGE CALLBACK..... 2 → ARRANGE CALLBACK</p> <p>REFUSED..... 9 → TERMINATE</p>

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 PHONE 1 → CONTINUE</p> <p>NO, NOT AVAILABLE NOW 2 → ARRANGE CALLBACK</p> <p>NO, REFUSED 9 → TERMINATE</p>
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IF QS3 = 3 OR MORE AND CATI RANDOMLY SELECTS RESPONDENT, ASK:

<p>QS7. We would like to continue the interview with you.</p> <p>CONTINUE..... 1 → CONTINUE</p> <p>NOT AVAILABLE NOW 2 → ARRANGE CALLBACK</p> <p>REFUSED..... 9 → 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 PHONE 1 → CONTINUE</p> <p>NO, NOT AVAILABLE NOW 2 → ARRANGE CALLBACK</p> <p>NO, REFUSED 9 → TERMINATE</p>
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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 and Vietnamese. Would you prefer to be interviewed in a language <u>other than</u> English?</p>	<p>NO, CONTINUE IN 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>CANTONESE 4</p> <p>CHINESE (UNSPECIFIED) 5</p> <p>KOREAN 6</p> <p>VIETNAMESE 7</p> <p>ASIAN UNSPECIFIED 8</p> <p>OTHER..... 11</p> <p>DON'T KNOW..... 98</p> <p>REFUSED..... 99 → TERMINATE</p>	<p>} GO TO QS11</p> <p>} GO TO QS12</p>
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IF QS10 = 2, 3, 4, 5, 6, 7, OR 8 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 and Vietnamese. Is there another adult in your household who speaks English or one of these languages?

YES..... 1 → ASK TO SPEAK WITH THAT
PERSON AND RETURN TO INTRO

NO..... 2 → TERMINATE

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.

2007 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?	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?	_____ 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?	_____ 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?	_____ DAYS DON'T KNOW..... 98 REFUSED..... 99
Q5.	GENDER: (INTERVIEWER: IF YOU HAVE ANY DOUBT AS TO RESPONDENT'S GENDER, SAY: Because it is sometimes difficult to determine over the phone, I am asked to confirm whether you are male or female.)	MALE.....1 FEMALE.....2
Q6a.	What is your age?	_____ YEARS OLD REFUSED..... 99

IF REFUSED, ASK:

Q6b. We are only asking this to make sure that we have talked to enough people in each age group. Can you just tell me if you are... (READ CATEGORIES)?	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?	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.	How much do you weigh?	_____ LBS.	
		DON'T KNOW	998
		REFUSED	999

IF Q8 = DON'T KNOW OR REFUSED AND Q7 WAS ANSWERED, ASK:

Q9a.	Do you weigh less than (INSERT CRITICAL WEIGHT FOR <u>OBESITY</u>)?	YES, WEIGH LESS	1
		NO, DON'T WEIGH LESS	2
		DON'T KNOW/NOT SURE	8
		REFUSED	9

IF YES, ASK:

Q9b.	Do you weigh less than (INSERT CRITICAL WEIGHT FOR <u>OVERWEIGHT</u>)?	YES, WEIGH LESS	1
		NO, DON'T WEIGH LESS	2
		DON'T KNOW/NOT SURE	8
		REFUSED	9

IF YES, ASK:

Q9c.	Do you weigh less than (INSERT CRITICAL WEIGHT FOR <u>UNDERWEIGHT</u>)?	YES, WEIGH LESS	1
		NO, DON'T WEIGH LESS	2
		DON'T KNOW/NOT SURE	8
		REFUSED	9

IF Q7 = DON'T KNOW OR REFUSED AND Q8 WAS ANSWERED, ASK:

Q10a.	Is your height less than (INSERT CRITICAL HEIGHT FOR <u>OBESITY</u>)?	YES, LESS	1
		NO, NOT LESS	2
		DON'T KNOW/NOT SURE	8
		REFUSED	9

IF NO, ASK:

Q10b.	Is your height less than (INSERT CRITICAL HEIGHT FOR <u>OVERWEIGHT</u>)?	YES, LESS	1
		NO, NOT LESS	2
		DON'T KNOW/NOT SURE	8
		REFUSED	9

IF NO, ASK:

Q10c.	Is your height less than (INSERT CRITICAL HEIGHT FOR <u>UNDERWEIGHT</u>)?	YES, LESS	1
		NO, NOT LESS	2
		DON'T KNOW/NOT SURE	8
		REFUSED	9

Q12.	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.)	_____ SERVINGS	
		DON'T KNOW	98
		REFUSED	99

Q15.	How would you rate the quality of the fresh fruits and vegetables where you shop – very high quality, somewhat high quality, not of high quality or would you say that fresh fruits and vegetables are not available?	VERY HIGH	1
		SOMEWHAT HIGH	2
		NOT HIGH QUALITY	3
		NOT AVAILABLE	4
		DON'T KNOW	8
		REFUSED	9

Q16.	How often do you eat any food, including meals and snacks, from a fast-food restaurant, like McDonald's, Taco Bell, Kentucky Fried Chicken or another similar type of place – 4 or more times per week, 1-3 times per week, less than once a week but more than once a month less than once a month or never?	4+ TIMES PER WEEK1 1-3 TIMES PER WEEK2 LESS THAN ONCE A WEEK/MORE THAN ONCE A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW8 REFUSED9
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NUTRITION SUBSAMPLE 2 QUESTIONS HERE

HEALTH DEPARTMENT SUBSAMPLE 1 QUESTIONS HERE

HEALTH CONDITIONS

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

Q17. Have you ever been told by a doctor or other health professional that you have... (READ ITEMS)?

	YES	NO	DK	REF
a. a heart problem, such as coronary heart disease, angina (AN-JIE-NA), or had a heart attack	1	2	8	9
b. diabetes (DIE-AH-BE-TEES) or sugar diabetes (IF FEMALE, ADD: other than during pregnancy).....	1	2	8	9
c. high blood pressure or hypertension (IF FEMALE, ADD: other than during pregnancy).....	1	2	8	9
d. high cholesterol (CO-LES-TER-ALL)	1	2	8	9
e. depression or some other depressive disorder (IF NECESSARY: such as bipolar disorder or manic depression).....	1	2	8	9

IF YES TO DIABETES, IMMEDIATELY ASK:

Q18. How old were you when you were told you have diabetes (DIE-AH-BE-TEES)?	_____ YEARS	
	DON'T KNOW	98
	REFUSED	99
Q19. Are you now taking insulin?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9
Q20. Are you now taking diabetes (DIE-AH-BE-TEES) pills?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9
Q21. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse or other health professional checked you for "A one C"?	_____ TIMES	
	NEVER HEARD OF TEST	97
	DON'T KNOW	98
	REFUSED	99

IF YES TO DEPRESSIVE DISORDER, IMMEDIATELY ASK:

Q22. Are you currently taking medication prescribed by a doctor or psychiatrist for this disorder?	YES	1
	NO	2
	DON'T KNOW	98
	REFUSED	99

IF Q19, Q20 AND Q22 ≠ YES, ASK:

Q23. Do you currently take on a daily basis any medicines, injections and/or inhalers prescribed for you by a doctor?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF Q23 = YES OR Q19, Q20 OR Q22 = YES, ASK:

Q24. How many different prescribed medicines, injections and/or inhalations do you take on a daily basis? Please include all types of medications prescribed for you by a doctor.	DON'T KNOW	98
	REFUSED	99

IF ONE OR MORE, ASK:

Q25. Do you have at least an extra three week supply of <u>all</u> the prescription drugs you take on a daily basis?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

Q26. 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

MENTAL HEALTH QUESTIONS

Q27. 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)

	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

PETS/SLEEP SUBSAMPLE 3 QUESTIONS HERE

Q29. In the past five years, have you received treatment or counseling for substance abuse or addiction, excluding tobacco? (IF NECESSARY, SAY:) This could include alcohol, prescription medications, marijuana, cocaine or some other controlled substance.	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF YES, ASK:

Q30. For what substance or substances have you been treated? (ANSWER CAN BE A MULTIPLE)	ALCOHOL	1
	PRESCRIPTION MEDICINE	2
	MARIJUANA	3
	COCAINE/CRACK	4
	METHAMPHETAMINE.....	5
	HEROIN.....	6
	OTHER.....	7
	DON'T KNOW	98
	REFUSED	99

The next questions ask about any long-term health impairments or disabilities you may have that have lasted or can be expected to last for at least 3 months.

- | | | |
|------|--|--|
| Q31. | Are you limited in any way in any activities because of a physical, mental or emotional problem? | YES1
NO2
DON'T KNOW8
REFUSED9 |
| Q32. | Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed or special telephone? | YES1
NO2
DON'T KNOW8
REFUSED9 |

IF Q31 ≠ YES AND Q32 ≠ YES, ASK:

- | | | |
|------|--|--|
| Q33. | Do you consider yourself a person with a disability? | YES1
NO2
DON'T KNOW8
REFUSED9 |
|------|--|--|

IF Q31, Q32 OR Q33 = YES, ASK:

- | | | |
|------|---|--|
| Q34. | Are you dependent on anyone for assistance with two or more of the following activities: transportation, eating, toileting, bathing, dressing or taking medication? | YES1
NO2
DON'T KNOW8
REFUSED9 |
|------|---|--|

People may provide regular care or help to another adult who is aging or has a long-term illness or disability. This person you are providing care to may be someone who lives with you or lives somewhere else.

- | | | |
|------|---|--|
| Q35. | During the past month, did you provide any such care or assistance to an adult who is aging or has a long-term illness or disability? | YES1
NO2
DON'T KNOW8
REFUSED9 |
|------|---|--|

IF YES, ASK:

- | | | |
|------|--|---|
| Q36. | How many adults did you provide this care for? | 11
22
3 OR MORE3
DON'T KNOW8
REFUSED9 |
| Q37. | (IF ONE, ASK: What age is this person)? (IF 2 OR MORE, ASK: What is the age of the person that you are giving the most care to?) | _____ YEARS OLD
DON'T KNOW 998
REFUSED 999 |

Q38. What relationship does this person have to you? (IF NECESSARY) Are they your... (READ LIST)?	husband/wife/spouse/partner	1
	father/father-in-law	2
	mother/mother-in-law	3
	brother/brother-in-law	4
	sister/sister-in-law	5
	grandfather	6
	grandmother	7
	son/son-in-law	8
	daughter/daughter-in-law	9
	grandson	10
	granddaughter	11
	aunt	12
	uncle	13
	nephew	14
	niece	15
	other relative	16
	friend/neighbor	17
	paid caregiver	18
	other non-relative	19
DO NOT READ { DON'T KNOW	98	
REFUSED	99	
Q39. Does that person live with you?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9
Q40. On average, about how many hours do you spend helping this person in a typical week?	_____ HOURS	
	DON'T KNOW	98
	REFUSED	99
Q41. Does this person have a problem with memory loss or have a disorder like Alzheimer's (ALLS-HI-MERS) disease?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9
Q42. Is this person dependent on you for providing assistance with two or more of the following activities: transportation, eating, toileting, bathing, dressing or taking medication?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

EMPLOYMENT AND DAILY ACTIVITIES

Q43. 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)	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 (Q43 = 1 OR 2), ASK:

Q44. 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
	REFUSED	9

PANDEMIC FLU SUBSAMPLE 6 QUESTIONS EMP 14 – 17 HERE

Q45. How many minutes does it usually take to get from home to work? _____ MINUTES
 NONE/WORK AT HOME 997
 DON'T KNOW 998
 REFUSED 999

IF NOT "0" OR "WORK AT HOME", ASK:

Q46. How many miles is it from home to work? _____ MILES
 (IF NECESSARY:) Just your best estimate.
 LESS THAN 1 MILE 96
 VARIES 97
 DON'T KNOW 98
 REFUSED 99

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

Q47. What is the zip code where you work (IF NECESSARY:) most often? ENTER 5-DIGIT ZIP:
 (ANSWER MUST BEGIN WITH A 9)
 DON'T KNOW 99998
 REFUSED 99999

Q48. How do you usually get from home to work? DRIVE ALONE1
 (READ CATEGORIES IF NECESSARY) – drive CAR POOL/ SHARE RIDE2
 alone, car pool or share a ride with another, BUS3
 by bus, Metro train, walk, motorcycle, bicycle, METRO/TRAIN4
 or some other way? WALK.....5
 MOTORCYCLE6
 BICYCLE.....7
 OTHER.....8
 DON'T KNOW 98
 REFUSED 99

BUILT ENVIRONMENT SUBSAMPLE QUESTIONS HERE

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

Q49. 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. YES1
 NO2
 DON'T KNOW8
 REFUSED9

IF YES, ASK:

Q50. How many days per week do you do such vigorous exercise or activities for at least 10 minutes without stopping? _____ DAYS (1-7)
 DON'T KNOW8
 REFUSED9

Q51. 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? _____ MINUTES
 (RECORD ANSWER IN MINUTES)
 DON'T KNOW 9998
 REFUSED 9999

(INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED. 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).

Q52. 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. YES1
 NO2
 DON'T KNOW8
 REFUSED9

IF YES, ASK:

Q53.	How many days per week do you walk or do moderate exercise or physical activities for at least 10 minutes without stopping?	_____ DAYS (1-7) DON'T KNOW8 REFUSED9
Q54.	On an average day when you walk or do moderate exercise or physical activities for at least 10 minutes without stopping, how much <u>total</u> time do you spend doing these activities? (RECORD ANSWER IN MINUTES)	_____ MINUTES DON'T KNOW 9998 REFUSED 9999
(INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED. ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE.)		

Q57.	How safe from crime do you consider your neighborhood to be – very safe, somewhat safe, somewhat unsafe, or not at all safe?	VERY SAFE1 SOMEWHAT SAFE.....2 SOMEWHAT UNSAFE3 NOT AT ALL SAFE4 DON'T KNOW8 REFUSED9
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CHILD POLICY SUBSAMPLE 7 QUESTIONS HERE

OTHER HEALTH RISKS

Q60.	There are many actions you can take to prepare for a disaster, such as an earthquake, fire or terrorist attack. Do you or does your household have... (READ ITEMS IN RANDOM ORDER)?	YES NO DK REF
() a.	a 3-day supply of water for everyone who lives there; a 3-day supply is 1 gallon of water per person per day.....	1.... 289
() b.	a 3-day supply of non-perishable food for everyone who lives there; by non-perishable we mean food that does not require refrigeration or cooking.....	1.... 289
Q61.	Have you ever heard of 2-1-1, Los Angeles County's telephone Information line, where you can access Health and Human Service Programs, 24 hours a day, 7 days a week?	YES1 NO2 DON'T KNOW8 REFUSED9

HEALTH INSURANCE

Q62.	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.	YES, COVERED1 NO, NOT COVERED2 DON'T KNOW8 REFUSED.....9
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IF YES, DON'T KNOW, OR REFUSED, ASK:

Q63. Are you yourself currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)?

YES NO DK REF

IF AGE 65 OR OLDER OR DISABLED (Q31, Q32 OR Q33 = YES), ASK:

a. under Medicare (IF NECESSARY, SAY: Medicare is the government's health insurance program for seniors and certain persons with disabilities)..... 1.....289

b. through your own or some other family member's employer, union, trade association, school or business 1.....289

c. under your own or some other family member's military insurance program (like Champus or VA coverage)..... 1.....289

d. under Medi-Cal or Medicaid (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.....289

IF NOT YES TO a-d, ASK:

e. through a separate policy that you or some other family member bought directly from an insurance provider 1.....289

IF a-e = NO, DON'T KNOW OR REFUSED, ASK:

f. What is the type or name of your insurance? (SPECIFY) _____
 DON'T KNOW8
 REFUSED9

IF NO, NOT COVERED, ASK:

Q64. 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)?

YES NO DK REF

IF AGE 65 OR OLDER OR DISABLED (Q31, Q32 OR Q33 = YES), ASK:

a. under Medicare (IF NECESSARY:) Medicare is the government's health insurance program for seniors and certain persons with disabilities 1.....289

b. through your own or some other family member's employer, union, trade association, school or business 1.....289

c. under your own or some other family member's military insurance program (like Champus or VA coverage)..... 1.....289

d. under Medi-Cal or Medicaid (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.....289

IF NOT YES TO a-d, ASK:

e. through a separate policy that you or some other family member bought directly from an insurance provider 1.....289

(IF ANY Q63a-e = 1 OR Q63f NOT DK OR REF) OR (IF ANY Q64a-e = 1), ASK:

Q65. 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?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED 9

BARRIERS TO ACCESSING HEALTH CARE

Q66.	Overall, how easy or difficult is it for you to get medical care when you need it? Would you say it is very difficult, somewhat difficult, somewhat easy, or very easy?	VERY DIFFICULT1 SOMEWHAT DIFFICULT2 SOMEWHAT EASY3 VERY EASY4 DON'T KNOW8 REFUSED9
Q67.	When you are sick or want advice about your health, is there one particular place or health provider to whom you go most often?	YES1 NO2 DON'T KNOW8 REFUSED9

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

Q68.	Is that because you have more than one place to go, or is it because you have no regular place to go?	MORE THAN ONE PLACE1 NO PLACE TO GO2 DON'T KNOW8 REFUSED9
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IF MORE THAN ONE PLACE TO GO, DON'T KNOW OR REFUSED, ASK:

Q69.	Is there a particular place that you go more often than any other place (IF NECESSARY: for your routine care)?	YES1 NO2 DON'T KNOW8 REFUSED9
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Q70.	During the past year, was there ever a time when transportation problems kept you from getting needed medical care?	YES1 NO2 DON'T KNOW8 REFUSED9
------	---	--

IF NON-ENGLISH LANGUAGE INTERVIEW, ASK:

Q71.	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?	YES1 NO2 DON'T KNOW8 REFUSED9
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Q72.	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)	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;"><u>YES</u></td> <td style="text-align: right;"><u>NO</u></td> <td style="text-align: right;"><u>DK</u></td> <td style="text-align: right;"><u>REF</u></td> </tr> <tr> <td>() a. prescription medicine</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> <td style="text-align: right;">9</td> </tr> <tr> <td>() b. mental health care or counseling</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> <td style="text-align: right;">9</td> </tr> <tr> <td>() c. to see a doctor for a health problem</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> <td style="text-align: right;">9</td> </tr> <tr> <td>() d. dental care (including check-ups)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> <td style="text-align: right;">9</td> </tr> </table>		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>	() 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
	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>																							
() a. prescription medicine	1	2	8	9																							
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() c. to see a doctor for a health problem	1	2	8	9																							
() d. dental care (including check-ups)	1	2	8	9																							

Q73.	About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition. (READ CATEGORIES)	less than 12 months1 1 year but less than 2 years2 2 years but less than 5 years3 5 or more years4 never5 DON'T KNOW8 REFUSED9
------	--	--

Q74.	How long has it been since you last visited a dentist or dental clinic for any reason – less than twelve months, 1 year but less than 2 years ago, 2 years but less than 5 years ago, 5 or more years ago, or never? Please include visits to orthodontists (ORTH-O-DON-TISTS), dental hygienists (HI-GEN-ISTS), or other dental specialists.	LESS THAN 12 MONTHS1 1 YEAR BUT LESS THAN 2 YEARS2 2 YEARS BUT LESS THAN 5 YEARS3 5 OR MORE YEARS4 NEVER5 DON'T KNOW8 REFUSED9
------	---	--

Q75.	Do you have any kind of dental insurance coverage that pays for some or all of your routine dental care? (IF NECESSARY, SAY: This would include dental insurance, pre-paid plans such as HMOs or government plans such as Medi-Cal or Medicaid.)	YES1 NO2 DON'T KNOW8 REFUSED9
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IF FEMALE, ASK:

Q76x.	Have you had a hysterectomy (HIS-TER-RECK-TA-ME)? (IF NECESSARY, SAY:) That is the surgical removal of the uterus (YOU-TER-US).	YES1 NO2 DON'T KNOW8 REFUSED9
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IF NO, DON'T KNOW OR REFUSED, ASK:

Q76y.	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)?	less than 12 months ago,.....1 1 year but less than 3 years ago,.....2 3 years but less than 5 years ago,.....3 5 or more years ago,4 – or – never.....5 DO NOT READ { DON'T KNOW8 REFUSED9
-------	---	---

IF UNDER AGE 50, ASK:

Q77.	In the past year, were you planning or trying to get pregnant?	YES1 NO2 DON'T KNOW8 REFUSED9
Q77x.	Are you currently pregnant?	YES1 NO2 DON'T KNOW8 REFUSED9

IF AGE 40 OR OLDER, ASK:

Q78.	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)?	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 – never.....6 DO NOT READ { DON'T KNOW8 REFUSED9
------	--	---

IF AGE 50 OR OLDER, ASK:

Q79.	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.)	YES1 NO2 DON'T KNOW8 REFUSED9
------	---	--

IF NO, DK, OR REFUSED, ASK

Q80.	During the past 12 months, did you <u>try</u> to get a flu shot?	YES1 NO2 DON'T KNOW8 REFUSED9
------	--	--

IF AGE 65+, ASK:

Q81. Have you ever had a pneumonia (NEW-MO-NE-AH) 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.)	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

PANDEMIC FLU SUBSAMPLE 6 PF1 – PF13 QUESTIONS HERE

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

Q82. Before today, had you ever heard of a vaccine to prevent HPV and cervical cancer?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF YES, ASK:

IF FEMALE AGE 18-26, ASK:		
Q84. Have you received any HPV shots?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF FEMALE AND Q84 = NOT YES, ASK:

Q85. (IF AGE 18-26, ASK:) How likely is it that you will get vaccinated – very likely, somewhat likely, not too likely or not at all likely? (IF AGE 27-64, ASK:) If the vaccine were available to you, how likely is it that you would get vaccinated – very likely, somewhat likely, not too likely or not at all likely?	VERY LIKELY	1
	SOMEWHAT LIKELY	2
	NOT TOO LIKELY	3
	NOT AT ALL LIKELY	4
	DON'T KNOW	8
	REFUSED	9

IF Q85 = NOT TOO OR NOT AT ALL LIKELY, OR DON'T KNOW, ASK:

Q86. (IF AGE 18-26, ASK:) Why have you not been or would not be likely to get vaccinated against HPV? (IF AGE 27-64, ASK:) Why would you not be likely to get vaccinated against HPV? (ASK ALL:) Do you... think you don't need the vaccine, a doctor or health care provider has not recommended that you get the vaccine, you are concerned about possible side effects, the vaccine is too expensive, your insurance does not cover it, you have concerns related to your religious beliefs, or some other reason? (ANSWER CAN BE A MULTIPLE)	DON'T NEED THE VACCINE.....	1
	NOT RECOMMENDED BY MD	2
	CONCERNED ABOUT SIDE EFFECTS	3
	TOO EXPENSIVE	4
	NOT COVERED BY INSURANCE.....	5
	RELIGIOUS CONCERNS.....	6
	OTHER REASON	7
	DON'T KNOW	8
	REFUSED	9

TOBACCO QUESTIONS

On another topic...

Q87.	Have you smoked at least 100 cigarettes in your entire life?	YES1 NO2 DON'T KNOW8 REFUSED9
Q88.	Do you now smoke cigarettes every day, some days, or not at all?	EVERY DAY1 SOME DAYS2 NOT AT ALL3 DON'T KNOW8 REFUSED9
Q89.	Do you currently smoke cigars, a pipe, a hookah or water pipe, or chew smokeless tobacco? (ANSWER CAN BE A MULTIPLE YES)	NO1 YES, CIGARS2 YES, PIPE3 YES, HOOKAH/WATER PIPE4 YES, CHEW SMOKELESS TOBACCO5 DON'T KNOW8 REFUSED9

IF Q88 = EVERY DAY, ASK:

Q90.	On the average, about how many cigarettes do you now smoke each day? (ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT)	_____ CIGARETTES/DAY DON'T KNOW 98 REFUSED 99
Q91.	What is the total number of years you have smoked every day? Do not include any time you stayed off cigarettes for 6 months or longer.	_____ YEARS DON'T KNOW 98 REFUSED 99

IF Q88 = SOME DAYS, ASK:

Q92.	On how many of the past 30 days did you smoke a cigarette?	_____ DAYS DON'T KNOW 98 REFUSED 99
Q93.	During the past 30 days, on the days that you smoked, about how many cigarettes did you smoke per day? (1 PACK = 20 CIGARETTES)	_____ DON'T KNOW 98 REFUSED 99
Q94.	Have you ever smoked cigarettes every day for at least 6 months?	YES1 NO2 DON'T KNOW8 REFUSED9
Q95.	About how long has it been since you last smoked cigarettes every day?	_____ DAYS _____ WEEKS _____ MONTHS _____ YEARS DON'T KNOW 98 REFUSED 99

IF Q88 = EVERY DAY OR SOME DAYS, ASK:

Q96.	During the past 7 days, on how many days did you smoke in your home?	_____ DAYS DON'T KNOW 98 REFUSED 99
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Q97.	How old were you when you first started to smoke cigarettes fairly regularly?	<p>_____</p> DON'T KNOW 98 REFUSED 99
Q98.	Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at all?	EVERY DAY1 SOME DAYS2 NOT AT ALL3 DON'T KNOW8 REFUSED9
Q99a.	Do you now smoke a lighter cigarette?	YES1 NO2 DON'T KNOW8 REFUSED9
IF YES, ASK:		
Q99b.	Have you always smoked lighter cigarettes or did you switch from a stronger to a lighter cigarette?	ALWAYS SMOKED LIGHTER CIGARETTES ...1 SWITCHED TO LIGHTER CIGARETTE2 DON'T KNOW8 REFUSED9
IF SWITCHED, ASK:		
Q99c.	Did you switch from a stronger to a lighter cigarette because you thought it is less harmful?	YES1 NO2 DON'T KNOW8 REFUSED9
Q100.	Are you seriously thinking of quitting smoking cigarettes?	YES1 NO2 DON'T KNOW8 REFUSED9
IF YES, DON'T KNOW OR REFUSED, ASK:		
Q101.	How soon are you seriously planning to quit smoking cigarettes – within the next 30 days, more than 30 days but within the next 6 months, more than 6 months but within the next 12 months, or no specific time?	WITHIN NEXT 30 DAYS1 > 30 DAYS BUT WITHIN NEXT 6 MONTHS...2 > 6 MONTHS BUT WITHIN NEXT 12 MONTHS 3 NO SPECIFIC TIME4 DON'T KNOW8 REFUSED9
Q102.	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?	WITHIN 5 MINUTES1 6 – 30 MINUTES2 31 – 60 MINUTES3 MORE THAN 1 HOUR.....4 DON'T KNOW8 REFUSED9
Q103.	If you decided to give up smoking cigarettes altogether, how likely do you think you would be to succeed – very likely, somewhat likely, somewhat unlikely, or very unlikely?	VERY LIKELY1 SOMEWHAT LIKELY2 SOMEWHAT UNLIKELY3 VERY UNLIKELY4 DON'T KNOW8 REFUSED9
Q104.	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	YES1 NO2 DON'T KNOW8 REFUSED9

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

Q105.	How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?	_____ DON'T KNOW 98 REFUSED 99
Q106.	During the past 12 months, what is the longest length of time you stopped smoking because you were trying to quit smoking?	_____ DAYS _____ WEEKS _____ MONTHS DON'T KNOW 98 REFUSED 99
Q107.	Thinking back to the last time you tried to quit smoking in the past 12 months, did you do any of the following? (READ EACH IN RANDOM ORDER, ASKING:) Did you do this?	
		YES NO DK REF
	() a. Called a telephone help line or quit line.....	1 2 8 9
	() b. Attended a stop smoking clinic, class or support group.....	1 2 8 9
	() c. Attended one-on-one counseling	1 2 8 9
	() d. Sought help or support from friends or family.....	1 2 8 9
	() e. Consulted anti-smoking materials on the Internet or World Wide Web	1 2 8 9
	() f. Consulted anti-smoking books, pamphlets, videos or other materials	1 2 8 9
	() g. Used hypnosis, acupuncture or laser	1 2 8 9
Q108.	The last time you tried to quit smoking in the past 12 months, did you try to give up cigarettes by quitting "cold turkey" or all at once?	YES1 NO2 DON'T KNOW8 REFUSED9

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

Q108x.	The last time you tried to quit smoking in the past 12 months, did you... (READ EACH IN RANDOM ORDER)?	
		YES NO DK REF
	() a. try to quit by gradually cutting back on cigarettes	1 2 8 9
	() b. try to quit by switching to chewing tobacco, snuff, cigars or pipes.....	1 2 8 9
	() c. use nicotine products, such as gum, the patch or lozenges.....	1 2 8 9
	() d. use a prescription pill such as Zyban (ZY-BAN), Bupropion (BOO-PRO-PE-ON), Wellbutrin (WELL-BOO-TRIN), Varenicline (VAR-EN-IK-LINE) or Chantix (CHAN-TIX).....	1 2 8 9

Q109.	During the past 12 months, did any doctor, dentist, nurse or other health professional advise you to quit smoking?	YES1 NO2 DON'T KNOW8 REFUSED9
-------	--	--

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

Q110.	During the past 12 months, when a doctor, dentist, nurse or other health professionals advised you to quit smoking cigarettes, did they recommend or prescribe nicotine gum, a patch or other nicotine product?	YES1 NO2 DON'T KNOW8 REFUSED9
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IF Q87 = YES AND Q88 = NOT AT ALL, ASK:

Q111. How old were you when you first started to smoke cigarettes fairly regularly?	_____ NEVER0 DON'T KNOW 98 REFUSED 99
---	--

IF NOT NEVER, ASK:

Q112. Have you ever smoked cigarettes daily, that is at least 1 cigarette every day for 30 days in a row?	YES1 NO2 DON'T KNOW8 REFUSED9
---	--

IF YES, ASK:

Q113. When you last smoked every day, on the average, about how many cigarettes did you smoke each day? (ONE PACK USUALLY EQUALS 20 CIGARETTES)	_____ DON'T KNOW 98 REFUSED 99
---	--

Q114. Altogether, about how many years did you smoke every day? Do not include any time you stayed off cigarettes for 6 months or longer.	_____ YEARS DON'T KNOW 98 REFUSED 99
---	--

Q115. Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at all?	EVERY DAY1 SOME DAYS2 NOT AT ALL3 DON'T KNOW8 REFUSED9
--	--

Q116. About how long has it been since you completely quit smoking cigarettes?	_____ YEARS _____ MONTHS _____ WEEKS _____ DAYS DON'T KNOW 98 REFUSED 99
--	---

IF LESS THAN 16 YEARS, ASK:

Q117. During the year before you quit smoking completely, how soon after you woke up did 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?	WITHIN 5 MINUTES1 6 – 30 MINUTES2 31 – 60 MINUTES3 MORE THAN 1 HOUR.....4 DON'T KNOW8 REFUSED9
--	---

Q120. During the year before you quit smoking completely, did any doctor, dentist, nurse or other health professional advise you to quit smoking?	YES1 NO2 DON'T KNOW8 REFUSED9
---	--

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

Q121. During the year before you quit smoking completely, when a doctor, dentist, nurse or other health professionals advised you to quit smoking cigarettes, did they recommend or prescribe nicotine gum, a patch or other nicotine product?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

Q122a. During the year before you quit smoking completely, did you smoke a lighter cigarette?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF YES, ASK:

Q122b. Did you always smoke lighter cigarettes or did you switch from a stronger to a lighter cigarette?	ALWAYS SMOKED LIGHTER CIGARETTES ...	1
	SWITCHED TO LIGHTER CIGARETTE	2
	DON'T KNOW	8
	REFUSED	9

IF SWITCHED, ASK:

Q122c. Is this because you thought it less harmful or because it was how you quit smoking completely?	LESS HARMFUL	1
	HOW YOU QUIT SMOKING	2
	NEITHER	3
	DON'T KNOW	8
	REFUSED	9

Q118. When you quit smoking completely, did you do any of the following? (READ EACH IN RANDOM ORDER, ASKING:) Did you do this?

	YES	NO	DK	REF
() a. Called a telephone help line or quit line	1	2	8	9
() b. Attended a stop smoking clinic, class or support group...	1	2	8	9
() c. Attended one-on-one counseling	1	2	8	9
() d. Sought help or support from friends or family.....	1	2	8	9
() e. Consulted anti-smoking materials on the Internet or World Wide Web	1	2	8	9
() f. Consulted anti-smoking books, pamphlets, videos or other materials.....	1	2	8	9
() g. Used hypnosis, acupuncture or laser.....	1	2	8	9

Q119. When you quit smoking completely, did you try to give up cigarettes by quitting "cold turkey" or all at once?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF NO, ASK:

Q119x. When you quit smoking completely, did you... (READ EACH ITEM IN RANDOM ORDER)?

	YES	NO	DK	REF
() a. try to quit by gradually cutting back on cigarettes..	1	2	8	9
() b. try to quit by switching to chewing tobacco, snuff, cigars or pipes	1	2	8	9
() c. use nicotine products, such as gum, the patch or lozenges	1	2	8	9
() d. use a prescription pill such as Zyban (ZY-BAN), Bupropion (BOO-PRO-PE-ON), Wellbutrin (WELL-BOO-TRIN), Varenicline (VAR-EN-IK-LINE) or Chantix (CHAN-TIX).....	1	2	8	9

IF Q87 = NO OR Q88 = NOT AT ALL, DK OR REF, ASK:

Q123. On how many of the past 7 days were you around someone else's cigarette, cigar or pipe smoke in your home?	_____ DAYS	DON'T KNOW	8
		REFUSED	9

IF >0, ASK:

Q124. In the past week, about how long were you exposed to other people's tobacco smoke in your home? Would you say 1-9 minutes, 10-29 minutes, 30-59 minutes, 1 to 3 hours, or more than 3 hours?	1 – 9 MINUTES	1
	10 – 29 MINUTES	2
	30 – 59 MINUTES	3
	1 – 3 HOURS	4
	> 3 HOURS	5
	DON'T KNOW	8
	REFUSED	9

TOBACCO POLICY SUBSAMPLE 5 QUESTIONS HERE

ALCOHOL QUESTIONS

Q125. If a drink is considered one can or bottle of beer, one glass of wine or cocktail or shot of liquor... during the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers or liquor?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF YES, ASK:

Q126. During the past 30 days, on how many days have you had at least one drink of any alcoholic beverages? Just your best estimate.	_____ DAYS	DON'T KNOW	98
		REFUSED	99
Q127. On the days that you drank alcohol during the past month, how many drinks did you have on average? (IF LESS THAN ONE, ENTER "0")	_____ DRINKS PER DAY	DON'T KNOW	8
		REFUSED	9
Q128. 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?	_____ TIMES	DON'T KNOW	8
		REFUSED	9

ALCOHOL AND METH SUBSAMPLE 4 QUESTIONS AM5 – AM7 HERE

Q129. In the past year, have you used any form of methamphetamines (METH-AM-FET-AH-MEENS) or speed not prescribed for you by a doctor, even just one time? (IF NECESSARY, SAY: Such as crystal, crank or ice.)	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

Q130. In your opinion, how serious of a health issue is methamphetamine (METH-AM-FET-AH-MEEN) use in your community – very serious, somewhat serious, not too serious or not at all serious?	VERY SERIOUS.....	1
	SOMEWHAT SERIOUS.....	2
	NOT TOO SERIOUS	3
	NOT AT ALL SERIOUS.....	4
	DON'T KNOW	8
	REFUSED	9

ALCOHOL AND METH SUBSAMPLE 4 QUESTIONS AM1 – AM4 HERE

AIDS/HIV RISK

So that the County can help prevent the spread of H-I-V and other infections that are spread through sex, we need to know about the sexual practices of the general public. Some of these questions are rather personal. Your answers are completely confidential.

Q130x. During the past 12 months, have you had any sexual partners?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF YES, ASK:

<p>• NOTE: IF MALE, ASK Q131, THEN Q132. IF FEMALE, ASK Q132, THEN Q131.</p>		
Q131. During the past 12 months, with how many <u>men</u> have you had sex?	_____ MEN	
	DON'T KNOW	98
	REFUSED	99
Q132. During the past 12 months, with how many <u>women</u> have you had sex?	_____ WOMEN	
	DON'T KNOW	98
	REFUSED	99

Q133. Not including blood donations, during the past 2 years, have you been tested for H-I-V, the virus that causes AIDS?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF YES, ASK:

Q134. How many times in the past year have you been tested?	_____ TIMES	
	DON'T KNOW	998
	REFUSED	999
Q135. Which of the following best describes the main reason for your most recent H-I-V test... (READ CATEGORIES)?		
(IF FEMALE UNDER AGE 50): You were pregnant.....		1
It was required (IF NECESSARY: for employment, military service, or some other reason)		2
It was done as part of a routine 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

Q136. Which of the following <u>best describes</u> where you got your most recent H-I-V test... (READ CATEGORIES)?	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

STD TESTING SUBSAMPLE 3 QUESTIONS HIV 1 – 4 HERE

(IF MALE AGE 18-49 AND Q132 > 0) OR (IF FEMALE AGE 18-49 AND Q131 >0 AND IF Q76x ≠ 1), ASK:

Q138. About how many times during the last 12 months have you had sex <u>without</u> using a condom or other kind of birth control? (READ CATEGORIES)?	more than 10 times 1
	6-10 times 2
	3-5 times 3
	1-2 times 4
	you never use condoms or birth control 5
	– or – you always use condoms or birth control 6
	DO NOT READ { DON'T KNOW 8
	REFUSED 9

(IF RESPONDENT IS MALE AND Q131 OR Q132 > 0) OR (IF FEMALE AND Q131> 0), ASK:

Q139. The last time you had sex, did you or your partner use a condom?	YES 1
	NO 2
	DON'T KNOW 8
	REFUSED 9

IF FEMALE AGE 18-49 AND Q131 > 0 AND Q76x ≠ 1 OR Q77x 1, ASK:

Q140. I am going to read some other methods of pregnancy prevention, and please tell me if it applied to you the last time you had sex. (INTERVIEWER: READ ITEMS IN ORDER AND <u>STOP</u> ONCE ANY YES RESPONSE IS GIVEN)	
	YES NO DK REF
a. You had your tubes tied	1... 2... 8 ...9
b. Your partner had a vasectomy	1... 2... 8 ...9
c. You used birth control pills, a patch or ring	1... 2... 8 ...9
d. You have an IUD	1... 2... 8 ...9
e. You used the Depo-Provera shot.....	1... 2... 8 ...9
f. You used a diaphragm or cervical cap	1... 2... 8 ...9
g. You used foam, jelly or sponge	1... 2... 8 ...9
h. You used the withdrawal method	1... 2... 8 ...9
i. You used the rhythm method	1... 2... 8 ...9
j. You are infertile or menopausal (MEN-O-PAWS-AL)	1... 2... 8 ...9
k. You used a contraceptive implant.....	1... 2... 8 ...9
l. You or your partner used some other method.....	1... 2... 8 ...9

IF AGE 18-49, ASK:

Q141. Have you heard of emergency contraception, or the morning-after pill?	YES 1
	NO 2
	DON'T KNOW 8
	REFUSED 9

IF (Q141 = YES AND MALE ANSWERING Q132 > 0) OR (Q141 = YES AND FEMALE ANSWERING Q131 > 0 AND Q76x ≠ 1), ASK:

Q142. (FEMALE: Have you) (MALE: Has your partner) used emergency contraception or the morning-after pill?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

IF YES, ASK:

Q142x. Did this occur in the past 12 months?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

Q143. When (FEMALE: you) (MALE: your partner) last used emergency contraception or the morning-after pill, did (you) (she) get it by... (READ LIST)?

- Filling a prescription that a doctor or health provider gave you1
- Going to a pharmacy and getting it without a doctor's prescription2
- Getting pills directly from a clinic or doctor's office3
- Taking extra doses of regular birth control pills4
- From a friend or family member5
- From some other source6

DO NOT READ { DON'T KNOW8
REFUSED9

IF Q143 = 2, ASK:

Q144. When (FEMALE: you) (MALE: your partner) last purchased emergency contraception at the pharmacy, did (you) (she) have to show identification?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

STD TESTING SUBSAMPLE QUESTIONS HIV 5 – 8 HERE

DEMOGRAPHIC QUESTIONS

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

Q145. 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:

Q146. In which country were you born? (SEE CODES)	COUNTRY CODE	<input type="text"/>
	OTHER (SPECIFY)	97
	DON'T KNOW	98
	REFUSED	99
Q147. How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0")	_____ YEARS	
	DON'T KNOW	8
	REFUSED	9
Q148. 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...

Q151. Are you of Latino or Hispanic origin? (IF NECESSARY:) such as Mexican-American, Latin American, Central or South American, or Spanish-American?	YES, HISPANIC1 NO, NON-HISPANIC.....2 DON'T KNOW8 REFUSED9
---	---

IF YES, HISPANIC, ASK:

Q152. Are you of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE)	MEXICAN.....1 OTHER.....2 DON'T KNOW8 REFUSED9
---	---

IF OTHER, ASK:

Q153. 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 Rican3 Honduran4 Nicaraguan5 Panamanian6 South American.....7 Spanish-American.....8 Cuban9 Puerto Rican 10 Other (SPECIFY) 11 DON'T KNOW 98 REFUSED 99
---	---

DO NOT READ {

Q154. 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 ASIAN3 PACIFIC ISLANDER.....4 AMERICAN INDIAN/ALASKAN NATIVE.....5 HISPANIC/LATINO (VOLUNTEERED)6 OTHER (SPECIFY)7 DON'T KNOW8 REFUSED9
---	--

IF ASIAN OR PACIFIC ISLANDER, ASK:

Q155. Which of the following best describes your Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	Chinese.....1 Korean2 Filipino.....3 Japanese4 Vietnamese.....5 Asian Indian6 Cambodian7 Hawaiian8 Guamanian9 Samoan 10 Laotian/Hmong 11 Other (SPECIFY) 12 DON'T KNOW 98 REFUSED 99
--	---

DO NOT READ {

IF Q154 = WHITE OR OTHER, ASK:

Q156. Are you or are any of your ancestors from Armenia (ARM-E-NEE-AH)?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

Q157. What languages are spoken in your home? (ANSWER CAN BE A MULTIPLE)	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
DO NOT READ { DON'T KNOW	98	
REFUSED	99	

IF MULTIPLE LANGUAGES, ASK:

Q158. Which language is spoken most often?	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	

Q159. 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
	COLLEGE GRADUATE	5
	POST-GRADUATE DEGREE	6
	DON'T KNOW	8
	REFUSED	9

PRISON SUBSAMPLE 3 QUESTIONS HERE

Q160. 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

Q161. What is your marital status? Are you... (READ CATEGORIES)?	married.....1 domestic partners.....2 not married but living together3 widowed4 divorced5 separated.....6 never married7 DO NOT READ { DON'T KNOW8 REFUSED9
--	---

IF MALE, ASK:

Q162a. For classification purposes, do you think of yourself as homosexual or gay (that is, sexually attracted only to men), heterosexual or straight (that is, sexually attracted only to women), bisexual (that is, sexually attracted to men and women), unsure (that is, uncertain or questioning), or something else?	HOMOSEXUAL/GAY.....1 HETEROSEXUAL/STRAIGHT2 BISEXUAL.....3 SOMETHING ELSE4 UNSURE/QUESTIONING5 REFUSED9
--	--

IF FEMALE, ASK:

Q162b. For classification purposes, do you think of yourself as homosexual, gay or lesbian (that is, sexually attracted only to women), heterosexual or straight (that is, sexually attracted only to men), bisexual (that is, sexually attracted to men and women), unsure (that is, uncertain or questioning), or something else?	HOMOSEXUAL/GAY/LESBIAN.....1 HETEROSEXUAL/STRAIGHT2 BISEXUAL.....3 SOMETHING ELSE4 UNSURE/QUESTIONING5 REFUSED9
---	--

Q163. Including yourself, how many people currently live in your household?	_____ DON'T KNOW 98 REFUSED 99
---	--

IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

Q164. (Including yourself,) how many are adults age 65 or older?	_____ DON'T KNOW 98 REFUSED 99
Q165. (Including yourself,) how many are adults between the ages of 18 and 64?	_____ DON'T KNOW 98 REFUSED 99
Q166. Are there any children under age 18 currently living in your household?	YES1 NO2 DON'T KNOW8 REFUSED9

IF YES, ASK:

Q167. How many are teens between the ages of 12 and 17?	_____ DON'T KNOW 98 REFUSED 99
Q168. How many are children between the ages of 6 and 11?	_____ DON'T KNOW 98 REFUSED 99
Q169. How many are children between the ages of 0 and 5?	_____ DON'T KNOW 98 REFUSED 99

Q170. Excluding cell phones and fax lines, does your household have more than one telephone number that I could have dialed to reach you?

YES1
 NO2
 DON'T KNOW8
 REFUSED9

Q171a. In the past three years, was there ever a time when your household was without basic telephone service for one month or longer? By this we mean you had no working phone lines coming into your home. Please do not include cell phones.

YES1
 NO2
 DON'T KNOW8
 REFUSED9

IF YES, ASK:

Q171b. During this period, did you or did anyone else in your household have a cell phone?

YES1
 NO2
 DON'T KNOW8
 REFUSED9

HOUSEHOLD TYPE SUBSAMPLE 5 QUESTIONS HH1 – HH3 HERE

Q173. In what city or town do you live? (SEE CODES)

CITY CODE
 DON'T KNOW 998
 REFUSED 999

Q174. What is your current ZIP code? (ALL ZIP CODES MUST BEGIN WITH "9")

ZIP CODE
 DON'T KNOW 99998
 REFUSED 99999

Q175a. We don't need to know exactly, but just roughly could you tell me if your annual household income from all sources before taxes is less than \$10,000, between \$10,000 and \$20,000, between \$20,000 and \$30,000, between \$30,000 and \$40,000, between \$40,000 and \$50,000, between \$50,000 and \$75,000, between \$75,000 and \$100,000, between \$100,000 and \$150,000, or more than \$150,000?

LESS THAN \$10,0001
 \$10,000 - \$20,0002
 \$20,000 - \$30,0003
 \$30,000 - \$40,0004
 \$40,000 - \$50,0005
 \$50,000 - \$75,0006
 \$75,000 - \$100,0007
 \$100,000 - \$150,0008
 MORE THAN \$150,0009
 DON'T KNOW 98
 REFUSED 99

IF APPLICABLE, ASK:

Q175b. 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% FPL1
 MORE THAN 200% FPL2
 DON'T KNOW8
 REFUSED9

IF APPLICABLE, ASK:

Q175c. 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% FPL1
 MORE THAN 100% FPL2
 DON'T KNOW8
 REFUSED9

IF APPLICABLE OR IF Q175a = "DON'T KNOW" OR "REFUSED", ASK:

Q175d. (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% FPL1
 MORE THAN 300% FPL2
 DON'T KNOW8
 REFUSED9

IF LESS THAN 300% OR UNCLASSIFIABLE, ASK:

Q182. Thinking back over the past 5 years, was there ever a time when you were homeless or did not have your own place to sleep?	YES	1
	NO	2
	DON'T KNOW	8
	REFUSED	9

Q183a. 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: _____

REFUSEDREF

IF REFUSES TO PROVIDE EXACT ADDRESS, ASK:

Q183b. Then can you give me the street that you live on and the closest street that crosses it? (DO NOT ENTER PARALLEL STREETS) (INTERVIEWER: ENTER COMPLETE STREET NAME, INCLUDING "ROAD," "BOULEVARD," "AVENUE," "STREET," ETC. FOLLOWING NAME) (AFTER ENTRY, CONFIRM BY SAYING: "And these two streets are cross-streets; that is, they cross each other? Is that correct?")	STREET #1: _____
	STREET #2: _____
	REFUSEDREF

FOLLOW-UP SURVEY SCREENING QUESTIONS

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

Q184a. 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 Q184b
NO	2	→ GO TO Q185a
DON'T KNOW	8	
REFUSED	9	

IF RESPONDENT IS MOTHER/FEMALE LEGAL GUARDIAN, ASK:

Q184b. 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 Q188
RESPONDENT UNWILLING TO CONTINUE	9	→ GO TO Q184c

IF RESPONDENT UNWILLING TO CONTINUE:

Q184c. 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 Q186
RESPONDENT UNWILLING TO TRANSFER CALL	9	

- ◆ 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:

Q185a. 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 Q186
MOTHER OF CHILD DOES NOT LIVE IN HOUSEHOLD 3 → GO TO Q185b
RESPONDENT UNWILLING TO CONTINUE 9

- ◆ 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:

Q185b. Are you the parent or legal guardian of the child(ren) under age 18 who live(s) in this household?

YES..... 1 → GO TO Q185c
NO, SOMEONE ELSE 2 → GO TO Q185d

IF YES, PARENT OR GUARDIAN, ASK:

Q185c. 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 Q186
RESPONDENT UNWILLING TO CONTINUE 9

IF SOMEONE ELSE, ASK:

Q185d. 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 Q186
RESPONDENT UNWILLING TO TRANSFER CALL 9 → GO TO Q185e

IF NEW PERSON CALLBACK REQUIRED, SAY:

Q185e. 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 Q186
NO 2
DON'T KNOW 8
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

Q186. 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 or Vietnamese. Would they prefer to be interviewed in a language other than English?

NO, CONTINUE IN
 ENGLISH..... 1 → GO TO Q188
 OTHER LANGUAGE 2 → ASK Q187
 DON'T KNOW 8
 REFUSED 9

IF YES, ASK:

Q187. RECORD LANGUAGE OR ASK: Which one?	SPANISH2
	MANDARIN3
	CANTONESE.....4
	CHINESE (UNSPECIFIED)5
	KOREAN.....6
	VIETNAMESE7
	ASIAN UNSPECIFIED8
	OTHER 11
	DON'T KNOW 98
	REFUSED 99

• IF CALLBACK REQUIRED, GO TO Q188; OTHERWISE, CONTINUE TO CHILD SURVEY

IF OKAY TO CALL BACK, SAY:

Q188. 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) _____

Q189a. 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 KNOW8
 REFUSED9

IF CHANGED PHONE NUMBER, ASK:

Q189b. INTERVIEWER: VERIFY AND ENTER TELEPHONE NUMBER. _____

Q190a. Are there any other alternative phone numbers where (NAME) (you) can be reached?

YES1
 NO2
 DON'T KNOW8
 REFUSED9

IF YES, ALTERNATE NUMBER, ASK:

Q190b. What is this number, area code first? AREA CODE: _____
 NUMBER: _____

Q191. When would be a good time to call back? ENTER PREFERRED DAY
 ENTER PREFERRED TIME

IF NOT ELIGIBLE, ASK:

Q192. We may be conducting a follow-up survey over 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 KNOW8
 REFUSED9

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